



Commercial Preauthorization and Notification List

Effective Date: Jan. 1, 2019

Revision Date: Dec. 11, 2019

We have updated our preauthorization and notification list for **all** commercial fully insured plans. The list represents services and medications that require preauthorization prior to being provided or administered. Medications include those that are delivered in the physician's office, clinic, outpatient or home setting.

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 healthcare 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 healthcare provider notifying Humana of the intent to provide an item or service. Humana requests notification so that Humana-covered patients may be referred to appropriate case management and disease management programs. This process is distinguished from preauthorization. Humana does not issue an approval or denial related to a notification.

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

Important notes:

- **Humana Medicare Advantage (MA):** This list does not affect Humana MA plans. For a list of preauthorization and notification requirements please see our preauthorization page:
<http://apps.humana.com/marketing/documents.asp?file=3483311>

- **Commercial Health Maintenance Organization (HMO):** The full list of preauthorization requirements applies to patients with Humana commercial HMO coverage. For HMO point-of-service (HMO POS) plans, notification is requested, but not required for covered services from nonparticipating healthcare providers. Healthcare 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 any questions or guidance processing their requests. Exclusions may change; refer to [Humana.com/provider](https://www.humana.com/provider) for the most up-to-date information. Choose “Authorizations & Referrals” and then the appropriate topic
- **Administrative services only (ASO) groups:** It is important to note that some employer groups for which Humana provides administrative services only (self- insured, employer-sponsored programs) may customize their plans with different requirements.

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

If a healthcare provider does not obtain preauthorization for a service, it could result in payment denials for the healthcare provider or reduced benefits for the patient.

Services or medications provided without preauthorization may be subject to retrospective medical necessity review. We recommend that a healthcare provider making a specific request for services or medications verify benefits and authorization requirements with Humana prior to providing services.

Information required for a preauthorization request or notification may include but is not limited to:

- Member’s ID number, name and date of birth
- Date of actual service or hospital admission
- Procedure codes, up to a maximum of 10 per authorization request
- Date of proposed procedure, if applicable
- Diagnosis codes (primary and secondary), up to a maximum of six per authorization request
- Service location – inpatient or outpatient
- Tax ID number of treatment facility (where service is being rendered)
- Tax ID number of the provider performing the service
- Applicable ICD diagnosis code
- Caller’s telephone number
- Attending physician’s telephone number

- Relevant clinical information
- Discharge plans

Submitting all relevant clinical information at the time of the request will facilitate a more expeditious determination. If additional clinical information is required, a Humana representative will request the specific information needed to complete the authorization process.

Humana's Medical Coverage Policies can be found here:

http://apps.humana.com/tad/tad_new/home.aspx?type=provider

How to request preauthorization:

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

- 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, healthcare 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, it may be modified throughout the year for additions of new-to-market medications or step therapy requirements for medications without notification via U.S. postal mail.

Commercial Preauthorization and Notification List		
Category	Details/Notes	Codes
Abdominoplasty		15830, 15847
Ablation*	Cardiac Ablation/ Electrophysiology Study and Ablation for Bone, Liver, Kidney and Prostate cancer	20982, 20983, 47370, 47371, 47380, 47381, 47382, 47383, 50250, 50541, 50542, 50592, 50593, 53850, 53852, 53854, 55873, 93650, 93653, 93654, 93656, 0421T, C9747
Balloon sinus ostial dilation		31295, 31296, 31297, 31298, C9745
Behavioral Health Services	Transcranial Magnetic Stimulation (TMS)	90867, 90868, 90869
Bladder slings		57288
Blepharoplasty		15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67914, 67915, 67916, 67917, 67921, 67922, 67923, 67924, 67950
Bone Growth Stimulators		20974, 20975, 20979, E0747, E0748, E0749, E0760
Breast Procedures	Breast Cancer Biopsy (excisional)	19120, 19125
	Breast Lumpectomy	19301, 19302
	Other Breast Procedures (Excludes breast reconstruction following medically necessary mastectomies for breast cancer.)	11971, 19316, 19318, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19366, 19370, 19371, 19380, C1789, L8600
	Simple Mastectomy and Gynecomastia Surgery (excludes radical and modified)	19300, 19303, 19304
Capsule Endoscopy*		91110, 91111, 0355T
Cardiac Devices	Cardiac Implantable Devices [e.g., Pacemakers, Leadless Pacemakers, Left Atrial Appendage Closure (LAAC), Defibrillators (implantable and subcutaneous) and Cardiac Resynchronization Therapy]	33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33216, 33217, 33221, 33224, 33227, 33228, 33229, 33230, 33231, 33233, 33234, 33235, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33340, C1721, C1722, C1777, C1779, C1785, C1786, C1882, C1895, C1896, C1898, C1899, C1900, C2619, C2620, C2621

