



## Commercial Preauthorization and Notification List

**Effective Date: Jan. 1, 2020**

**Revision Date: Dec. 16, 2020**

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](http://Humana.com/provider) for the most up-to-date information. Choose "Authorization & Referrals" at the bottom of the page 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 emergent services do not require referrals or preauthorizations.**

"Emergency care" means services provided in a hospital emergency facility for a bodily injury or

sickness manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the health of that individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment of bodily functions; or
- Serious dysfunction of any bodily organ or part.

**Emergency care does not mean services for the convenience of the covered person or the provider of treatment or services.**

Not obtaining preauthorization for a service 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 preauthorization requirements with Humana prior to providing services. Information required for a preauthorization request or notification may include, but is not limited to, the following:

- 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 (acute hospital, skilled nursing, hospice)
- Outpatient (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center)
- Referral (office, off-campus outpatient hospital, on-campus outpatient hospital, ambulatory surgery center, other)
- Tax ID and NPI number of treatment facility (where service is being rendered)
- Tax ID and NPI number of the provider performing the service
- Caller/requestor's name/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](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 preauthorization 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, 0582T, C9747
Balloon sinus ostial dilation		31295, 31296, 31297, 31298, C9745
Behavioral health services	Applied Behavioral Analysis (ABA) Therapy*	90889, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T, H0031, H0032, H2012, H2019
	Partial hospitalization	912, 913, 915
	Transcranial magnetic stimulation (TMS)	90867, 90868, 90869, K1002
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
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,

\*New preauthorization requirement  
LC2318ALL0919-B GCHKNABEN

		33275, 33340, 0571T, 0572T, 0573T, 0574T, 0580T, 0614T, C1721, C1722, C1777, C1779, C1785, C1786, C1882, C1895, C1896, C1898, 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
	Patent foramen ovale (PFO) and atrial septal defect (ASD) closure*	93580
	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 <b>Humana National Transplant Network</b> <ul style="list-style-type: none"> <li>• Submit by fax to 1-502-508-9300</li> <li>• Submit by telephone to 1-866-421-5663</li> <li>• Submit by email to <a href="mailto:transplant@humana.com">transplant@humana.com</a></li> </ul>	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
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,

\*New preauthorization requirement  
LC2318ALL0919-B GCHKNABEN

		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, 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, 0577T
	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, C9762, C9763, 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

\*New preauthorization requirement  
LC2318ALL0919-B GCHKNABEN

	Outpatient transthoracic echocardiogram (TTE)	93303, 93304, 93306, 93307, 93308, C8921, C8922, C8923, C8924, C8929
	Position emission tomography (PET) scan	78429, 78430, 78431, 78432, 78433, 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
Diagnostic esophagogastroduodenoscopy (EGD) or esophagoscopy	For patients 59 and younger only. Includes site-of-service evaluation.	43191, 43193, 43197, 43198, 43200, 43202, 43235, 43239
Electric beds		E0193, E0194, E0265, E0266, E0296, E0329*, E0297
Emerging technology/new indications for existing technology		31647, 31648, 31649, 31651, 33289, 93264, C2624, 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, 99600, G0156, G0159, G0160, G0161, G0162, G0179, G0180, G0181, G0299, G0300,

\*New preauthorization requirement  
LC2318ALL0919-B GCHKNABEN

		G0493, G0494, G0495, G0496, G2168, G2169, 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
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, 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 residential treatment	
	Skilled nursing facilities	
Lung biopsy and resection		32096, 32097, 32505, 32607, 32608, 32666

\*New preauthorization requirement  
LC2318ALL0919-B GCHKNABEN



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, 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, 81277, 81283, 81284, 81285, 81286, 81287, 81288, 81289, 81290, 81291, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 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,
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\*New preauthorization requirement  
LC2318ALL0919-B GCHKNABEN

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\*New preauthorization requirement  
 LC2318ALL0919-B GCHKNABEN

		S3853, S3854, S3861, S3865, S3866, S3870
Negative pressure wound therapy (NPWT)		97605, 97606, A6550, A9272, E2402, K0743
Neuromuscular stimulators		E0731, E0744, E0745, E0764, E0770
Neurostimulators*		61860, 61863, 61867, 61885, 61886, 64553, 64561, 64566, 64568, 64581, 64590, 0587T, 0588T, C1767, C1787, L8683
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, 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, E0328*, E0371, E0372, E0373, E0462, E0481, E0485, E0486, E0637, E0638, E0641,

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LC2318ALL0919-B GCHKNABEN

		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, E0787, E0912, E2402, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599, K0553, K0554, K0743, K0900, K1007, K1009, 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, L1848, L1851, L1852, L1860, L1932, L1945, L1950, L1951, L1970, L2000, L2005, L2006, 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

