



Medicare Advantage and Dual Medicare-Medicaid Plans

Preauthorization and Notification List

Effective Date: Jan. 22, 2018

Revision Date: Jan. 14, 2019

We have updated our preauthorization and notification list for Humana Medicare Advantage (MA) plans and Humana dual Medicare-Medicaid plans.

Please note the term “preauthorization” (prior authorization, precertification, preadmission) when used in this communication is defined as a process through which the physician or other health care provider is required to obtain advance approval from the plan as to whether an item or service will be covered.

“Notification” refers to the process of the physician or other health care provider notifying Humana of the intent to provide an item or service. Humana requests notification, as this helps coordinate care for your Humana-covered patients. This process is distinguished from preauthorization. Humana does not issue an approval or denial related to a notification.

The list represents services and medications (i.e., medications that are delivered in the physician’s office, clinic, outpatient or home setting) that require preauthorization prior to being provided or administered. Services must be provided according to Medicare coverage guidelines, established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You may review Medicare coverage guidelines online at <https://www.cms.gov/medicare-coverage-database/>.

Investigational and experimental procedures usually are not covered benefits. Please consult the patient’s Evidence of Coverage or contact Humana for confirmation of coverage.

Important Notes:

- **Humana MA Health Maintenance Organization (HMO):** The full list of preauthorization requirements applies to patients with Humana MA HMO and HMO

Point of Service (HMO POS) coverage. Health care providers who participate in an Independent Practice Association (IPA) or other risk network with delegated services are subject to the preauthorization list and should refer to their IPA or risk network for guidance on processing their request. Exclusions may change; refer to **Humana.com/provider** for the most up-to-date information. Choose “Authorizations & Referrals” and then the appropriate topic.

- **Florida MA HMO:** The full list of preauthorization requirements applies to Florida MA HMO-covered patients. Health care providers need to submit requests directly to Humana for medications listed on the Medicare and Dual Medicare-Medicaid Medication Preauthorization Drug List for all patients with Humana MA HMO coverage in Florida. If Humana does not receive a preauthorization request, the claim may be reviewed retrospectively for medical necessity and the health care provider may be contacted for clinical information. See “How to Request Preauthorization” for instructions on how to submit preauthorization requests for medications on the Medicare and Dual Medicare-Medicaid Medication Preauthorization List.
- **Humana MA Preferred Provider Organization (PPO):** The full list of preauthorization requirements applies to Humana MA PPO-covered patients. Preauthorization is not required for services provided by nonparticipating health care providers for MA PPO-covered patients; notification is requested, as this helps coordinate care for your Humana-covered patients.
- **Humana MA Private Fee-for-Service (PFFS):** Preauthorization is not required for MA PFFS plans; notification is requested as this helps coordinate care for your Humana-covered patients. Physicians and health care providers may request an Advanced Coverage Determination (ACD) on behalf of the patient for any service not on our preauthorization list for review and determination of coverage in advance of the services being provided. See “Advanced Coverage Determinations” for instructions.
- **Humana Medicare Supplement Plan:** This list does not apply to policyholders of a Humana Medicare Supplement plan.
- **Humana Commercial:** This list **does not** affect Humana commercial plans. (Find Humana’s Commercial Preauthorization and Notification List on our preauthorization page at [Humana.com/PAL](https://www.humana.com/PAL).)
- **All Humana MA – Advanced Coverage Determinations (ACDs):** For procedures or

services that are investigational, experimental or may have limited benefit coverage, or for questions regarding whether Humana will pay for any service, you may request an ACD on behalf of the patient prior to providing the service. You may be contacted if additional information is needed.

- ACDs for medical services may be initiated by submitting a written request, fax or telephone request:
 - Send written requests to the following: Humana Correspondence, P.O. Box 14601, Lexington, KY 40512-4601
 - Submit by fax to 1-800-266-3022
 - Submit by telephone at 1-800-523-0023
- ACDs for medications on the list may be initiated by submitting a fax or telephone request:
 - Submit by fax to 1-888-447-3430
 - Submit by telephone at 1-866-461-7273

Please note that urgent/emergent services do not require referrals or preauthorizations.

If a health care provider does not obtain preauthorization for a service, it could result in financial penalties for the practice and reduced benefits for the patient, based on the health care provider's contract and the patient's Certificate of Coverage. Services or medications provided without preauthorization may be subject to retrospective medical necessity review. We recommend that an individual practitioner making a specific request for services or medications verify benefits and preauthorization requirements with Humana prior to providing services.