*New preauthorization requirement
3947ALL0818-C GCHKBPEN

	Loop Recorders	33285, 33286
	Wearable Cardiac Devices (e.g., LifeVest®)	93228, 93229, 93745, K0606, K0607, K0608, K0609
Cardiac Procedures/Surgeries	Cardiac Catheterizations	93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533, 93561, 93562
	Outpatient Coronary Angioplasty/Stent	92920, 92928, 92937, 92943, C9600, C9604, C9607
	Transcatheter Valve Surgeries (TMVR, TAVR/TAVI and MitraClip)	33361, 33362, 33363, 33364, 33365, 33366, 33418, 0345T
Chemotherapy Agents, Supportive Drugs and Symptom Management Drugs Category		This list is subject to change as new drugs are brought to market. Please follow link for current codes.
Chimeric antigen receptor-T cell therapy (CAR-T)	Preauthorization requests will be reviewed by Humana National Transplant Network • Submit by fax to 1-502-508-9300 • Submit by telephone to 1-866-421-5663 • Submit by email to transplant@humana.com	0537T, 0538T, 0539T, 0540T, Q2042, XW033C3, XW043C3
Chiropractic Therapy	Arizona, Georgia, Illinois, Kentucky, Ohio, South Florida only	98940, 98941, 98942, 98943
Cochlear and Auditory Brainstem Implants		69930, L8614, L8615, L8616, L8617, L8619, L8625, L8627, L8628, S2235
Colonoscopy (when performed in hospital setting)		45378, 45380, 45384, 45385
Decompression of Peripheral Nerve (i.e., Carpal Tunnel Surgery)*		29848, 64721
Diagnostic/Cardiac Imaging	Computed Tomography (CT) Scan	70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 72192, 72193, 72194, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74150,

*New preauthorization requirement
3947ALL0818-C GCHKBPEN

		74160, 74170, 74174, 74175, 74176, 74177, 74178, 74261, 74262, 75572, 75573, 75574, 75635, 76380
	Electrophysiology (EPS) or EPS with 3D Mapping	93600, 93602, 93603, 93610, 93612, 93618, 93619, 93620, 93624, 93631, 93640, 93641, 93642, 93644
	Magnetic Resonance Angiogram (MRA)	70544, 70545, 70546, 70547, 70548, 70549, 71555, 72159, 72198, 73225, 73725, 74185, C8900, C8901, C8902, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936
	Magnetic Resonance Imaging (MRI)	70336, 70540, 70542, 70543, 70551, 70552, 70553, 70554, 70555, 71550, 71551, 71552, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 74712, 75557, 75559, 75561, 75563, 77046, 77047, 77048, 77049, 77084, C8903, C8905, C8906, C8908, S8037, S8042
	Myocardial Perfusion Imaging Single Photon Emission Computed Tomography (MPI SPECT)	78451, 78452
	Nuclear Stress Test	78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 93350, 93351, C8928, C8930
	Outpatient Transthoracic Echocardiogram (TTE)	93303, 93304, 93306, 93307, 93308, C8921, C8922, C8923, C8924, C8929
	Position Emission Tomography (PET) Scan	78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252

*New preauthorization requirement
3947ALL0818-C GCHKBPPEN

	Single Photon Emission Computerized Tomography (SPECT) Scan	78494
	Transesophageal Echocardiogram (TEE)	93312, 93313, 93314, 93315, 93316, 93317, 93318, 93355, C8925, C8926, C8927
Diagnostic Esophagogastroduodenoscopy (EGD) or Esophagoscopy*	For patients 59 and under only. Includes site-of-service evaluation.	43191, 43193, 43197, 43198, 43200, 43202, 43235, 43239
Electric Beds		E0193, E0194, E0265, E0266, E0296, E0297
Emerging technology/ new indications for existing technology		31647, 31648, 31649, 31651, 0446T, 0447T, 0448T
Epidural Injections (outpatient only)		62320, 62321, 62322, 62323, 64479, 64480, 64483, 64484, 64999, 0228T, 0229T, 0230T, 0231T
Facet Injections		64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 64999, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T
Facility-based Sleep Studies (PSG)		95807, 95808, 95810, 95811
Foot Surgeries: Bunionectomy and Hammertoe		26535, 26536, 28110, 28240, 28285, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28306, 28308, 28310, 28740, 28750, L8641
Gastric Pacing*		43647, 43648, 43881, 43882, 64590
High Frequency Chest Compression Vests		94669, E0483
Home Health/Home Infusion		99509, 99510, 99600, G0156, G0159, G0160, G0161, G0162, G0179, G0180, G0181, G0299, G0300, G0493, G0494, G0495, G0496, S0270, S0271, S0272, S0273, S0274, S5108, S5109, S5110, S5111, S5115, S5116, S9001, S9122, S9123, S9124, S9125, S9209, T1000, T1004, T1005, T1021, T1022, T1028, T1030, T1031, T1502, T1503
Hyperbaric Therapy		99183, G0277

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3947ALL0818-C GCHKBPEN

Infertility Testing and Treatment		52402, 54800, 54840, 54900, 54901, 55200, 55300, 55400, 55550, 55870, 58321, 58322, 58323, 58340, 58345, 58350, 58555, 58559, 58560, 58660, 58662, 58672, 58673, 58740, 58750, 58752, 58760, 58770, 58900, 58970, 58974, 58976, 74440, 74740, 74742, 76831, 76856, 76857, 76948, 80414, 80415, 80426, 82757, 84830, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89259, 89260, 89261, 89264, 89268, 89272, 89280, 89281, 89290, 89291, 89300, 89310, 89320, 89321, 89322, 89325, 89329, 89330, 89331, 89335, 89337, 89342, 89343, 89344, 89346, 89352, 89353, 89354, 89356, 89398, 0058T, 0357T, G0027, Q0115, S3655, S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4026, S4027, S4028, S4030, S4031, S4035, S4037, S4040, S4042
Inpatient Admissions	Acute Hospital (Includes Inpatient Hospice)	All
	Acute Rehab Facilities	
	Long-term Acute Care	
	Mental Health, Substance Use and Partial Hospital/Residential Treatment	
	Skilled Nursing Facilities	
Lung Biopsy and Resection		32096, 32097, 32505, 32607, 32608, 32666
Molecular Diagnostic/Genetic Testing		81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81120, 81121, 81161, 81162, 81163, 81164, 81165, 81166, 81167, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189,

