Humana

# Medicare Advantage and Dual Medicare-Medicaid Plans Preauthorization and Notification List

**Effective Date: Jan. 1, 2019**
**Revision Date: Dec. 11, 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 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, 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. 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 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. Healthcare 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 healthcare 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 healthcare 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 healthcare 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.)

- **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 healthcare 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 healthcare 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.

**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.

**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, this list 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.

| Medicare Advantage and Dual Medicare-Medicaid Plan Preauthorization and Notification List | | |
|---|---|---|
| Category | Details/Notes | Codes |
| Abdominoplasty | | 15830, 15847 |
| Ablation*† | Includes 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 |
| Behavioral Health Services | Transcranial Magnetic Stimulation (TMS) | 90867, 90868, 90869 |
| 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, 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 pacemaker, 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, |

*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.

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| | | C1899, C1900, C2619, C2620, C2621 |
| | 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**<br>• Submit by fax to 1-502-508-9300<br>• Submit by telephone to 1-866-421-5663<br>• Submit by email to transplant@humana.com | 0537T, 0538T, 0539T, 0540T, Q2042, XW033C3, XW043C3 |
| Cochlear and Auditory Brainstem Implants | | 69930, L8614, L8615, L8616, L8617, L8618, L8619, L8625, L8627, L8628, S2235 |
| 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, |

*New preauthorization requirement

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| | | 73701, 73702, 73706, 74150, 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 |

*New preauthorization requirement

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| | Positron Emission Tomography (PET) Scan/National Oncology PET Registry (NOPR)† | 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, G0219, G0235, G0252 |
| | Single Photon Emission Computerized Tomography (SPECT) Scan† | 78494 |
| | Transesophageal Echocardiogram (TEE)† | 93312, 93313, 93314, 93315, 93316, 93317, 93318, 93355, C8925, C8926, C8927 |
| | | |
| Electric Beds | | E0193, E0194, E0265, E0266, E0296, E0297, E0329 |
| 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 | | E0483 |
| Home Health/Home Infusion | Preauthorization requests and medical necessity for home health services for patients with Humana MA coverage residing in Oklahoma and Texas are reviewed by myNEXUS. MyNexus will review for Georgia and South Carolina effective September 1, 2019. **Please note:** This | 99510, 99512, 99600, G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496, S0270, S0271, S0272, S0273, S0274, S5108, S5109, S5110, S5111, S5115, S5116, S5180, S5181, S9001, S9097, S9098, S9122, S9123, S9124, S9125, |

*New preauthorization requirement

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| | requirement excludes patients with Humana MA PFFS coverage. | S9127, S9128, S9129, S9131, S9208, S9209, S9211, S9212, S9213, S9214, T1000, T1004, T1005, T1021, T1022, T1028, T1030, T1031, T1502, T1503 |
| Hyperbaric Therapy | | 99183, G0277 |
| Infertility Testing and Treatment | | 52402, 54800, 54840, 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, 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, 89290, 89291, 89300, 89310, 89320, 89321, 89322, 89325, 89329, 89330, 89331, 89342, 89343, 89344, 89346, 89398, 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, |

*New preauthorization requirement

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*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.

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| | | 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, 83951, 86316, 88120, 88121, 88269, 88271, 88272, 88273, 88274, 88275, 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, 0049U, 0050U, 0051U, 0052U, 0053U, 0054U, 0055U, 0056U, 0058U, 0059U, 0060U, 0061U, 0062U, 0063U, 0067U, 0069U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0078U, 0079U, 0081U, 0089U, 0090U, 0091U, 0092U, 0094U, 0101U, 0102U, 0103U, 0104U, 0111U, 0114U, 0120U, 0129U, 0130U, 0131U, 0132U, 0133U, 0134U, 0135U, 0136U, 0137U, 0138U, S3800, S3840, S3841, S3842, S3844, S3845, S3846, S3849, S3850, S3852, S3853, S3854, S3861, S3865, S3866, S3870 |
| Neuromuscular Stimulators | | E0731, E0745, E0764, E0770 |
| Noninvasive Home Ventilators* | | E0466 |

*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.

