

## Humana Healthy Horizons in Kentucky Preauthorization and Notification List (PAL)

**Effective date: Mar. 22, 2021**

**Revision date: Sept. 1, 2021**

The following list describes services and medications that are commonly reviewed and may require additional clinical information. Medications include those that are delivered in the physician's office, clinic, outpatient or home setting.

Please note that the term "preauthorization," also known as prior authorization, precertification and preadmission, refers to a process that requires healthcare providers to obtain advance approval from the plan as to whether an item or service may be covered.

"Notification" refers to the process by which a healthcare provider notifies Humana of the intent to provide an item or service. Humana requests notification to help coordinate care for Humana-covered patients. This process differs 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 enrollee's Certificate of Coverage or contact Humana for confirmation of coverage.***

### Important notes:

- **Humana Healthy Horizons in Kentucky enrollees:**
  - In addition to the information noted above, certain services outlined in the Humana Healthy Horizons in Kentucky Preauthorization and Notification List may not apply for practitioners affiliated with an independent practice association (IPA) via a capitated or delegated arrangement. Please refer to your provider agreement for clarification.
  - Exclusions may change. Please refer to [Humana.com/Provider](https://www.humana.com/Provider) for up-to-date information. Choose "Authorization/Referrals" and then the appropriate topic.
  - The enclosed Preauthorization and Notification List applies only to Humana Healthy Horizons in Kentucky. This list does not apply to Humana commercial, Medicare or other state Medicaid plans.
- **Urgent/emergent services do not require a referral or preauthorization.**

The absence of authorization and/or notification prior to the date of a service could result in financial penalties for the practice and reduced benefits for the enrollee, based on the healthcare provider's contract and the member's Certificate of Coverage. Services or medications provided without preauthorization may be subject to retrospective medical necessity review. We recommend that an individual practitioner



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making a specific request for services or medications verify benefits and preauthorization requirements with Humana prior to providing services.

- **How to request preauthorization for medical and behavioral health services:**  
Except where otherwise noted via links on the following pages, healthcare providers can request preauthorization online, by phone or by fax:
  - Online via Availity.com (registration required)
  - Phone via Humana’s interactive voice response line (IVR) at 800-444-9137
  - Fax: Submit the preauthorization form at 833-974-0059
  
- **How to submit preauthorization requests for advanced imaging services:**
  - Online: [www.evicore.com](http://www.evicore.com) •
  - Phone: : 866-672-8115, Monday – Friday, 7 a.m. - 7 p.m., Eastern time
  - Fax: 800-540-2406
  
- **How to request preauthorization for medications:**  
Except where noted below for adult oncology reviews, healthcare providers can request preauthorization by phone or fax:
  - Phone: 866-461-7273, Monday – Friday, 6 a.m. – 8 p.m., Eastern time
  - Fax: 888-447-3430 (request forms available at [Humana.com/medpa](http://Humana.com/medpa))
  
- **For patients 18 and older, Humana partners with New Century Health for chemotherapy agent and supportive and symptom management drug preauthorization requests.**
  - For a list of applicable drugs, click [here](#).
  - Choose from the following options to submit a request for preauthorization to New Century Health:
    - Online: Log onto New Century Health’s website at [my.newcenturyhealth.com](http://my.newcenturyhealth.com). Enter your username and password. If you have not yet received a username and password, call New Century Health at 855-427-1372 and select Option 1.
    - Phone: Call New Century Health’s intake coordinator department at 855-427-1372 and select Option 1. Assistance is available Monday – Friday, 8 a.m. – 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.