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		81190, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81227, 81228, 81229, 81230, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81265, 81266, 81269, 81271, 81272, 81273, 81274, 81275, 81276, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81310, 81311, 81312, 81313, 81314, 81315, 81316, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81327, 81328, 81329, 81330, 81331, 81332, 81333, 81334, 81335, 81336, 81337, 81343, 81344, 81345, 81346, 81350, 81355, 81361, 81362, 81363, 81364, 81374, 81376, 81400, 81401, 81402, 81403, 81404, 81405, 81406, 81407, 81408, 81410, 81411, 81412, 81413, 81414, 81415, 81416, 81417, 81420, 81422, 81425, 81426, 81427, 81430, 81431, 81432, 81433, 81434, 81435, 81436, 81437, 81438, 81439, 81440, , 81442, 81443, 81445, 81448, 81450, 81455, 81460, 81465, 81470, 81471, 81479, 81490, 81493, 81500, 81503, 81504, 81507, 81518, 81519, 81520, 81521, 81525, 81535, 81536, 81538, 81540, 81541, 81545, 81551, 81599, 83006, 83080,
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*New preauthorization requirement
3947ALL0818-C GCHKBPEN

		83951, 86316, 86386, 88120, 88121, 88230, 88248, 88261, 88262, 88263, 88264, 88267, 88269, 88271, 88272, 88273, 88274, 88275, 88280, 88283, 88285, 88289, 88291, 88299, 88364, 88366, 88374, 88377, 0004M, 0005U, 0007M, 0009M, 0009U, 0011M, 0012M, 0012U, 0013M, 0013U, 0014U, 0017U, 0018U, 0019U, 0021U, 0022U, 0023U, 0024U, 0025U, 0026U, 0029U, 0030U, 0031U, 0032U, 0033U, 0035U, 0036U, 0037U, 0038U, 0045U, 0047U, 0048U, 0050U, 0051U, 0052U, 0053U, 0054U, 0055U, 0056U, 0060U, 0061U, 0062U, 0063U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0079U, 0089U, 0090U, 0091U, 0092U, 0094U, 0101U, 0102U, 0103U, 0104U, 0111U, 0114U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, G9143, S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3854, S3861, S3865, S3866, S3870
Negative pressure wound therapy (NPWT)		97605, 97606, 97607, 97608, A6550, A9272, E2402, K0743
Neuromuscular Stimulators		E0731, E0744, E0745, E0764, E0770,
Noninvasive Home Ventilators*		E0466
Obesity Surgeries		43631, 43632, 43633, 43634, 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T
Oral, Orthognathic, Temporomandibular Joint (TMJ) Surgeries		21010, 21050, 21060, 21070, 21085, 21100, 21110, 21116, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147,

*New preauthorization requirement
3947ALL0818-C GCHKBPEN

		21150, 21151, 21154, 21155, 21159, 21160, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21210, 21215, 21240, 21242, 21243, 21244, 21247, 29800, 29804
Orthopedic Surgeries: Hip, Knee and Shoulder Arthroscopy		23929, 27299, 27412, 27599, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29850, 29851, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29914, 29915, 29916, 29999, J7330, S2112, S2300
Other Durable Medical Equipment (DME)		A9274, A9276, A9277, A9278, E0270, E0272, E0277, E0300, E0301, E0302, E0303, E0304, E0316, E0371, E0372, E0373, E0462, E0481, E0485, E0486, E0637, E0638, E0641, E0642, E0650, E0651, E0652, E0655, E0656, E0657, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676, E0691, E0692, E0693, E0762, E0766, E0784, E0912, E2402, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599, K0553, K0554, K0743, K0900, L0452, L0456, L0457, L0458, L0460, L0462, L0464, L0480, L0482, L0484, L0486, L0488, L0624, L0631, L0632, L0634, L0635, L0636, L0637, L0638, L0639, L0640, L0700, L0710, L0810, L0820, L0830, L0859, L0999, L1000, L1200, L1300, L1310, L1499, L1680, L1685, L1686, L1690, L1700, L1710, L1720, L1730, L1755, L1834, L1840, L1843, L1844, L1845, L1846,

*New preauthorization requirement
3947ALL0818-C GCHKBPEN

		L1848, L1851, L1852, L1860, L1932, L1945, L1950, L1951, L1970, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2106, L2108, L2126, L2128, L2132, L2134, L2136, L2350, L2525, L2526, L2627, L2628, L2999, L3671, L3674, L3730, L3740, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4631, L8505, L8510, L8683, L8701, L8702, S1030, S1031, S1034, S1035, S1036, S1037, S8130, S8131, V5336
Otoplasty		69300, 69320
Pain Infusion Pump		62324, 62325, 62326, 62327, 62350, 62351, 62360, 62361, 62362, 64999, C1772, C1891, C2626, E0782, E0783, E0785, E0786
Penile Implant		54400, 54401, 54405, C1813, C2622
Peripheral Revascularization (Atherectomy, Angioplasty)*		37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 0505T
Prosthetics		21086, 21088, A9282, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5301, L5312, L5321, L5610, L5611, L5613, L5614, L5616, L5645, L5649, L5651, L5673, L5677, L5679, L5681, L5683, L5700, L5701, L5703, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5856, L5857, L5858, L5859, L5930, L5950, L5960, L5968, L5969, L5973, L5976, L5979, L5980, L5981, L5987, L5988, L5990, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120,