\*New preauthorization requirement  
LC2318ALL0919-B GCHKNABEN

Penile implant		54400, 54401, 54405, C1813, C2622
Peripheral revascularization (atherectomy, angioplasty)		37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 0505T
Prostate surgeries (prostatectomy)*		55801, 55810, 55812, 55815, 55821, 55831, 55840, 55842, 55845, 55866
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, 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,

\*New preauthorization requirement  
LC2318ALL0919-B GCHKNABEN

		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		C1849, 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,

\*New preauthorization requirement  
LC2318ALL0919-B GCHKNABEN

		<p>Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4186, Q4183, Q4184, Q4185, 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, Q4227, Q4228, Q4229, Q4230, Q4231, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4254, Q4255</p> <p>**For codes Q4116 and Q4128, no preauthorization is required for breast reconstruction following medically necessary mastectomies for breast cancer.</p>
Spinal cord stimulators		<p>63650, 63655, 63663, 63664, 63685, 63688, 64999, C1816, C1820, C1822, L8679, L8680, L8682, L8685, L8686, L8687, L8688</p>
Spinal fusion, decompression, kyphoplasty and vertebroplasty		<p>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, 22853, 22854,</p>

\*New preauthorization requirement  
LC2318ALL0919-B GCHKNABEN

		22856, 22857, 22858, 22859, 22861, 22862, 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, C1821, C2614, C9757, 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
Therapy (physical, occupational and speech)*	Therapy is managed by OrthoNet unless services are provided in the home, in which case <a href="#">home health requirements</a> should be followed.	420, 421, 422, 423, 424, 429, 430, 431, 432, 433, 434, 439, 440, 441, 442, 443, 444, 449, 92507, 92508, 92520, 92526, 92606, 92609, 92630, 92633, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110,

\*New preauthorization requirement  
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		97112, 97113, 97116, 97124, 97129, 97130, 97139, 97140, 97150, 97164, 97168, 97530, 97533, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97763, 97799, G0129, G0283, S9152, V5362, V5363, V5364
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, 81370, 81371, 81372, 81373, 81374, 81375, 81376, 81377, 81378, 81379, 81380, 81381, 81382, 81383, 81595, 0085T, 0494T, 0495T, 0496T, 0584T, 0585T, 0586T, 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)	<a href="#">Percutaneous ventricular assist devices (VADs)</a>	33990, 33991
	Ventricular 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,

\*New preauthorization requirement  
LC2318ALL0919-B GCHKNABEN

		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, E2330, E2331, E2343, E2351, E2358, E2359, E2360, E2362, E2364, E2367, E2368, E2369, E2370, E2372, E2374, E2375, E2376, E2383, E2386, E2398, 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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*Continued on following page*

\*New preauthorization requirement  
LC2318ALL0919-B GCHKNABEN

Commercial Medication Preauthorization List		
Category	Details	Comments
Specialty drugs	<p>Preauthorization required for the following specialty drugs when delivered in the physician's office, clinic, outpatient or home setting</p> <p>To request preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms</p>	<p>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:</p> <ul style="list-style-type: none"> <li>• Non-oncologic disorders</li> <li>• Oncologic disorders for Humana-covered patients younger than 18</li> <li>• Oncologic disorders for Humana-covered patients enrolled in a clinical trial</li> </ul> <p>For more details on preauthorization requests for chemotherapy agents, supportive drugs and symptom management drugs reviewed by New Century Health or Oncology Analytics, <a href="#">click here</a>.</p>

\*New preauthorization requirement

▲ New-to-market drug addition

<sup>1</sup>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.

<sup>2</sup>Site 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](mailto:transplant@humana.com).