How to request preauthorization:

Except where noted via links on the following pages, preauthorization requests for **medical services** may be initiated:

- Online via the secure provider area of Humana's website at **Humana.com/providers** (registration required)
- Online via Availity.com (registration required)

- By calling Humana’s interactive voice response (IVR) line at 1-800-523-0023

Please note: Online preauthorization requests are encouraged. For certain PAL services requested via Availity, health care providers have the option to complete a questionnaire. The answers to the questionnaire may lead to a real-time approval. Even if an online approval is not provided immediately, the information on the questionnaire will help Humana expedite the review.

Except where noted via links on the following pages, preauthorization for **medications** may be initiated:

- By sending a fax to 1-888-447-3430 (request forms are available at **Humana.com/medpa**)
- By calling 1-866-461-7273 (available Monday through Friday, 6 a.m. to 8 p.m. Eastern time)

This list is subject to change with notification; however, this list may be modified throughout the year for additions of new-to-market medications without notification via U.S. postal mail.

**Medicare Advantage and Dual Medicare-Medicaid Plan
Preauthorization and Notification List**

Category	Details	Comments
Inpatient Admissions	<ul style="list-style-type: none"> • Acute Hospital (Includes Inpatient Hospice) • Acute Rehab Facilities • Long-term Acute Care • Mental Health, Substance Use and Partial Hospital/Residential Treatment • Skilled Nursing Facilities 	For MA PFFS-covered patients, notification helps coordinate care for your patients.
Observation	<ul style="list-style-type: none"> • Observation Stays 	
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> • Cochlear and Auditory Brainstem Implants • Electric Beds • High Frequency Chest Compression Vests • Pain Infusion Pump • Prosthetics • Stimulator Devices <ul style="list-style-type: none"> ○ Bone Growth ○ Neuromuscular ○ Spinal Cord • Wheelchairs/Scooters • Any other DME item greater than \$750 	
Cosmetic/Plastic Surgery	<ul style="list-style-type: none"> • Abdominoplasty • Blepharoplasty • Breast Procedures • Otoplasty • Rhinoplasty 	"Breast Procedures" excludes breast reconstruction following medically necessary mastectomies for breast cancer.

**Medicare Advantage and Dual Medicare-Medicaid Plan
Preauthorization and Notification List**

Category	Details	Comments
Oncology	<ul style="list-style-type: none"> • Breast Cancer Biopsy† • Breast Lumpectomy† • Chemotherapy Agents, Supportive Drugs and Symptom Management Drugs • Lung Biopsy and Resection* • Radiation Therapy† • Simple Mastectomy and Gynecomastia Surgery (excludes radical and modified)* 	<p>For MA PFFS-covered patients, notification is requested, as this helps coordinate care for your patients.</p> <p>Please note: Chimeric antigen receptor-T cell therapy (CAR-T) preauthorization requests will be reviewed by Humana National Transplant Network</p> <ul style="list-style-type: none"> • Submit by fax to 1-502-508-9300 • Submit by telephone to 1-866-421-5663 • Submit by email to transplant@humana.com
Other Surgery	<ul style="list-style-type: none"> • Balloon Sinuplasty • Bunionectomy • Decompression of Peripheral Nerve (i.e., Carpal Tunnel Surgery) • Hammertoe Surgery • Obesity Surgeries • Oral, Orthognathic, Temporomandibular Joint Surgeries • Orthopedic Surgeries: Hip, Knee and Shoulder Arthroscopy • Penile Implant • Surgery for Obstructive Sleep Apnea • Surgical Nasal/Sinus Endoscopic Procedures (excludes diagnostic nasal/sinus endoscopies) • Transplant Surgeries • Varicose Vein: Surgical Treatment and Sclerotherapy 	<p>For MA PFFS-covered patients, notification is requested, as this helps coordinate care for your patients.</p>

*New preauthorization requirement

**Indicates procedures or services that may be investigational, experimental or have limited benefit coverage.

†For MA PFFS-covered patients, if you would like an ACD for this service, please contact [HealthHelp](#).