*New preauthorization requirement
3947ALL0818-C GCHKBPEN

		L6130, L6200, L6205, L6250, L6300, L6310, L6320, L6350, L6360, L6370, L6400, L6450, L6500, L6550, L6570, L6580, L6582, L6584, L6586, L6588, L6590, L6600, L6605, L6610, L6611, L6615, L6616, L6620, L6621, L6623, L6624, L6625, L6628, L6629, L6630, L6632, L6635, L6637, L6638, L6640, L6641, L6642, L6645, L6646, L6647, L6648, L6650, L6655, L6660, L6665, L6670, L6672, L6675, L6676, L6677, L6680, L6682, L6684, L6686, L6687, L6688, L6689, L6690, L6691, L6692, L6693, L6694, L6695, L6696, L6697, L6698, L6703, L6704, L6706, L6707, L6708, L6709, L6711, L6712, L6713, L6714, L6715, L6721, L6722, L6805, L6810, L6880, L6881, L6882, L6883, L6884, L6885, L6890, L6895, L6900, L6905, L6910, L6915, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7007, L7008, L7009, L7040, L7045, L7170, L7180, L7181, L7185, L7186, L7190, L7191, L7259, L7400, L7401, L7402, L7403, L7404, L7405, L7499, L7510, L7520, L7600, L8499
Radiation Therapy		32701, 61796, 61798, 63620, 77371, 77372, 77373, 77385, 77386, 77401, 77402, 77407, 77412, 77423, 77424, 77425, 77520, 77522, 77523, 77525, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, G0339, G0340, G0458, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016

Rhinoplasty		30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462
Routine Maternity Care	Notification requested	Any
Skin and tissue substitutes		C9354, C9358, C9360, C9361, C9363, C9364, Q4100, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116**, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128**, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4200, Q4201, Q4202, Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4226 **For codes Q4116 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.
Spinal Cord Stimulators		63650, 63655, 63661, 63662, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8680, L8682, L8685, L8686, L8687, L8688
Spinal Fusion, Decompression, Kyphoplasty and Vertebroplasty		20999, 22103, 22116, 22208, 22216, 22222, 22226, 22510, 22511, 22512, 22513, 22514,

*New preauthorization requirement
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		22515, 22526, 22527, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22850, 22852, 22853, 22854, 22855, 22856, 22857, 22858, 22859, 22861, 22862, 22864, 22865, 22867, 22868, 22869, 22870, 22899, 27279, 27280, 62287, 62380, 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63081, 63082, 63085, 63086, 63087, 63088, 63090, 63091, 63101, 63102, 63103, 63170, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200, 63250, 63251, 63252, 63265, 63266, 63267, 63268, 63270, 63271, 63272, 63273, 63275, 63276, 63277, 63278, 63280, 63281, 63282, 63283, 63285, 63286, 63287, 63290, 63295, 63300, 63301, 63302, 63303, 63304, 63305, 63306, 63307, 63308, 0095T, 0098T, 0163T, 0164T, 0165T, 0202T, 0219T, 0220T, 0221T, 0222T, 0274T, 0275T, 0375T, C1821, C2614, S2348, S2350, S2351
Surgery for Obstructive Sleep Apnea		21685, 41512, 41530, 41599, 42140, 42145, 42299, 42950, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T,

*New preauthorization requirement
3947ALL0818-C GCHKBPEN

		0436T, 0466T, 0467T, 0468T, C9727, S2080
Thyroid Surgeries (Thyroidectomy and Lobectomy)*		60210, 60212, 60220, 60225, 60240, 60252, 60254, 60260, 60270, 60271
Transplant Surgeries		32850, 32851, 32852, 32853, 32854, 33927, 33928, 33929, 33935, 33945, 38230, 38232, 38240, 38241, 38243, 47135, 48160, 48550, 48554, 48556, 50360, 50365, 50370, 50380, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81595, 0085T, 0494T, 0495T, 0496T, L8698, S9975
Varicose Vein: Surgical Treatment and Sclerotherapy		36465, 36466, 36468, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, S2202, 0524T
Ventricular Assist Devices (VADs)	Percutaneous VADs	33990, 33991
	Ventricular Assist Devices (VADs)	33975, 33976, 33979, 33981, 33982, 33983, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, Q0477, Q0480, Q0481, Q0482, Q0483, Q0484, Q0485, Q0486, Q0487, Q0488, Q0489, Q0490, Q0491, Q0492, Q0493, Q0494, Q0495, Q0496, Q0497, Q0498, Q0499, Q0500, Q0501, Q0502, Q0503, Q0504, Q0506, Q0507, Q0508, Q0509
Wheelchairs/Scooters		E0981, E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1015, E1016, E1018, E1161, E1220, E1229, E1230, E1231, E1234, E1235, E1239, E2207, E2213, E2300, E2301, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329,

*New preauthorization requirement
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		E2330, E2331, E2343, E2351, E2358, E2359, E2360, E2362, E2364, E2367, E2368, E2369, E2370, E2372, E2374, E2375, E2376, E2383, E2386, E2610, K0005, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
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*New preauthorization requirement
3947ALL0818-C GCHKBPEN

Commercial Medication Preauthorization List		
Category	Details	Comments
Specialty Drugs	Preauthorization required for the below list of specialty 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	- Physicians and other healthcare providers must contact Humana (not New Century Health or Oncology Analytics) if any chemotherapy agent, supportive drug, symptom management drug or any other drug listed on Humana's medication preauthorization list is used for the treatment of: - Non-oncologic disorders - Oncologic disorders for Humana-covered patients younger than 18 - Oncologic disorders for Humana-covered patients enrolled in a clinical trial For more details on preauthorization requests for chemotherapy agents, supportive drugs and symptom management drugs reviewed by New Century Health or Oncology Analytics, click here.