Commercial Medication Preauthorization List		
To request preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms		
Brand	Generic	Codes
<b>Abraxane<sup>#</sup></b>	paclitaxel-nab <sup>#</sup>	J9264
<b>Actemra IV<sup>2,#</sup></b>	tocilizumab <sup>2,#</sup>	J3262
<b>Adakveo<sup>▲,1</sup></b>	crizanlizumab-tmca <sup>▲,1</sup>	J0791
<b>Adcetris</b>	brentuximab vedotin	J9042
<b>Akynzeo IV</b>	fosnetupitant and palonosetron	J1454
<b>Aldurazyme<sup>2</sup></b>	laronidase <sup>2</sup>	J1931
<b>Alimta</b>	pemetrexed	J9304
<b>Aliqopa</b>	copanlisib	J9057
<b>Aloxi<sup>#</sup></b>	palonosetron <sup>#</sup>	J2469
<b>Aralast NP<sup>1,2</sup></b>	alpha 1-proteinase inhibitor <sup>1,2</sup>	J0256
<b>Aranesp<sup>#</sup></b>	darbepoetin alfa <sup>#</sup>	J0881, J0882
<b>Arcalyst</b>	rilonacept	J2793
<b>Arzerra</b>	ofatumumab	J9302
<b>Asparlas<sup>▲</sup></b>	calaspargase pegol-mknl <sup>▲</sup>	J9118
<b>Atgam</b>	lymphocyte immune globulin	J7504
<b>Avastin (oncology only)</b>	bevacizumab (oncology only)	C9257, J9035
<b>Aveed<sup>#</sup></b>	testosterone undecanoate <sup>#</sup>	J3145
<b>Avsola<sup>▲,1,#</sup></b>	infliximab-axxq <sup>▲,1,#</sup>	Q5121
<b>Azedra</b>	iobenguane I 131	A9590, C9407, C9408
<b>Bavencio</b>	avelumab	J9023
<b>Beleodaq</b>	belinostat	J9032
<b>Belrapzo<sup>1</sup></b>	bendamustine hydrochloride <sup>1</sup>	J9036
<b>Bendamustine<sup>1</sup></b>	bendamustine hydrochloride <sup>1</sup>	J9036
<b>Bendeka</b>	bendamustine hydrochloride	J9034
<b>Benlysta<sup>2</sup></b>	belimumab <sup>2</sup>	C9399, J0490, J3590
<b>Beovu<sup>▲,#</sup></b>	brolocizumab-dbl <sup>▲,#</sup>	J0179
<b>Beriner<sup>#</sup></b>	c1 esterase inhibitor <sup>#</sup>	J0597

\*New preauthorization requirement

▲New-to-market drug addition

<sup>1</sup>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.

<sup>2</sup>Site 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.

<sup>#</sup>Step therapy required through a Humana preferred drug as part of preauthorization

<sup>\*\*</sup>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](mailto:transplant@humana.com).

Commercial Medication Preauthorization List		
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Brand	Generic	Codes
Besponsa	inotuzumab ozogamicin	J9229
Blenrep <sup>▲,1</sup>	belantamab mafodotin-blmf <sup>▲,1</sup>	C9399, J3490, J3590, J9999
Blinicyto	blinatumomab	J9039
<b>Blood-clotting factors</b> (See list on pages 30 to 32)		
Bortezomib <sup>1</sup>	bortezomib <sup>1</sup>	J9044
Botox <sup>#</sup>	onabotulinumtoxinA <sup>#</sup>	J0585
Brineura	cerliponase alfa	J0567
Cerezyme <sup>2</sup>	imiglucerase <sup>2</sup>	J1786
Cimzia	certolizumab pegol	J0717
Cinqair <sup>2</sup>	reslizumab <sup>2</sup>	J2786
Cinryze <sup>#</sup>	c1 esterase inhibitor <sup>#</sup>	J0598
Cinvanti	aprepitant	J0185
Crysvita <sup>2</sup>	burosumab-twza <sup>2</sup>	J0584
Cyklokapron <sup>1</sup>	tranexamic acid <sup>1</sup>	J3490
Cyramza	ramucirumab	J9308
CytoGam	cytomegalovirus immune globulin	90291, J0850
Dacogen <sup>#</sup>	decitabine <sup>#</sup>	J0894
Danyelza <sup>*,▲,1</sup>	Naxitamab-gqgk <sup>*,▲,1</sup>	C9399, J3490, J3590, J9999
Darzalex	daratumumab	J9145
Darzalex Faspro <sup>▲,1</sup>	daratumumab and hyaluronidase-fihj <sup>▲,1</sup>	C9062, C9399, J9999
Defitelio <sup>1</sup>	defibrotide sodium <sup>1</sup>	C9399, J3490
Doxil <sup>#</sup>	doxorubicin <sup>#</sup>	Q2050
Duopa <sup>#</sup>	carbidopa/levodopa <sup>#</sup>	J7340
Dupilixent <sup>1,#</sup>	dupilumab <sup>1,#</sup>	C9399, J3590,
Durolane <sup>#</sup>	hyaluronic acid, stabilized <sup>#</sup>	J7318
Durysta <sup>▲,1</sup>	bimatoprost implant <sup>▲,1</sup>	J7351

\*New preauthorization requirement

▲New-to-market drug addition

<sup>1</sup>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.

<sup>2</sup>Site 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.