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| 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 |
| Observation Stays | | All |
| Oral, Orthognathic, Temporomandibular Joint (TMJ) Surgeries | | 20910, 21010, 21050, 21060, 21070, 21085, 21100, 21110, 21116, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 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, E0277, E0300, E0301, E0302, E0303, E0304, E0316, E0328, E0371, E0372, E0373, E0462, E0481, E0482, E0486, E0637, E0638, E0641, E0642, E0650, E0651, E0652, E0660, E0665, E0666, E0667, E0668, E0669, E0670, E0671, E0672, E0673, E0675, E0676, E0691, E0692, E0693, E0762, E0766, |

*New preauthorization requirement

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| | | E0784, E0791, E0912, E2402, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2599, K0553, K0554, K0743, K0900, L0452, L0456, L0457, L0458, L0460, L0462, L0464, L0480, L0482, L0484, L0486, L0488, L0624, L0629, 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, L1848, L1851, L1852, L1860, L1907, L1932, L1945, L1950, L1951, L1960, L1970, L2000, L2005, L2010, L2020, L2030, L2034, L2036, L2037, L2038, L2060, L2106, L2108, L2126, L2128, L2132, L2134, L2136, L2350, L2525, L2526, L2627, L2628, L2999, L3671, L3674, L3720, L3730, L3740, L3763, L3764, L3765, L3766, L3900, L3901, L3904, L3905, L3961, L3967, L3971, L3973, L3975, L3976, L3977, L3978, L3999, L4631, 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 |

*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.

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| | | |
|---|---|---|
| Peripheral Revascularization (Atherectomy, Angioplasty)*† | | 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 0505T |
| Prosthetics | | 21081, 21082, 21084, A9282, L3250, L5000, L5010, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5301, L5312, L5321, L5331, L5341, L5420, L5500, L5505, L5510, L5520, L5530, L5535, L5540, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5611, L5613, L5614, L5616, L5617, L5618, L5620, L5622, L5624, L5626, L5628, L5629, L5630, L5631, L5632, L5634, L5636, L5637, L5638, L5639, L5640, L5642, L5643, L5644, L5645, L5646, L5647, L5648, L5649, L5650, L5651, L5652, L5653, L5654, L5655, L5656, L5658, L5661, L5665, L5666, L5668, L5670, L5671, L5672, L5673, L5676, L5677, L5678, L5679, L5681, L5682, L5683, L5684, L5685, L5686, L5688, L5690, L5692, L5694, L5695, L5696, L5697, L5698, L5699, L5700, L5701, L5702, L5703, L5704, L5705, L5706, L5707, L5710, L5711, L5712, L5714, L5716, L5718, L5722, L5724, L5726, L5728, L5780, L5781, L5782, L5785, L5790, L5795, L5810, L5811, L5812, L5814, L5816, L5818, L5822, L5824, L5826, L5828, L5830, L5840, L5845, L5848, L5850, L5855, L5856, L5857, L5858, L5859, L5910, L5920, L5925, L5930, L5940, L5950, L5960, L5961, L5962, L5964, |

*New preauthorization requirement

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

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|---|---|---|
| | | L5966, L5968, L5969, L5970, L5971, L5972, L5973, L5974, L5975, L5976, L5978, L5979, L5980, L5981, L5982, L5984, L5985, L5986, L5987, L5988, L5999, L6000, L6010, L6020, L6026, L6050, L6055, L6100, L6110, L6120, 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, 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, L8035, L8499 |
| Radiation Therapy† | | 32701, 61796, 61798, 63620, 77371, 77372, 77373, 77385, |

*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.

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| | | 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 | All |
| 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, 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, |

*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.

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| | | 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, 0436T, 0466T, 0467T, 0468T, C9727, S2080 |
| Surgical Nasal/Sinus Endoscopic Procedures and Balloon sinus ostial dilation | Excludes diagnostic nasal/sinus endoscopies | 31237, 31240, 31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288, 31295, 31296, 31297, 31298, C9745 |
| 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, 47133, 47135, 48160, 48550, 48554, 48556, 50360, 50365, 50370, 50380, 81370, 81371, 81372, |

*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.