Medicare Advantage and Dual Medicare-Medicaid Plan Preauthorization and Notification List		
Category	Details	Comments
Outpatient Diagnostic Testing	<ul style="list-style-type: none"> • Facility-based Sleep Studies (PSG)[†] • Infertility Testing and Treatment • Molecular Diagnostic/Genetic Testing 	
Cardiac Diagnostic Testing	<ul style="list-style-type: none"> • Cardiac Computed Tomography Angiography (CCTA)[†] • Electrophysiology Study (EPS)[†] • Electrophysiology (EPS) with 3D Mapping[†] • Myocardial Perfusion Imaging Single-photon Emission Computed Tomography (MPI SPECT)[†] • Outpatient Transthoracic Echocardiogram (TTE)[†] • Transesophageal Echocardiogram (TEE)[†] 	For MA PFFS-covered patients, notification is requested, as this helps coordinate care for your patients.
Cardiac Procedures/Surgeries	<ul style="list-style-type: none"> • Cardiac Catheterizations[†] • Cardiac Ablation[†] • Outpatient Coronary Angioplasty/Stent[†] • Transcatheter Valve Surgeries (TAVR, MitraClip)[†] 	For MA PFFS-covered patients, notification is requested, as this helps coordinate care for your patients.
Cardiac Devices	<ul style="list-style-type: none"> • Cardiac Resynchronization Therapy[†] • Defibrillators[†] • Left Atrial Appendage Closure (LAAC) Device (e.g.; The Watchman)[*] • Loop Recorders[†] • Pacemakers[†] • Ventricular Assist Devices • Wearable Cardiac Devices (e.g., LifeVest®)[†] 	For MA PFFS-covered patients, notification is requested, as this helps coordinate care for your patients.
Pain Management Procedures	<ul style="list-style-type: none"> • Epidural Injections (Outpatient only) • Facet Injections • Spinal Surgery <ul style="list-style-type: none"> ○ Spinal Fusion ○ Other Decompression Surgeries ○ Kyphoplasty ○ Vertebroplasty 	For MA PFFS-covered patients, notification is requested, as this helps coordinate care for your patients.

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Category	Details	Comments
Home Health Care	<ul style="list-style-type: none"> Home Health/Home Infusion 	Preauthorization requests and medical necessity for home health services for patients with Humana MA coverage residing in Oklahoma and Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery and Waller counties in Texas are reviewed by myNEXUS, effective May 1, 2018. Please note: This requirement excludes patients with Humana MA Private Fee-for-Service (PFFS) coverage.
Diagnostic Imaging	<ul style="list-style-type: none"> Computed Tomography (CT) Scan† Magnetic Resonance Angiogram (MRA)† Magnetic Resonance Imaging (MRI)† Nuclear Stress Test† Position Emission Tomography (PET) Scan/National Oncology PET Registry (NOPR)† Single-Photon Emission Computerized Tomography (SPECT) Scan† 	
Outpatient Therapy Services	<ul style="list-style-type: none"> Hyperbaric Therapy 	
Behavioral Health Services	<ul style="list-style-type: none"> Electroconvulsive Therapy (ECT) Transcranial Magnetic Stimulation (TMS) 	
Routine Maternity Care	<ul style="list-style-type: none"> Routine Maternity Care 	Notification requested
Clinical Trials	<ul style="list-style-type: none"> Clinical Trials ** 	

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**Medicare Advantage and Dual Medicare-Medicaid Plan
Medication Preauthorization List**

Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting

To request preauthorization or provide notification, please click [here](#) to access the fax forms. For further detail on preauthorization requests for chemotherapy agents, supportive drugs and symptom management drugs, click [here](#).

Brand	Generic
Abraxane	paclitaxel-nab
Actemra IV	tocilizumab
Adcetris	brentuximab vedotin
Akynzeo IV^{▲,1}	fosnetupitant and palonosetron ^{▲,1}
Aldurazyme	laronidase
Alimta	pemetrexed
Aliqopa^{▲,1}	copanlisib ^{▲,1}
Aloxi	palonosetron
Aralast NP¹	alpha 1-proteinase inhibitor ¹
Aranesp	darbepoetin alfa
Arcalyst	rilonacept
Arzerra	ofatumumab
Atgam	lymphocyte immune globulin
Avastin (oncology only)	bevacizumab (oncology only)
Aveed	testosterone undecanoate
Azedra^{▲,1}	iobenguane I 131 ^{▲,1}
Bavencio¹	avelumab ¹
Beleodaq	belinostat
Bendamustine^{▲,1}	bendamustine hydrochloride ^{▲,1}
Bendeka	bendamustine hydrochloride
Benlysta¹	belimumab ¹
Berinert	c1 esterase inhibitor
Besponsa¹	inotuzumab ozogamicin ¹
Blincyto	blinatumomab
Blood-clotting factors* (See list on pages 16 and 17.)	
Bortezomib^{▲,1}	bortezomib ^{▲,1}
Botox	onabotulinumtoxinA

*New preauthorization requirement

▲ New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

⁺⁺ Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to transplant@humana.com.