*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.

²Site of Care Policy – These medications require additional information to allow Humana to consider approval for outpatient-hospital-based services with Centers for Medicare & Medicaid Services (CMS)/American Medical Association (AMA) place of service codes 19 and 22.

#Step therapy required through a Humana preferred drug as part of preauthorization

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.

Commercial Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Abraxane[#]	paclitaxel-nab [#]	J9264
Actemra IV^{2,#}	tocilizumab ^{2,#}	J3262
Adakveo^{▲,1}	crizanlizumab-tmca ^{▲,1}	C9399, J3490, J3590
Adcetris	brentuximab vedotin	J9042
Akynzeo IV	fosnetupitant and palonosetron	J1454
Aldurazyme²	laronidase ²	J1931
Alimta	pemetrexed	J9305
Aliqopa	copanlisib	J9057
Aloxi[#]	palonosetron [#]	J2469
Aralast NP^{1,2}	alpha 1-proteinase inhibitor ^{1,2}	J0256
Aranesp[#]	darbepoetin alfa [#]	J0881, J0882
Arcalyst	rilonacept	J2793
Arzerra	ofatumumab	J9302
Asparlas[▲]	calaspargase pegol-mknl [▲]	J9118
Atgam	lymphocyte immune globulin	J7504
Avastin (oncology only)	bevacizumab (oncology only)	C9257, J9035
Aveed[#]	testosterone undecanoate [#]	J3145
Azedra^{▲,1}	iobenguane I 131 ^{▲,1}	A9699, A4641, C9407, C9408
Bavencio[#]	avelumab [#]	J9023
Beleodaq	belinostat	J9032
Belrapzo^{▲,1}	bendamustine hydrochloride ^{▲,1}	C9042, J9036
Bendamustine^{▲,1}	bendamustine hydrochloride ^{▲,1}	C9042, J9036
Bendeka	bendamustine hydrochloride	J9034
Benlysta²	belimumab ²	C9399, J0490, J3590
Beovu^{▲,1,#}	brolocizumab-dbl ^{▲,1,#}	C9399, J3490, J3590

*New preauthorization requirement

▲ New-to-market drug addition

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²Site of Care Policy – These medications require additional information to allow Humana to consider approval for outpatient-hospital-based services with Centers for Medicare & Medicaid Services (CMS)/American Medical Association (AMA) place of service codes 19 and 22.

[#]Step therapy required through a Humana preferred drug as part of preauthorization

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Commercial Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Berinert^{2,#}	c1 esterase inhibitor ^{2,#}	J0597
Besponsa	inotuzumab ozogamicin	J9229
Blinicyto	blinatumomab	J9039
Blood-clotting factors (See list on pages 29 to 31)		
Bortezomib¹	bortezomib ¹	J9044
Botox[#]	onabotulinumtoxinA [#]	J0585
Brineura	cerliponase alfa	J0567
Cerezyme²	imiglucerase ²	J1786
Cimzia	certolizumab pegol	J0717
Cinqair²	reslizumab ²	J2786
Cinryze^{2,#}	c1 esterase inhibitor ^{2,#}	J0598
Cinvanti	aprepitant	J0185
Crysvita²	burosumab-twza ²	J0584
Cyklokapron¹	tranexamic acid ¹	J3490
Cyramza	ramucirumab	J9308
CytoGam²	cytomegalovirus immune globulin ²	90291, J0850
Dacogen	decitabine	J0894
Darzalex	daratumumab	J9145
Defitelio¹	defibrotide sodium ¹	C9399, J3490
Doxil[#]	doxorubicin [#]	Q2050
Duopa[#]	carbidopa/levodopa [#]	J7340
Dupixent^{1,#}	dupilumab ^{1,#}	C9399, J3590,
Durolane[#]	hyaluronic acid, stabilized [#]	J7318
Dysport	abobotulinumtoxin A	J0586
Elaprase²	idursulfase ²	J1743
Elelyso²	taliglucerase alfa ²	J3060

*New preauthorization requirement

▲ New-to-market drug addition

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[#]Step therapy required through a Humana preferred drug as part of preauthorization