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| | | 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, 0524T, S2202 |
| Ventricular Assist Devices (VADs) | Percutaneous Ventricular Assist Devices (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 | | E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1161, E1220, E1229, E1231, E1234, E1235, E1239, E2207, E2300, E2310, E2311, E2312, E2321, E2322, E2325, E2327, E2328, E2329, E2330, E2331, E2343, E2351, E2358, E2359, E2360, E2362, E2364, E2368, E2369, E2375, E2376, E2383, E2386, K0005, K0008, K0009, K0010, K0011, K0012, K0013, K0014, K0669, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, |

*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.

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|---|---|---|
| | | 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 |

*New preauthorization requirement

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3947ALL0818-D GCHKBPQEN

| Medicare Advantage and Dual Medicare-Medicaid Plan<br>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**<br>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:<br>- Non-oncologic disorders<br>- Oncologic disorders for Humana-covered patients younger than 18<br>- Oncologic disorders for Humana-covered patients enrolled in a clinical trial<br>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

[1]All 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.

[#]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.

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| Medicare Advantage and Dual Medicare-Medicaid Plan<br>Medication Preauthorization List<br>To request preauthorization or provide notification, please click here to access the fax forms | | |
|---|---|---|
| **Brand** | **Generic** | **Codes** |
| **Abraxane**[#] | paclitaxel-nab[#] | J9264 |
| **Actemra IV**[#] | tocilizumab[#] | J3262 |
| **Adakveo**[▲,1] | crizanlizumab-tmca[▲,1] | C9399, J3490, J3590 |
| **Adcetris** | brentuximab vedotin | J9042 |
| **Akynzeo IV** | fosnetupitant and palonosetron | J1454 |
| **Aldurazyme** | laronidase | J1931 |
| **Alimta** | pemetrexed | J9305 |
| **Aliqopa** | copanlisib | J9057 |
| **Aloxi** | palonosetron | J2469 |
| **Aralast NP**[1] | alpha 1-proteinase inhibitor[1] | 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 |
| **Benlysta** | belimumab | C9399, J0490, J3590 |
| **Beovu**[▲,1,#] | brolucizumab-dbll[▲,1,#] | C9399, J3490, J3590 |
| **Berinert**[#] | c1 esterase inhibitor[#] | J0597 |
| **Besponsa** | inotuzumab ozogamicin | J9229 |
| **Blincyto** | blinatumomab | J9039 |

*****New preauthorization requirement

[▲] New-to-market drug addition

[1]All 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.

[#]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.

| Medicare Advantage and Dual Medicare-Medicaid Plan<br>Medication Preauthorization List<br>To request preauthorization or provide notification, please click here to access the fax forms | | |
|---|---|---|
| **Brand** | **Generic** | **Codes** |
| **Blood-clotting factors** (See list on Pages 30 to 31) | | |
| **Bortezomib**[1] | bortezomib[1] | J9044 |
| **Botox** | onabotulinumtoxinA | J0585 |
| **Brineura** | cerliponase alfa | J0567 |
| **Cerezyme** | imiglucerase | J1786 |
| **Cimzia** | certolizumab pegol | J0717 |
| **Cinqair** | reslizumab | J2786 |
| **Cinryze**[#] | c1 esterase inhibitor[#] | J0598 |
| **Cinvanti** | aprepitant | J0185 |
| **Crysvita** | burosumab-twza | J0584 |
| **Cyklokapron**[1] | tranexamic acid[1] | J3490 |
| **Cyramza** | ramucirumab | J9308 |
| **CytoGam** | cytomegalovirus immune globulin | 90291, J0850 |
| **Dacogen** | decitabine | J0894 |
| **Darzalex** | daratumumab | J9145 |
| **Defitelio**[1] | defibrotide sodium[1] | C9399, J3490 |
| **Dextenza**▲ | dexamethasone ophthalmic insert▲ | J1096 |
| **Doxil**[#] | doxorubicin[#] | Q2050 |
| **Duopa** | carbidopa / levodopa | J7340 |
| **Dupixent**[1] | dupilumab[1] | C9399, J3590, |
| **Durolane**[#] | hyaluronic acid, stabilized[#] | J7318 |
| **Dysport** | abobotulinumtoxin A | J0586 |
| **Elaprase** | idursulfase | J1743 |
| **Elelyso** | taliglucerase alfa | J3060 |
| **Elitek** | rasburicase | J2783 |
| **Elzonris**▲ | tagraxofusp-erzs▲ | J9269 |
| **Empliciti** | elotuzumab | J9176 |
| **Entyvio**[#] | vedolizumab[#] | J3380 |
| **Epogen**[1,#] | epoetin alfa[1,#] | J0885, Q4081 |