Medicare Advantage and Dual Medicare-Medicaid Plan Medication Preauthorization List	
Brineura ¹	cerliponase alfa ¹
Cerezyme	imiglucerase
Chemotherapy (e.g., chemotherapy agents, supportive drugs and symptom management drugs)	
Cimzia	certolizumab pegol
Cinqair	reslizumab
Cinryze	c1 esterase inhibitor
Cinvanti ^{▲,1}	aprepitant ^{▲,1}
Crysvita ^{▲,1}	burosumab-twza ^{▲,1}
Cyklokapron ¹	tranexamic acid ¹
Cyramza	ramucirumab
CytoGam	cytomegalovirus immune globulin
Dacogen	decitabine
Darzalex	daratumumab
Defitelio ¹	defibrotide sodium ¹
Doxil	doxorubicin
Duopa	carbidopa / levodopa
Dupilixent ^{*,1}	dupilumab ^{*,1}
Durolane ^{▲,1}	hyaluronic acid, stabilized ^{▲,1}
Dysport	abobotulinumtoxin A
Elaprase	idursulfase
Elelyso	taliglucerase alfa
Elitek	rasburicase
Empliciti	elotuzumab
Entyvio	vedolizumab
Epogen ¹	epoetin alfa ¹
Erbitux	cetuximab
Erwinaze	asparaginase erwinia chrysanthemi
Eskata ^{▲,1}	hydrogen peroxide ^{▲,1}
Euflexxa [*]	hyaluronate sodium [*]
Evomela ¹	melphalan ¹
Exondys 51 ¹	eteplirsen ¹
Eylea	aflibercept

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Fabrazyme	agalsidase beta
Fasenra ^{▲,1}	benralizumab ^{▲,1}
Faslodex *	fulvestrant*
Firazyr	icatibant
Flolan ¹	epoprostenol (injection) ¹
Foloty	pralatrexate
Fulphila ^{▲,1}	pegfilgrastim-jmdb ^{▲,1}
Fusilev ¹	levoleucovorin calcium ¹
Gattex ¹	teduglutide ¹
Gazyva	obinutuzumab
Gel-One	sodium hyaluronate
Gelsyn-3	sodium hyaluronate
Genvisc 850	sodium hyaluronate
Glassia	alpha 1-proteinase inhibitor
Granix	tbo-filgrastim
Growth hormones: Genotropin, Humatrope, Norditropin FlexPro, Nutropin AQ NuSpin, Omnitrope, Saizen, Serostim, Zomacton*, Zorbtive	somatropin
H.P. Acthar Gel	corticotropin
Herceptin	trastuzumab
Hyalgan ¹	sodium hyaluronate ¹
Hydroxyprogesterone ¹	hydroxyprogesterone caproate ¹
Hymovis	sodium hyaluronate
Ilaris	canakinumab
Ilumya ^{▲,1}	tildrakizumab-asmn ^{▲,1}
Iluvien	fluocinolone acetonide
Imfinzi ¹	durvalumab ¹
Imlygic	talimogene laherparepvec

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Immune Globulin¹: Bivigam, Carimune NF, Cuvitru, Flebogamma DIF, Gamastan S/D, Gammagard S/D, Gammagard Liquid, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Panzyga[▲], Privigen	immune globulin ¹
Inflectra¹	infliximab-dyyb ¹
Istodax¹	romidespin ¹
Ixempra	ixabepilone
Jevtana	ixabepilone
Kadcyla	ado-trastuzumab emtansine
Kalbitor	ecallantide
Kanuma*	sebelipase alfa*
Keytruda	pembrolizumab
Khapzory^{▲,1}	levoleucovorin ^{▲,1}
Krystexxa	pegloticase
Kymriah^{1,++}	tisagenlecleucel ^{1,++}
Kynamro¹	mipomersen sodium ¹
Kyprolis	carfilzomib
Lartruvo¹	olaratumab ¹
Lemtrada¹	alemtuzumab ¹
Levoleucovorin¹	levoleucovorin calcium ¹
Libtayo^{▲,1}	cemiplimab-rwlc ^{▲,1}
Lucentis	ranibizumab
Lumizyme	alglucosidase alfa
Lumoxiti^{▲,1}	moxetumomab pasudotox-tdfk ^{▲,1}
Lutathera^{▲,1}	lutetium Lu 177 dotatate ^{▲,1}
Luxturna^{▲,1}	voretigene neparvovec-rzyl ^{▲,1}
Macrilen^{▲,1}	macimorelin ^{▲,1}
Macugen	pegaptanib sodium
Makena¹	hydroxyprogesterone caproate ¹
Marqibo	vincristine sulfate
Mepsevii^{▲,1}	vestronidase alfa-vjbc ^{▲,1}