<sup>#</sup>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 <a href="#">here</a> to access the fax forms		
Brand	Generic	Codes
Dysport	abobotulinumtoxin A	J0586
Elaprase <sup>2</sup>	idursulfase <sup>2</sup>	J1743
Elelyso <sup>2</sup>	taliglucerase alfa <sup>2</sup>	J3060
Elitek	rasburicase	J2783
Elzonris	tagraxofusp-erzs	J9269
Empliciti	elotuzumab	J9176
Enhertu <sup>▲,1</sup>	fam-trastuzumab deruxtecan-nxki <sup>▲,1</sup>	J9358
Enspryng <sup>▲,1</sup>	satralizumab-mwge <sup>▲,1</sup>	C9399, J3490, J3590
Entyvio <sup>2,#</sup>	vedolizumab <sup>2,#</sup>	J3380
Epogen <sup>1,#</sup>	epoetin alfa <sup>1,#</sup>	J0885, Q4081
Erbitux	cetuximab	J9055
Erwinaze	asparaginase erwinia chrysanthemi	J9019
Eskata <sup>1</sup>	hydrogen peroxide <sup>1</sup>	C9399, J3490
Euflexxa <sup>#</sup>	hyaluronate sodium <sup>#</sup>	J7323
Evenity	romosozumab-aqqg	J3111
Evomela <sup>1</sup>	melfhalan <sup>1</sup>	J9246
Exondys 51 <sup>2</sup>	eteplirsen <sup>2</sup>	J1428
Eylea <sup>#</sup>	aflibercept <sup>#</sup>	J0178
Fabrazyme <sup>2</sup>	agalsidase beta <sup>2</sup>	J0180
Fasenra	benralizumab	J0517
Faslodex	fulvestrant	J9395
Fensolvi <sup>▲,1</sup>	leuprolide acetate <sup>▲,1</sup>	J1950
Firazyr <sup>1,#</sup>	icatibant <sup>1,#</sup>	J1744
Flolan <sup>1,#</sup>	epoprostenol (injection) <sup>1,#</sup>	J1325, J3490, S0155
Folotyn	pralatrexate	J9307
Fulphila	pegfilgrastim-jmdb	Q5108
Fusilev <sup>1,#</sup>	levoleuovorin calcium <sup>1,#</sup>	J0641

\*New preauthorization requirement

▲New-to-market drug addition

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<sup>2</sup>Site 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.

<sup>#</sup>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 <a href="#">here</a> to access the fax forms		
Brand	Generic	Codes
Gamifant	emapalumab-lzsg	J9210
Gattex <sup>1</sup>	teduglutide <sup>1</sup>	C9399, J3490
Gazyva	obinutuzumab	J9301
Gel-One <sup>#</sup>	sodium hyaluronate <sup>#</sup>	J7326
Gelsyn-3 <sup>#</sup>	sodium hyaluronate <sup>#</sup>	J7328
Genvisc 850 <sup>#</sup>	sodium hyaluronate <sup>#</sup>	J7320
Givlaari <sup>▲,1</sup>	givosiran <sup>▲,1</sup>	J0223
Glassia <sup>2</sup>	alpha 1-proteinase inhibitor <sup>2</sup>	J0257
Granix <sup>#</sup>	tbo-filgrastim <sup>#</sup>	J1447
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 <sup>1,#</sup>	trastuzumab and hyaluronidase- oysk <sup>1,#</sup>	J9356
Herzuma <sup>▲,#</sup>	trastuzumab-pkrb <sup>▲,#</sup>	Q5113
Hyalgan <sup>1,#</sup>	sodium hyaluronate <sup>1,#</sup>	J7321
Hydroxyprogesterone <sup>1</sup>	hydroxyprogesterone caproate <sup>1</sup>	C9399, J3490, J1729
Hymovis <sup>#</sup>	sodium hyaluronate <sup>#</sup>	J7322
Ilaris <sup>2</sup>	canakinumab <sup>2</sup>	J0638
Ilumya <sup>#,2</sup>	tildrakizumab-asmn <sup>#,2</sup>	J3245
Iluvien	fluocinolone acetonide	J7313
Imfinzi	durvalumab	J9173

\*New preauthorization requirement

▲ New-to-market drug addition

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<sup>2</sup>Site 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.

<sup>#</sup>Step therapy required through a Humana preferred drug as part of preauthorization

<sup>\*\*</sup>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](mailto:transplant@humana.com).