*****New preauthorization requirement

▲ New-to-market drug addition

[1]All 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.

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

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| Medicare Advantage and Dual Medicare-Medicaid Plan<br>Medication Preauthorization List<br>To request preauthorization or provide notification, please click here to access the fax forms | | |
|---|---|---|
| **Brand** | **Generic** | **Codes** |
| **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** | eteplirsen | J1428 |
| **Eylea**[#] | aflibercept[#] | J0178 |
| **Fabrazyme** | agalsidase beta | J0180 |
| **Fasenra** | benralizumab | J0517 |
| **Faslodex** | fulvestrant | J9395 |
| **Firazyr**[1,#] | icatibant[1,#] | J1744 |
| **Flolan**[1] | epoprostenol (injection)[1] | J1325, J3490, S0155 |
| **Folotyn** | 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 |
| **Genvisc 850**[#] | sodium hyaluronate[#] | J7320 |
| **Givlaari**[▲,1] | givosiran[▲,1] | C9399, J3490 |
| **Glassia** | alpha 1-proteinase inhibitor | J0257 |
| **Granix**[#] | tbo-filgrastim[#] | J1447 |

*****New preauthorization requirement

[▲] New-to-market drug addition

[1]All 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.

[#]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.

| Medicare Advantage and Dual Medicare-Medicaid Plan<br>Medication Preauthorization List<br>To request preauthorization or provide notification, please click here to access the fax forms | | |
|---|---|---|
| **Brand** | **Generic** | **Codes** |
| **Growth hormones: Genotropin, Humatrope, Norditropin FlexPro, Nutropin AQ NuSpin, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive** | somatropin | J2941 |
| **Haegarda*** | c1 esterase inhibitor subcutaneous* | J0599 |
| **H.P. Acthar Gel** | corticotropin | J0800 |
| **Herceptin** | trastuzumab | J9355 |
| **Herceptin Hylecta▲,1,#** | trastuzumab and hyaluronidase-oysk▲,1,# | J9356 |
| **Hyalgan1,#** | sodium hyaluronate1,# | J7321 |
| **Hydroxyprogesterone1** | hydroxyprogestrone caproate1 | 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 |
| **Immune Globulin1: 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 globulin1 | 90283, 90284, J1575, J1459, J1460, J1555, J1556, J1557, J1559, J1560, J1561, J1562, J1566, J1568, J1569, J1572, J1599, J3590, C9399 |
| **Inflectra** | infliximab-dyyb | Q5103 |
| **Infugem▲,1** | gemcitabine▲,1 | C9399, J3490, J9999 |

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▲ New-to-market drug addition

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|---|---|---|
| **Brand** | **Generic** | **Codes** |
| **Istodax**[1] | romidespin[1] | J9315 |
| **Ixempra** | ixabepilone | J9207 |
| **Jevtana** | ixabepilone | J9043 |
| **Kadcyla** | ado-trastuzumab emtansine | J9354 |
| **Kalbitor**[#] | ecallantide[#] | J1290 |
| **Kanjinti**[▲] | trastuzumab-anns[▲] | Q5117 |
| **Kanuma** | sebelipase alfa | J2840 |
| **Keytruda** | pembrolizumab | J9271 |
| **Khapzory**[▲] | levoleucovorin[▲] | J0642 |
| **Krystexxa** | pegloticase | J2507 |
| **Kymriah**[++] | tisagenlecleucel[++] | Q2042 |
| **Kyprolis** | carfilzomib | J9047 |
| **Lartruvo** | olaratumab | J9285 |
| **Lemtrada** | alemtuzumab | J0202 |
| **Leukine*** | sargramostim* | J2820 |
| **Levoleucovorin**[1] | levoleucovorin calcium[1] | J0641 |
| **Libtayo**[▲] | cemiplimab-rwlc[▲] | J9119 |
| **Lucentis**[#] | ranibizumab[#] | J2778 |
| **Lumizyme** | alglucosidase alfa | 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** | vestronidase alfa-vjbk | J3397 |
| **Mircera**[#] | methoxy polyethylene glycol – epoetin beta[#] | J0887, J0888 |