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Commercial Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Elitek	rasburicase	J2783
Elzonris [▲]	tagraxofusp-erzs [▲]	J9269
Empliciti	elotuzumab	J9176
Entyvio ^{2,#}	vedolizumab ^{2,#}	J3380
Epogen ^{1,#}	epoetin alfa ^{1,#}	J0885, Q4081
Erbitux	cetuximab	J9055
Erwinaze	asparaginase erwinia chrysanthemi	J9019
Eskata ¹	hydrogen peroxide ¹	C9399, J3490
Euflexxa [#]	hyaluronate sodium [#]	J7323
Evenity [▲]	romosozumab-aqqg [▲]	J3111
Evomela ¹	melphalan ¹	J9245
Exondys 51 ²	eteplirsens ²	J1428
Eylea [#]	aflibercept [#]	J0178
Fabrazyme ²	agalsidase beta ²	J0180
Fasenra	benralizumab	J0517
Faslodex	fulvestrant	J9395
Firazy ^{1,2,#}	icatibant ^{1,2,#}	J1744
Flolan ^{1,#}	epoprostenol (injection) ^{1,#}	J1325, J3490, S0155
Foloty ⁿ	pralatrexate	J9307
Fulphila [▲]	pegfilgrastim-jmdb [▲]	Q5108
Fusilev ^{1,#}	levoleucovorin calcium ^{1,#}	J0641
Gamifant [▲]	emapalumab-lzsg [▲]	J9210
Gattex ¹	teduglutide ¹	C9399, J3490
Gazyva	obinutuzumab	J9301
Gel-One [#]	sodium hyaluronate [#]	J7326
Gelsyn-3 [#]	sodium hyaluronate [#]	J7328

*New preauthorization requirement

▲ New-to-market drug addition

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[#]Step therapy required through a Humana preferred drug as part of preauthorization

⁺⁺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.

Commercial Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Genvisc 850 [#]	sodium hyaluronate [#]	J7320
Givlaari ^{▲,1}	givosiran ^{▲,1}	C9399, J3490
Glassia ²	alpha 1-proteinase inhibitor ²	J0257
Granix [#]	tbo-filgrastim [#]	J1447
Growth hormones: Genotropin, Humatrope, Norditropin FlexPro, Nutropin AQ NuSpin, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive	somatropin	J2941
Haegarda ^{*,2}	c1 esterase inhibitor subcutaneous ^{*,2}	J0599
H.P. Acthar Gel	corticotropin	J0800
Herceptin	trastuzumab	J9355
Herceptin Hylecta ^{▲,1,#}	trastuzumab and hyaluronidase-oysk ^{▲,1,#}	J9356
Hyalgan ^{1,#}	sodium hyaluronate ^{1,#}	J7321
Hydroxyprogesterone ¹	hydroxyprogesterone caproate ¹	C9399, J3490, J1729
Hymovis [#]	sodium hyaluronate [#]	J7322
Ilaris	canakinumab	J0638
Ilumya ^{▲,#}	tildrakizumab-asmn ^{▲,#}	J3245
Iluvien	fluocinolone acetonide	J7313
Imfinzi	durvalumab	J9173
Imlygic	talimogene laherparepvec	J9325

*New preauthorization requirement

▲ New-to-market drug addition

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[#]Step therapy required through a Humana preferred drug as part of preauthorization

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Commercial Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Immune Globulin ^{1,2} : Asceniv [▲] , Bivigam, Carimune NF, Cutaquig [▲] , Cuvitru, Flebogamma DIF, Gamastan S/D, Gammagard S/D, Gammagard Liquid, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Panzyga [▲] , Privigen	immune globulin ^{1,2}	90283, 90284, J1575, J1459, J1460, J1555, J1556, J1557, J1559, J1560, J1561, J1562, J1566, J1568, J1569, J1572, J1599, J3590, C9399
Inflectra ^{2,#}	infliximab-dyyb ^{2,#}	Q5103
Infugem ^{▲,1}	gemcitabine ^{▲,1}	C9399, J3490, J9999
Istodax ¹	romidespin ¹	J9315
Ixempra	ixabepilone	J9207
Jevtana	ixabepilone	J9043
Kadcyla	ado-trastuzumab emtansine	J9354
Kalbitor ^{2,#}	ecallantide ^{2,#}	J1290
Kanjinti [▲]	trastuzumab-anns [▲]	Q5117
Kanuma ²	sebelipase alfa ²	J2840
Keytruda	pembrolizumab	J9271
Khapzory [▲]	levoleucovorin [▲]	J0642
Krystexxa ^{2,#}	pegloticase ^{2,#}	J2507
Kymriah ⁺⁺	tisagenlecleucel ⁺⁺	Q2042
Kyprolis	carfilzomib	J9047
Lartruvo	olaratumab	J9285
Lemtrada ²	alemtuzumab ²	J0202
Leukine [*]	sargramostim [*]	J2820

*New preauthorization requirement

▲ New-to-market drug addition

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[#]Step therapy required through a Humana preferred drug as part of preauthorization

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Commercial Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Levoleucovorin ^{1,#}	levoleucovorin calcium ^{1,#}	J0641
Libtayo [▲]	cemiplimab-rwlc [▲]	J9119
Lucentis [#]	ranibizumab [#]	J2778
Lumizyme ²	alglucosidase alfa ²	J0221
Lumoxiti [▲]	moxetumomab pasudotox-tdfk [▲]	J9313
Lutathera [#]	lutetium Lu 177 dotatate [#]	A9513
Luxturna	voretigene neparvovec-rzyl	J3398
Macrilen ^{▲,1}	macimorelin ^{▲,1}	C9399, J8499
Macugen [#]	pegaptanib sodium [#]	J2503
Makena ¹	hydroxyprogesterone caproate ¹	J1726
Marqibo [#]	vincristine sulfate [#]	J9371
Mepsevii ²	vestronidase alfa-vjbk ²	J3397
Mircera [#]	methoxy polyethylene glycol – epoetin beta [#]	J0887, J0888
Mozobil	plerixafor	J2562
Mvasi [▲] (oncology only)	Bevacizumab-awwb [▲] (oncology only)	Q5107
Mylotarg	gemtuzumab ozogamicin	J9203
Myobloc	rimabotulinumtoxinB	J0587
Naglazyme ²	galsulfase ²	J1458
Neulasta ¹	pegfilgrastim ¹	J2505
Neulasta Onpro ¹	pegfilgrastim ¹	J2505
Neupogen	filgrastim	J1442
Nivestym ^{▲,#}	filgrastim-aafi ^{▲,#}	Q5110
Nplate	romiplostim	J2796
Nucala ²	mepolizumab ²	J2182