Commercial Medication Preauthorization List		
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Brand	Generic	Codes
Imlygic	talimogene laherparepvec	J9325
Immune Globulin <sup>1,2</sup> : Asceniv <sup>▲</sup> , Bivigam, Carimune NF, Cutaquig <sup>▲</sup> , Cuvitru, Flebogamma DIF, Gamastan S/D, Gammagard S/D, Gammagard Liquid, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Panzyga <sup>▲</sup> , Privigen	immune globulin <sup>1,2</sup>	90283, 90284, J1575, J1459, J1460, J1555, J1556, J1557, J1559, J1560, J1561, J1562, J1566, J1568, J1569, J1572, J1599, J3590, C9399
Inflectra <sup>2,#</sup>	infliximab-dyyb <sup>2,#</sup>	Q5103
Infugem	gemcitabine	J9198
Istodax <sup>1</sup>	romidespin <sup>1</sup>	J9315
Ixempra	ixabepilone	J9207
Jelmyto <sup>▲,1</sup>	mitomycin <sup>▲,1</sup>	C9064, C9399, J9999
Jevtana	ixabepilone	J9043
Kadcyla	ado-trastuzumab emtansine	J9354
Kalbitor <sup>#</sup>	ecallantide <sup>#</sup>	J1290
Kanjinti <sup>▲</sup>	trastuzumab-anns <sup>▲</sup>	Q5117
Kanuma	sebelipase alfa	J2840
Keytruda	pembrolizumab	J9271
Khapzory	levoleucovorin	J0642
Krystexxa <sup>#</sup>	pegloticase <sup>#</sup>	J2507
Kymriah <sup>++</sup>	tisagenlecleucel <sup>++</sup>	Q2042
Kyprolis	carfilzomib	J9047
Lartruvo	olaratumab	J9285
Lemtrada	alemtuzumab	J0202
Leukine	sargramostim	J2820

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<b>Brand</b>	<b>Generic</b>	<b>Codes</b>
<b>Levoleucovorin<sup>1,#</sup></b>	levoleucovorin calcium <sup>1,#</sup>	J0641
<b>Libtayo</b>	cemiplimab-rwlc	J9119
<b>Lucentis<sup>#</sup></b>	ranibizumab <sup>#</sup>	J2778
<b>Lumizyme<sup>2</sup></b>	alglucosidase alfa <sup>2</sup>	J0221
<b>Lumoxiti</b>	moxetumomab pasudotox-tdfk	J9313
<b>Lutathera<sup>#</sup></b>	lutetium Lu 177 dotatate <sup>#</sup>	A9513
<b>Luxturna<sup>2</sup></b>	voretigene neparvovec-rzyl <sup>2</sup>	J3398
<b>Macrilen<sup>1</sup></b>	macimorelin <sup>1</sup>	C9399, J8499
<b>Macugen<sup>#</sup></b>	pegaptanib sodium <sup>#</sup>	J2503
<b>Makena<sup>1</sup></b>	hydroxyprogesterone caproate <sup>1</sup>	J1726
<b>Marqibo<sup>#</sup></b>	vincristine sulfate <sup>#</sup>	J9371
<b>Mepsevii</b>	vestronidase alfa-vjbk	J3397
<b>Mircera</b>	methoxy polyethylene glycol – epoetin beta	J0887, J0888
<b>Monjuvi<sup>▲,1</sup></b>	tafasitamab-cxix <sup>▲,1</sup>	C9399, J3490, J3590, J9999
<b>Mozobil</b>	plerixafor	J2562
<b>Mvasi<sup>▲</sup> (oncology only)</b>	bevacizumab-awwb <sup>▲</sup> (oncology only)	Q5107
<b>Mylotarg</b>	gemtuzumab ozogamicin	J9203
<b>Myobloc</b>	rimabotulinumtoxinB	J0587
<b>Naglazyme<sup>2</sup></b>	galsulfase <sup>2</sup>	J1458
<b>Neulasta<sup>1</sup></b>	pegfilgrastim <sup>1</sup>	J2505
<b>Neulasta Onpro<sup>1</sup></b>	pegfilgrastim <sup>1</sup>	J2505
<b>Neupogen</b>	filgrastim	J1442
<b>Nivestym</b>	filgrastim-aafi	Q5110
<b>Nplate</b>	romiplostim	J2796
<b>Nucala</b>	mepolizumab	J2182