*New preauthorization requirement

▲ New-to-market drug addition

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**Medicare Advantage and Dual Medicare-Medicaid Plan
Medication Preauthorization List**

Mircera	methoxy polyethylene glycol – epoetin beta
Mozobil	plerixafor
Mylotarg¹	gemtuzumab ozogamicin ¹
Myobloc	rimabotulinumtoxinB
Naglazyme	galsulfase
Neulasta¹	pegfilgrastim ¹
Neulasta Onpro¹	pegfilgrastim ¹
Neupogen*	filgrastim*
Nivestym^{▲,1}	filgrastim-aafi ^{▲,1}
Nplate	romiplostim
Nucala*	mepolizumab*
Nulojix	belatacept
Ocrevus¹	ocrelizumab ¹
Oncaspar*	pegaspargase*
Onivyde	Irinotecan liposome injection
Onpattro^{1,▲}	patisiran ^{1,▲}
Opdivo	nivolumab
Orencia IV	abatacept
Ozurdex	dexamethasone intravitreal implant
Palynziq^{▲,1}	pegvaliase-pqpz ^{▲,1}
Parsabiv^{▲,1}	etelcalcetide ^{▲,1}
Perjeta	pertuzumab
Portrazza	necitumumab
Poteligeo^{▲,1}	mogamulizumab-kpkc ^{▲,1}
Prevymis^{▲,1}	letermovir ^{▲,1}
Prialt	ziconotide
Probuphine	buprenorphine subdermal implant
Procrit¹	epoetin alfa ¹
Prolastin-C¹	alpha 1-proteinase inhibitor ¹
Provenge¹	sipuleucel-T ¹
Qutenza	capsaicin/skin cleanser
Radicava¹	edaravone ¹

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Remodulin ¹	treprostinil (injection) ¹
Renflexis ¹	infliximab-abda ¹
Retacrit ^{▲,1}	epoetin alfa-epbx ^{▲,1}
Retisert*	fluocinolone acetonide*
Revatio ¹	sildenafil citrate (injection) ¹
Rituxan	rituximab
Rituxan Hycela ¹	rituximab/hyaluronidase human ¹
Ruconest	c1 esterase inhibitor
Sandostatin LAR	octreotide
Signifor LAR ¹	pasireotide ¹
Simponi ARIA ¹	golimumab ¹
Sinuva ^{▲,1}	mometasone furoate ^{▲,1}
Soliris	eculizumab
Somatuline Depot	lanreotide
Spinraza ¹	nusinersen ¹
Stelara (IV only) ¹	ustekinumab (IV only) ¹
Strensiq ^{*,1}	asfotase alfa ^{*,1}
Sublocade ^{▲,1}	buprenorphine extended-release ^{▲,1}
Supartz ¹	sodium hyaluronate ¹
Supartz FX ¹	sodium hyaluronate ¹
Sustol ¹	granisetron ¹
Sylatron ¹	peginterferon alfa-2b ¹
Sylvant	siltuximab
Synagis	palivizumab
Synribo	omacetaxine mepesuccinate
Synvisc ¹	hylan G-F 20 ¹
Synvisc One ¹	hyaluronan ¹
Takhzyro ^{▲,1}	lanadelumab-flyo ^{▲,1}
Tecentriq ¹	atezolizumab ¹
Tegsedi ^{▲,1}	inotersen ^{▲,1}
Testopel ¹	testosterone pellet ¹
Thrombate III*	antithrombin III [human]*

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Medication Preauthorization List**