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|---|---|---|
| **Brand** | **Generic** | **Codes** |
| **Mozobil** | plerixafor | J2562 |
| **Mvasi▲ (oncology only)** | Bevacizumab-awwb▲ (oncology only) | Q5107 |
| **Mylotarg** | gemtuzumab ozogamicin | J9203 |
| **Myobloc** | rimabotulinumtoxinB | J0587 |
| **Naglazyme** | galsulfase | J1458 |
| **Neulasta[1]** | pegfilgrastim[1] | J2505 |
| **Neulasta Onpro[1]** | pegfilgrastim[1] | J2505 |
| **Neupogen** | filgrastim | J1442 |
| **Nivestym▲,#** | filgrastim-aafi▲,# | Q5110 |
| **Nplate** | romiplostim | J2796 |
| **Nucala** | mepolizumab | J2182 |
| **Nulojix** | belatacept | J0485 |
| **Ocrevus** | ocrelizumab | J2350 |
| **Ogivri▲** | trastuzumab-dkst▲ | Q5114 |
| **Oncaspar** | pegaspargase | J9266 |
| **Onivyde** | irinotecan liposome injection | J9205 |
| **Onpattro▲** | patisiran▲ | J0222 |
| **Opdivo** | nivolumab | J9299 |
| **Orencia IV#** | abatacept# | 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 |

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|---|---|---|
| **Brand** | **Generic** | **Codes** |
| **Probuphine** | buprenorphine subdermal implant | J0570 |
| **Procrit**[1,#] | epoetin alfa[1,#] | J0885, J0886, Q4081 |
| **Prolastin-C**[1] | alpha 1-proteinase inhibitor[1] | J0256 |
| **Provenge** | sipuleucel-T | Q2043 |
| **Qutenza** | capsaicin/skin cleanser | J7336 |
| **Radicava** | edaravone | J1301 |
| **Reblozyl**[▲,1] | luspatercept-aamt[▲,1] | C9399, J3590 |
| **Remicade*** | infliximab* | J1745 |
| **Remodulin**[1] | treprostinil (injection) [1] | J3285, J3490 |
| **Renflexis**[#] | infliximab-abda[#] | 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** | c1 esterase inhibitor | J0596 |
| **Sandostatin LAR** | octreotide | J2353 |
| **Signifor LAR**[#] | pasireotide[#] | J2502 |
| **Simponi ARIA** | golimumab | J1602 |
| **Sinuva** | mometasone furoate | J7401 |
| **Sodium Hyaluronate**[▲,1,#] | hyaluronate sodium[▲,1,#] | C9399, J3490 |
| **Soliris** | eculizumab | 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 |

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[▲] New-to-market drug addition

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|---|---|---|
| **Brand** | **Generic** | **Codes** |
| **Sustol** | granisetron | J1627 |
| **Sylatron**[1] | peginterferon alfa-2b[1] | C9399, J9999 |
| **Sylvant** | siltuximab | J2860 |
| **Synagis** | palivizumab | 90378 |
| **Synribo** | omacetaxine mepesuccinate | J9262 |
| **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** | antithrombin III [human] | J7197 |
| **Treanda** | bendamustine hydrochloride | J9033 |
| **Triptodur** | triptorelin | J3316 |
| **Trisenox** | arsenic trioxide | J9017 |
| **Triluron**▲,# | hyaluronate sodium▲,# | J7332 |
| **TriVisc**▲,# | sodium hyaluronate▲,# | J7329 |
| **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 |