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Nulojix	belatacept	J0485
Nyvepria <sup>*,▲,1</sup>	pegfilgrastim-apfg <sup>*,▲,1</sup>	C9399, J3490, J3590, J9999, Q5122
Ocrevus <sup>2,#</sup>	ocrelizumab <sup>2,#</sup>	J2350
Ogivri <sup>▲,#</sup>	trastuzumab-dkst <sup>▲,#</sup>	Q5114
Oncaspar	pegaspargase	J9266
Onivyde	irinotecan liposome injection	J9205
Onpattro	patisiran	J0222
Ontruzant <sup>▲,#</sup>	trastuzumab-dttb <sup>▲,#</sup>	Q5112
Opdivo	nivolumab	J9299
Orencia IV <sup>2,#</sup>	abatacept <sup>2,#</sup>	J0129
Oxlumo <sup>*,▲,1</sup>	lumasiran <sup>*,▲,1</sup>	C9399, J3490
Ozurdex	dexamethasone intravitreal implant	J7312
Padcev <sup>▲,1</sup>	enfortumab vedotin-ejfv <sup>▲,1</sup>	J9177
Palynziq <sup>1</sup>	pegvaliase-pqpz <sup>1</sup>	C9399, J3490, J3590
Parsabiv <sup>#</sup>	etelcalcetide <sup>#</sup>	J0606
Perjeta	pertuzumab	J9306
Polivy	polatuzumab vedotin-piiq	J9309
Phesgo <sup>▲,1</sup>	pertuzumab, trastuzumab, and hyaluronidase-zzxf <sup>▲,1</sup>	C9399, J3490, J3590, J9999
Portrazza	necitumumab	J9295
Poteligeo	mogamulizumab-kpkc	J9204
Prevymis <sup>1</sup>	letermovir <sup>1</sup>	C9399, J3490, J8499
Prialt	ziconotide	J2278
Probuphine	buprenorphine subdermal implant	J0570
Procrit <sup>1,#</sup>	epoetin alfa <sup>1,#</sup>	J0885, J0886, Q4081
Prolastin-C <sup>1,2,#</sup>	alpha 1-proteinase inhibitor <sup>1,2,#</sup>	J0256

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Prolia <sup>1,2,#</sup>	denosumab <sup>1,2,#</sup>	J0897
Provenge	sipuleucel-T	Q2043
Qutenza <sup>#</sup>	capsaicin/skin cleanser <sup>#</sup>	J7336
Radicava <sup>2</sup>	edaravone <sup>2</sup>	J1301
Reblozyl <sup>▲,1</sup>	luspatercept-aamt <sup>▲,1</sup>	J0896
Remicade <sup>2</sup>	infliximab <sup>2</sup>	J1745
Remodulin <sup>1,#</sup>	treprostinil (injection) <sup>1,#</sup>	J3285, J3490
Renflexis <sup>2,#</sup>	infliximab-abda <sup>2,#</sup>	Q5104
Retacrit	epoetin alfa-epbx	Q5105, Q5106
Retisert	fluocinolone acetonide	J7311
Revatio <sup>1</sup>	sildenafil citrate (injection) <sup>1</sup>	J3490, J8499
Rituxan <sup>#</sup>	rituximab <sup>#</sup>	J9312
Rituxan Hycela <sup>#</sup>	rituximab/hyaluronidase human <sup>#</sup>	J9311
Romidespin <sup>1</sup>	romidespin <sup>1</sup>	C9065
Ruconest	c1 esterase inhibitor	J0596
Ruxience <sup>▲,1</sup>	rituximab-pvvr <sup>▲,1</sup>	Q5119
Sandostatin LAR	octreotide	J2353
Sarclisa <sup>▲,1</sup>	isatuximab-irfc <sup>▲,1</sup>	J9227
Scenesse <sup>▲,1</sup>	afamelanotide <sup>▲,1</sup>	C9399, J3490
Signifor LAR <sup>#</sup>	pasireotide <sup>#</sup>	J2502
Simponi ARIA <sup>2</sup>	golimumab <sup>2</sup>	J1602
Sinuva <sup>#</sup>	mometasone furoate <sup>#</sup>	C9122, J3490
Sodium Hyaluronate <sup>▲,1,#</sup>	hyaluronate sodium <sup>▲,1,#</sup>	C9399, J3490
Soliris <sup>2,#</sup>	eculizumab <sup>2,#</sup>	J1300
Somatuline Depot	lanreotide	J1930
Spinraza	nusinersen	J2326
Spravato <sup>1</sup>	esketamine <sup>1</sup>	C9399, J3490