Treanda	bendamustine hydrochloride
Triptodur¹	triptorelin ¹
Trisenox*	arsenic trioxide*
TriVisc^{▲,1}	sodium hyaluronate ^{▲,1}
Tysabri	natalizumab
Tyvaso	treprostinil (inhaled)
Udenyca^{▲,1}	pegfilgrastim-cbqv ^{▲,1}
Ultomiris^{▲,1}	ravulizumab-cwvz ^{▲,1}
Unituxin¹	bendamustine hydrochloride ¹
Valstar	valrubicin
Varizig	varicella zoster immune globulin
Varubi IV^{▲,1}	rolapitant ^{▲,1}
Vectibix	panitumumab
Velcade	bortezomib
Veletri¹	epoprostenol ¹
Ventavis	iloprost (inhaled)
Vidaza	azacitidine
Vimizim	elosulfase alfa
Visco-3^{▲,1}	sodium hyaluronate ^{▲,1}
Vpriv	velaglucerase alfa
Vyxeos¹	daunorubicin/cytarabine ¹
Xeomin	incobotulinumtoxin A
Xgeva¹	denosumab ¹
Xofigo	radium RA 223 dichloride
Xolair	omalizumab
Yervoy	ipilimumab
Yescarta^{▲,1,++}	axicabtagene ciloleuce ^{▲,1,++}
Yondelis	trabectedin
Yupelri^{▲,1}	revefenacin ^{▲,1}
Yutiq^{▲,1}	fluocinolone acetonide intravitreal implant ^{▲,1}
Zaltrap	ziv-aflibercept
Zarxio*¹	filgrastim-sndz* ¹

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Medicare Advantage and Dual Medicare-Medicaid Plan Medication Preauthorization List	
Zemaira¹	alpha 1-proteinase inhibitor ¹
Zevalin	lbritumomab tiuxetan
Zilretta^{▲,1}	triamcinolone acetonide ^{▲,1}
Zinplava¹	bezlotoxumab ¹
Zoladex*	gosrelin acetate*
Blood-clotting Factors	
Advate¹	antihemophilic factor [recombinant] ¹
Adynovate¹	antihemophilic factor [recombinant], PEGylated ¹
Afstyla¹	antihemophilic factor (recombinant) single chain ¹
Alphanate	antihemophilic factor/von Willebrand factor complex [human]
AlphaNine SD¹	coagulation factor IX [human] ¹
Alprolix	coagulation factor IX [recombinant]
Bebulin¹	factor IX complex ¹
BeneFix¹	coagulation factor IX [recombinant] ¹
Coagadex	coagulation factor X [human]
Corifact	factor XIII concentrate [human]
Eloctate	antihemophilic factor [recombinant], Fc fusion protein
Feiba NF^{*,1}	anti-inhibitor coagulant complex ^{*,1}
Helixate FS¹	antihemophilic factor [recombinant] ¹
Hemlibra^{▲,1}	emicizumab-kxwh ^{▲,1}
Hemofil M¹	antihemophilic factor [human] ¹
Humate-P	antihemophilic factor/von Willebrand factor complex [human]
Idelvion	antihemophilic factor [recombinant]
Ixinity¹	coagulation factor IX [recombinant] ¹
Jivi^{▲,1}	antihemophilic factor (recombinant), PEGylated-aucl ^{▲,1}
Koate-DVI¹	antihemophilic factor [human] ¹
Kogenate FS¹	antihemophilic factor [recombinant] ¹
Kovaltry¹	antihemophilic factor [recombinant] ¹

*New preauthorization requirement

▲ New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

** Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, telephone at 1-866-421-5663 or email to transplant@humana.com.

Medicare Advantage and Dual Medicare-Medicaid Plan Medication Preauthorization List	
Monoclote-P¹	antihemophilic factor [human] ¹
Mononine¹	coagulation factor IX [human] ¹
NovoEight*	turoctocog alfa*
NovoSeven RT	coagulation factor VIIa [recombinant]
Nuwiq*	simoctocog alfa*
Obizur	antihemophilic factor [recombinant], porcine sequence
Profilnine¹	factor IX complex ¹
Rebiny^{▲,1}	coagulation factor IX [recombinant], GlycoPEGylated ^{▲,1}
Recombinate¹	antihemophilic factor [recombinant] ¹
Rixubis	coagulation factor IX [recombinant]
Tretten*	coagulation factor XIII A-subunit [recombinant]*
Vonvendi	von Willebrand factor [recombinant]
Wilate	von Willebrand factor / coagulation factor VIII complex [human]
Xyntha	antihemophilic factor [recombinant]

Find precertification request forms for the medications listed above [here](#).

Find Medicare Part D prescription drug prior authorization requirements [here](#).

*New preauthorization requirement

▲ New-to-market drug addition

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