*New preauthorization requirement

▲ New-to-market drug addition

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[#]Step therapy required through a Humana preferred drug as part of preauthorization

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Commercial Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Nulojix	belatacept	J0485
Ocrevus ^{2,#}	ocrelizumab ^{2,#}	J2350
Ogivri [▲]	trastuzumab-dkst [▲]	Q5114
Oncaspar	pegaspargase	J9266
Onivyde	irinotecan liposome injection	J9205
Onpattro [▲]	patisiran [▲]	J0222
Opdivo	nivolumab	J9299
Orencia IV ^{2,#}	abatacept ^{2,#}	J0129
Ozurdex	dexamethasone intravitreal implant	J7312
Palynziq ¹	pegvaliase-pqpz ¹	C9399, J3490, J3590
Parsabiv [#]	etelcalcetide [#]	J0606
Perjeta	pertuzumab	J9306
Polivy ^{▲,1}	polatuzumab vedotin-piiq ^{▲,1}	C9399, J3490, J3590, J9999
Portrazza	necitumumab	J9295
Poteligeo [▲]	mogamulizumab-kpkc [▲]	J9204
Prevymis ¹	letermovir ¹	C9399, J3490, J8499
Prialt	ziconotide	J2278
Probuphine	buprenorphine subdermal implant	J0570
Procrit ^{1,#}	epoetin alfa ^{1,#}	J0885, J0886, Q4081
Prolastin-C ^{1,2,#}	alpha 1-proteinase inhibitor ^{1,2,#}	J0256
Prolia ^{1,2,#}	denosumab ^{1,2,#}	J0897
Provenge	sipuleucel-T	Q2043
Qutenza [#]	capsaicin/skin cleanser [#]	J7336
Radicava ²	edaravone ²	J1301
Reblozyl ^{▲,1}	luspatercept-aamt ^{▲,1}	C9399, J3590
Remicade ²	infliximab ²	J1745

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Commercial Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Remodulin ^{1,#}	treprostinil (injection) ^{1,#}	J3285, J3490
Renflexis ^{2,#}	infliximab-abda ^{2,#}	Q5104
Retacrit	epoetin alfa-epbx	Q5105, Q5106
Retisert	fluocinolone acetonide	J7311
Revatio ¹	sildenafil citrate (injection) ¹	J3490, J8499
Rituxan [#]	rituximab [#]	J9312
Rituxan Hycela [#]	rituximab/hyaluronidase human [#]	J9311
Ruconest ²	c1 esterase inhibitor ²	J0596
Sandostatin LAR	octreotide	J2353
Signifor LAR [#]	pasireotide [#]	J2502
Simponi ARIA ²	golimumab ²	J1602
Sinuva [#]	mometasone furoate [#]	J7401
Sodium Hyaluronate ^{▲,1,#}	hyaluronate sodium ^{▲,1,#}	C9399, J3490
Soliris ^{2,#}	eculizumab ^{2,#}	J1300
Somatuline Depot	lanreotide	J1930
Spinraza	nusinersen	J2326
Spravato ^{▲,1}	esketamine ^{▲,1}	C9399, J3490
Stelara (IV only)	ustekinumab (IV only)	J3358
Strensiq ¹	asfotase alfa ¹	C9399, J3590
Sublocade	buprenorphine extended-release	Q9991, Q9992
Supartz FX ^{1,#}	sodium hyaluronate ^{1,#}	J7321
Sustol [#]	granisetron [#]	J1627
Sylatron ¹	peginterferon alfa-2b ¹	C9399, J9999
Sylvant	siltuximab	J2860
Synagis	palivizumab	90378
Synribo	omacetaxine mepesuccinate	J9262

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Brand	Generic	Codes
Synvisc ^{1,#}	hylan G-F 20 ^{1,#}	J7325
Synvisc-One ^{1,#}	hyaluronan ^{1,#}	J7325
Takhzyro ^{▲,#}	lanadelumab-flyo ^{▲,#}	J0593
Tecentriq	atezolizumab	J9022
Tegsedi ^{▲,1}	inotersen ^{▲,1}	C9399, J3940
Testopel ^{1,#}	testosterone pellet ^{1,#}	J3490, S0189
Thrombate III ²	antithrombin III [human] ²	J7197
Treanda	bendamustine hydrochloride	J9033
Triptodur [#]	triptorelin [#]	J3316
Trisenox	arsenic trioxide	J9017
Triluron ^{▲,#}	hyaluronate sodium ^{▲,#}	J7332
TriVisc ^{▲,#}	sodium hyaluronate ^{▲,#}	J7329
Trogarzo ^{2,#}	ibalizumab-uiyk ^{2,#}	J1746
Truxima [▲]	rituximab-abbs [▲]	Q5115
Tysabri [#]	natalizumab [#]	J2323
Tyvaso [#]	treprostinil (inhaled) [#]	J7686
Udenyca [▲]	pegfilgrastim-cbqv [▲]	Q5111
Ultomiris [▲]	ravulizumab-cwvz [▲]	J1303
Unituxin ¹	bendamustine hydrochloride ¹	C9399, J9999
Valstar	valrubicin	J9357
VariZIG	varicella zoster immune globulin	90396
Varubi IV	rolapitant	J2797
Vectibix	panitumumab	J9303
Velcade	bortezomib	J9041
Veletri ^{1,#}	epoprostenol ^{1,#}	J1325
Ventavis [#]	iloprost (inhaled) [#]	Q4074