\*New preauthorization requirement

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Brand	Generic	Codes
Stelara (IV only)	ustekinumab (IV only)	J3358
Strensiq <sup>1</sup>	asfotase alfa <sup>1</sup>	C9399, J3590
Sublocade	buprenorphine extended-release	Q9991, Q9992
Supartz FX <sup>1,#</sup>	sodium hyaluronate <sup>1,#</sup>	J7321
Sustol <sup>#</sup>	granisetron <sup>#</sup>	J1627
Sylatron <sup>1</sup>	peginterferon alfa-2b <sup>1</sup>	C9399, J9999
Sylvant	siltuximab	J2860
Synagis	palivizumab	90378
Synribo	omacetaxine mepesuccinate	J9262
Synvisc <sup>1,#</sup>	hylan G-F 20 <sup>1,#</sup>	J7325
Synvisc-One <sup>1,#</sup>	hyaluronan <sup>1,#</sup>	J7325
Takhzyro <sup>#</sup>	lanadelumab-flyo <sup>#</sup>	J0593
Tecartus <sup>▲,++</sup>	brexucabtagene autovecel <sup>▲,++</sup>	C9399, J3490, J9999
Tecentriq	atezolizumab	J9022
Tegsedi <sup>1</sup>	inotersen <sup>1</sup>	C9399, J3940
Tepezza <sup>▲,1</sup>	teprotumumab-trbw <sup>▲,1</sup>	J3241
Testopel <sup>1,#</sup>	testosterone pellet <sup>1,#</sup>	J3490, S0189
Thrombate III	antithrombin III [human]	J7197
Trazimera <sup>▲</sup>	trastuzumab-qyyp <sup>▲</sup>	Q5116
Treanda	bendamustine hydrochloride	J9033
Triptodur <sup>#</sup>	triptorelin <sup>#</sup>	J3316
Trisenox	arsenic trioxide	J9017
Triluron <sup>▲,#</sup>	hyaluronate sodium <sup>▲,#</sup>	J7332
TriVisc <sup>#</sup>	sodium hyaluronate <sup>#</sup>	J7329
Trodelyv <sup>▲,1</sup>	sacituzumab govitecan-hziy <sup>▲,1</sup>	C9066, C9399, J9999
Trogarzo <sup>2,#</sup>	ibalizumab-uiyk <sup>2,#</sup>	J1746
Truxima <sup>▲,#</sup>	rituximab-abbs <sup>▲,#</sup>	Q5115

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Tysabri <sup>#,2</sup>	natalizumab <sup>#,2</sup>	J2323
Tyvaso <sup>#</sup>	treprostinil (inhaled) <sup>#</sup>	J7686
Udenyca	pegfilgrastim-cbqv	Q5111
Ultomiris <sup>2</sup>	ravulizumab-cwvz <sup>2</sup>	J1303
Unituxin <sup>1</sup>	bendamustine hydrochloride <sup>1</sup>	C9399, J9999
Uplizna <sup>▲,1</sup>	Inebilizumab-cdon <sup>▲,1</sup>	C9399, J3490, J3590
Valstar	valrubicin	J9357
VariZIG	varicella zoster immune globulin	90396
Varubi IV	rolapitant	J2797
Vectibix	panitumumab	J9303
Veklury IV <sup>▲,*</sup>	remdesivir <sup>▲,*</sup>	C9399, J3490
Velcade	bortezomib	J9041
Veletri <sup>1,#</sup>	epoprostenol <sup>1,#</sup>	J1325
Ventavis <sup>#</sup>	iloprost (inhaled) <sup>#</sup>	Q4074
Vidaza	azacitidine	J9025
Viltepso <sup>▲,1</sup>	viltolarsen <sup>▲,1</sup>	C9399, J3490
Vimizim <sup>2</sup>	elosulfase alfa <sup>2</sup>	J1322
Visco-3 <sup>1,#</sup>	sodium hyaluronate <sup>1,#</sup>	J7333
Visudyne <sup>#</sup>	verteporfin <sup>#</sup>	J3396
Vpriv <sup>2</sup>	velaglucerase alfa <sup>2</sup>	J3385
Vyepti <sup>▲,1,#</sup>	eptinezumab-jjmr <sup>▲,1,#</sup>	J3032
Vyondys 53 <sup>▲,1</sup>	golodirsen <sup>▲,1</sup>	J1429
Vyxeos	daunorubicin/cytarabine	J9153
Xeomin	incobotulinumtoxin A	J0588
Xgeva <sup>1,#</sup>	denosumab <sup>1,#</sup>	J0897
Xofigo	radium RA 223 dichloride	A9606,
Xolair	omalizumab	J2357

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Yervoy	ipilimumab	J9228
Yescarta <sup>++</sup>	axicabtagene ciloleucel <sup>++</sup>	Q2041
Yondelis	trabectedin	J9352
Yutiq	fluocinolone acetonide intravitreal implant	J7314
Zaltrap	ziv-aflibercept	J9400
Zarxio	filgrastim-sndz	Q5101
Zavesca <sup>1,#</sup>	miglustat <sup>1,#</sup>	J8499
Zemaira <sup>1,2,#</sup>	alpha 1-proteinase inhibitor <sup>1,2,#</sup>	J0256
Zepzelca <sup>▲,1</sup>	lurbinectedin <sup>▲,1</sup>	C9399, J3490, J9999
Zevalin	lbritumomab tiuxetan	A9543
Ziextenzo <sup>▲,1</sup>	pegfilgrastim-bmez <sup>▲,1</sup>	Q5120
Zilretta <sup>#</sup>	triamcinolone acetonide <sup>#</sup>	J3304
Zinplava	bezlotoxumab	J0565
Zirabev <sup>▲,1</sup>	bevacizumab-bvzr <sup>▲,1</sup>	Q5118
Zoladex <sup>#</sup>	gosrelin acetate <sup>#</sup>	J9202
Zolgensma <sup>1</sup>	onasemnogene abeparvovec-xioi <sup>1</sup>	J3399
Zulresso <sup>1</sup>	brexanolone <sup>1</sup>	J1632
Blood-clotting Factors		
Advate <sup>1</sup>	antihemophilic factor [recombinant] <sup>1</sup>	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 <sup>1</sup>	coagulation factor IX [human] <sup>1</sup>	J7193