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|---|---|---|
| **Brand** | **Generic** | **Codes** |
| **Ventavis** | iloprost (inhaled) | Q4074 |
| **Vidaza** | azacitidine | J9025 |
| **Vimizim** | elosulfase alfa | J1322 |
| **Visco-3**[1,#] | sodium hyaluronate[1,#] | J7321 |
| **Visudyne***[,#] | verteporfin*[,#] | J3396 |
| **Vpriv**[#] | velaglucerase alfa[#] | J3385 |
| **Vyxeos** | daunorubicin/cytarabine | J9153 |
| **Xeomin** | incobotulinumtoxin A | J0588 |
| **Xgeva**[1,#] | denosumab[1,#] | J0897 |
| **Xofigo** | radium RA 223 dichloride | A9606, |
| **Xolair** | omalizumab | 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] | alpha 1-proteinase inhibitor[1] | J0256 |
| **Zevalin** | Ibritumomab 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 |
| **Zulresso**[▲,1] | brexanolone[▲,1] | C9399, J3490 |
| | | |

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|---|---|---|
| **Brand** | **Generic** | **Codes** |
| **Blood-clotting Factors** | | |
| **Advate**[1] | antihemophilic factor [recombinant][1] | J7192 |
| **Adynovate** | antihemophilic factor [recombinant], PEGylated | J7207 |
| **Afstyla** | antihemophilic factor (recombinant) single chain | J7210 |
| **Alphanate** | antihemophilic factor/von Willebrand factor complex [human] | J7186 |
| **AlphaNine SD**[1] | coagulation factor IX [human] [1] | J7193 |
| **Alprolix** | coagulation factor IX [recombinant] | J7201 |
| **Bebulin**[1] | factor IX complex[1] | J7194 |
| **BeneFix**[1] | coagulation factor IX [recombinant][1] | J7195 |
| **Coagadex** | coagulation factor X [human] | J7175 |
| **Corifact** | factor XIII concentrate [human] | J7180 |
| **Eloctate** | antihemophilic factor [recombinant], Fc fusion protein | J7205 |
| **Feiba NF** | anti-inhibitor coagulant complex | J7198 |
| **Helixate FS**[1] | antihemophilic factor [recombinant] [1] | J7192 |
| **Hemlibra**[#] | emicizumab-kxwh[#] | J7170 |
| **Hemofil M**[1] | antihemophilic factor [human] [1] | J7190 |
| **Humate-P** | antihemophilic factor/von Willebrand factor complex [human] | J7187 |
| **Idelvion** | antihemophilic factor [recombinant] | J7202 |
| **Ixinity**[1] | coagulation factor IX [recombinant] [1] | J7195 |
| **Jivi**[▲,1] | antihemophilic factor (recombinant), PEGylated-aucl[▲,1] | J7208 |

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| **Brand** | **Generic** | **Codes** |
| **Koate-DVI**[1] | antihemophilic factor [human] [1] | J7190 |
| **Kogenate FS**[1] | antihemophilic factor [recombinant] [1] | J7192 |
| **Kovaltry** | antihemophilic factor [recombinant] | J7211 |
| **Monoclate-P**[1] | antihemophilic factor [human][1] | J7190 |
| **Mononine**[1] | coagulation factor IX [human][1] | J7193 |
| **NovoEight** | turoctocog alfa | J7182 |
| **NovoSeven RT** | coagulation factor VIIa [recombinant] | J7189 |
| **Nuwiq** | simoctocog alfa | J7209 |
| **Obizur** | antihemophilic factor [recombinant], porcine sequence | J7188 |
| **Profilnine**[1] | factor IX complex[1] | J7194 |
| **Rebinyn** | coagulation factor IX [recombinant], GlycoPEGylated | J7203 |
| **Recombinate**[1] | antihemophilic factor [recombinant] [1] | J7192 |
| **Rixubis** | coagulation factor IX [recombinant] | J7200 |
| **Tretten** | coagulation factor XIII A-subunit [recombinant] | J7181 |
| **Vonvendi** | von Willebrand factor [recombinant] | J7179 |
| **Wilate** | von Willebrand factor / coagulation factor VIII complex [human] | J7183 |
| **Xyntha** | antihemophilic factor [recombinant] | J7185 |

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