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Brand	Generic	Codes
Vidaza	azacitidine	J9025
Vimizim ²	elosulfase alfa ²	J1322
Visco-3 ^{1,#}	sodium hyaluronate ^{1,#}	J7321
Visudyne ^{*,#}	verteporfin ^{*,#}	J3396
Vpriv ²	velaglucerase alfa ²	J3385
Vyxeos	daunorubicin/cytarabine	J9153
Xeomin	incobotulinumtoxin A	J0588
Xgeva ^{1,#}	denosumab ^{1,#}	J0897
Xofigo	radium RA 223 dichloride	A9606,
Xolair ²	omalizumab ²	J2357
Yervoy	ipilimumab	J9228
Yescarta ⁺⁺	axicabtagene ciloleucel ⁺⁺	Q2041
Yondelis	trabectedin	J9352
Yupelri ^{▲,1}	revefenacin ^{▲,1}	J7677
Yutiq [▲]	fluocinolone acetonide intravitreal implant [▲]	J7314
Zaltrap	ziv-aflibercept	J9400
Zarxio	filgrastim-sndz	Q5101
Zavesca ^{*,1,#}	miglustat ^{*,1,#}	J8499
Zemaira ^{1,2,#}	alpha 1-proteinase inhibitor ^{1,2,#}	J0256
Zevalin	lbritumomab tiuxetan	A9543
Ziextenzo ^{▲,1,#}	pegfilgrastim-bmez ^{▲,1,#}	C9399, J9999
Zilretta [#]	triamcinolone acetonide [#]	J3304
Zinplava	bezlotoxumab	J0565
Zoladex [#]	gosrelin acetate [#]	J9202
Zolgensma ^{▲,1}	onasemnogene abeparvovec-xioi ^{▲,1}	C9399, J3490, J3590

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Brand	Generic	Codes
Zulresso ^{▲,1}	brexanolone ^{▲,1}	C9399, J3490
Blood-clotting Factors		
Advate ^{1,2}	antihemophilic factor [recombinant] ^{1,2}	J7192
Adynovate ²	antihemophilic factor [recombinant], PEGylated ²	J7207
Afstyla ²	antihemophilic factor (recombinant) single chain ²	J7210
Alphanate ²	antihemophilic factor/von Willebrand factor complex [human] ²	J7186
AlphaNine SD ^{1,2}	coagulation factor IX [human] ^{1,2}	J7193
Alprolix ²	coagulation factor IX [recombinant] ²	J7201
Bebulin ^{1,2}	factor IX complex ^{1,2}	J7194
BeneFix ^{1,2}	coagulation factor IX [recombinant] ^{1,2}	J7195
Coagadex ²	coagulation factor X [human] ²	J7175
Corifact ²	factor XIII concentrate [human] ²	J7180
Eloctate ²	antihemophilic factor [recombinant], Fc fusion protein ²	J7205
Feiba NF ²	anti-inhibitor coagulant complex ²	J7198
Helixate FS ^{1,2}	antihemophilic factor [recombinant] ^{1,2}	J7192
Hemlibra ^{2,#}	emicizumab-kxwh ^{2,#}	J7170
Hemofil M ^{1,2}	antihemophilic factor [human] ^{1,2}	J7190

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Brand	Generic	Codes
Humate-P²	antihemophilic factor/von Willebrand factor complex [human] ²	J7187
Idelvion²	antihemophilic factor [recombinant] ²	J7202
Ixinity^{1,2}	coagulation factor IX [recombinant] ^{1,2}	J7195
Jivi^{▲,1,2}	antihemophilic factor (recombinant), PEGylated-aucI ^{▲,1,2}	J7208
Koate-DVI^{1,2}	antihemophilic factor [human] ^{1,2}	J7190
Kogenate FS^{1,2}	antihemophilic factor [recombinant] ^{1,2}	J7192
Kovaltry²	antihemophilic factor [recombinant] ²	J7211
Monoclote-P^{1,2}	antihemophilic factor [human] ^{1,2}	J7190
Mononine^{1,2}	coagulation factor IX [human] ^{1,2}	J7193
NovoEight²	turoctocog alfa ²	J7182
NovoSeven RT²	coagulation factor VIIa [recombinant] ²	J7189
Nuwiq²	simoctocog alfa ²	J7209
Obizur²	antihemophilic factor [recombinant], porcine sequence ²	J7188
Profilnine^{1,2}	factor IX complex ^{1,2}	J7194
Rebinyn²	coagulation factor IX [recombinant], GlycoPEGylated ²	J7203

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Brand	Generic	Codes
Recombinate^{1,2}	antihemophilic factor [recombinant] ^{1,2}	J7192
Rixubis²	coagulation factor IX [recombinant] ²	J7200
Tretten²	coagulation factor XIII A-subunit [recombinant] ²	J7181
Vonvendi²	von Willebrand factor [recombinant] ²	J7179
Wilate²	von Willebrand factor / coagulation factor VIII complex [human] ²	J7183
Xyntha²	antihemophilic factor [recombinant] ²	J7185

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