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<b>Alprolix</b>	coagulation factor IX [recombinant]	J7201
<b>Bebulin<sup>1</sup></b>	factor IX complex <sup>1</sup>	J7194
<b>BeneFix<sup>1</sup></b>	coagulation factor IX [recombinant] <sup>1</sup>	J7195
<b>Coagadex</b>	coagulation factor X [human]	J7175
<b>Corifact</b>	factor XIII concentrate [human]	J7180
<b>Eloctate</b>	antihemophilic factor [recombinant], Fc fusion protein	J7205
<b>Esperoct<sup>▲,1</sup></b>	antihemophilic factor (recombinant), glycopegylated-exei <sup>▲,1</sup>	J7204
<b>Feiba NF</b>	anti-inhibitor coagulant complex	J7198
<b>Helixate FS<sup>1</sup></b>	antihemophilic factor [recombinant] <sup>1</sup>	J7192
<b>Hemlibra<sup>#</sup></b>	emicizumab-kxwh <sup>#</sup>	J7170
<b>Hemofil M<sup>1</sup></b>	antihemophilic factor [human] <sup>1</sup>	J7190
<b>Humate-P</b>	antihemophilic factor/von Willebrand factor complex [human]	J7187
<b>Idelvion</b>	antihemophilic factor [recombinant]	J7202
<b>Ixinity<sup>1</sup></b>	coagulation factor IX [recombinant] <sup>1</sup>	J7195
<b>Jivi<sup>1</sup></b>	antihemophilic factor (recombinant), PEGylated-aucl <sup>1</sup>	J7208
<b>Koate-DVI<sup>1</sup></b>	antihemophilic factor [human] <sup>1</sup>	J7190
<b>Kogenate FS<sup>1</sup></b>	antihemophilic factor [recombinant] <sup>1</sup>	J7192
<b>Kovaltry</b>	antihemophilic factor [recombinant]	J7211
<b>Monoclote-P<sup>1</sup></b>	antihemophilic factor [human] <sup>1</sup>	J7190
<b>Mononine<sup>1</sup></b>	coagulation factor IX [human] <sup>1</sup>	J7193
<b>NovoEight</b>	turoctocog alfa	J7182

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▲ New-to-market drug addition

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<sup>2</sup>Site 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.

<sup>#</sup>Step therapy required through a Humana preferred drug as part of preauthorization

<sup>\*\*</sup>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](mailto:transplant@humana.com).

<b>Commercial Medication Preauthorization List</b>		
To request preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms		
<b>Brand</b>	<b>Generic</b>	<b>Codes</b>
<b>NovoSeven RT</b>	coagulation factor VIIa [recombinant]	J7189
<b>Nuwiq</b>	simoctocog alfa	J7209
<b>Obizur</b>	antihemophilic factor [recombinant], porcine sequence	J7188
<b>Profilnine<sup>1</sup></b>	factor IX complex <sup>1</sup>	J7194
<b>Rebiny</b>	coagulation factor IX [recombinant], GlycoPEGylated	J7203
<b>Recombinat<sup>1</sup></b>	antihemophilic factor [recombinant] <sup>1</sup>	J7192
<b>Rixubis</b>	coagulation factor IX [recombinant]	J7200
<b>SevenFact intravenous solution<sup>▲,1</sup></b>	coagulation factor VII (recombinant)-jncw <sup>▲,1</sup>	C9399, J3490, J3590, J7199
<b>Tretten</b>	coagulation factor XIII A-subunit [recombinant]	J7181
<b>Vonvendi</b>	von Willebrand factor [recombinant]	J7179
<b>Wilate</b>	von Willebrand factor / coagulation factor VIII complex [human]	J7183
<b>Xyntha</b>	antihemophilic factor [recombinant]	J7185
Xyntha Solofuse*	antihemophilic factor [recombinant] *	J7185

\*New preauthorization requirement

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