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Humana Healthy Horizons in Kentucky Preauthorization and Notification List		
Category	Details/Notes	Codes and Comments
<b>Nonparticipating providers</b>	Nonemergency services	
<b>Inpatient admissions</b>	Elective inpatient procedures	
	All admissions (hospitals, rehab facilities, long-term acute care, inpatient hospice, transplant and planned inpatient medical and surgical admissions)	Preauthorization requests for transplants will be reviewed by Humana National Transplant Network and can be submitted by fax to 502-508-9300, by phone to 866-421-5663, or through email to <a href="mailto:transplant@humana.com">transplant@humana.com</a>  *For neonatal intensive care unit (NICU) and obstetrical admission preauthorization and notification clarification, please see the note following this grid.
	All rehabilitative services	
	Skilled nursing facilities	
<b>Behavioral health services</b>	<b>Inpatient admissions</b>	<b>All inpatient services</b>
	Residential treatment	All residential treatment services
	Partial hospitalization	H0035
	Intensive outpatient programs (IOPs)	H0015
	Therapeutic behavioral health services and day treatment	H2020 H2012
	Assertive community treatment (ACT)	H0040
	Transcranial magnetic stimulation	90867 90868 90869
	Developmental testing	96110 96112 96113
	Neurobehavioral status exams	96116 96121
	Psychological/neuropsychological testing	96130 96131 96132 96133
<b>Durable medical equipment (DME) services, rentals and repair</b>	Airway clearance devices	E0482
	Augmentative and alternative communicative systems	E1902 E2500 E2502 E2504 E2506 E2508 E2511 E2512 E2599 L8505 L8510 V5336



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<p><b>**Please note that in addition to the items identified here, all DME items costing more than \$750 will be subject to retro-review. We require a signed clinical record submitted with your claim to perform the retro-review. Claims submitted without clinical records for these services will be denied. Denials will be reconsidered through the claim appeal process with pertinent clinical records.**</b></p>	Beds and accessories	E0181 E0184 E0185 E0187 E0193 E0194 E0197 E0199 E0250 E0251 E0255 E0256 E0260 E0261 E0265 E0266 E0270 E0277 E0294 E0295 E0296 E0297 E0300 E0301 E0302 E0303 E0304 E0316 E0328 E0329 E0371 E0372 E0373 E0462 E0912
	Bone growth stimulator	E0747 E0748 E0760
	Cochlear and auditory implants	69930 L8614 L8619 L8627 L8628
	Continuous glucose monitoring devices and supplies	A9277 A9278 A9279 K0553 K0554 S1030 S1031 S1034
	CPAP/ BiPAP	E0470 E0471 E0472 E0601
	Cranial orthotics	S1040
	Diabetic treatments and supplies	E0784
	Electrical stimulators	E0762 E0769
	External defibrillator	E0617
	Heat/cold therapy devices	E0217 E0225 E0236 E0239
	High-frequency chest-compression vests	E0483
	Lifts	E0630 E0635
	Negative pressure wound therapy	E2402
	Neuromuscular stimulators	E0731 E0744 E0745 E0764 E0770
	Noninvasive home ventilators	E0466
	Other implantable/semi-implantable hearing aids and devices	69710 69711 69715 69718 L8691 L8694 V2627
	Orthotics and prosthetics	21086 E0942 E0944 E0945 L0456 L0457 L0460 L0462 L0464 L0480 L0482 L0484 L0486 L0488 L0631 L0636 L0637 L0638 L0639 L0640 L0648 L0700 L0710 L0970 L0974 L0976 L0980 L0984 L0999 L1200 L1300 L1310 L1499 L1680 L1685 L1690 L1700 L1710 L1720 L1730 L1755 L1836 L1844 L1845 L1846 L1850 L1851 L1852 L1860 L1902 L2005 L2020 L2034 L2036 L2037 L2038 L2108 L2126 L2128 L2136 L2525 L2627 L2628 L2999 L3050 L3060 L3100 L3202 L3203 L3204 L3300 L3320 L3330 L3340 L3350 L3370 L3380 L3390 L3400 L3410 L3420 L3430 L3440 L3450 L3460 L3465 L3470 L3649 L3710 L3740 L3761 L3762 L3900 L3901 L3904



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		L3916 L3918 L3925 L3930 L3971 L3981 L3999 L4000 L4010 L4020 L4030 L4040 L4045 L4050 L4055 L4060 L4070 L4080 L4090 L4100 L4110 L4130 L4210 L4398 L4631 L5010 L5020 L5050 L5060 L5100 L5105 L5150 L5160 L5200 L5210 L5220 L5230 L5250 L5270 L5280 L5301 L5321 L5331 L5341 L5400 L5500 L5505 L5510 L5520 L5530 L5535 L5540 L5560 L5570 L5580 L5585 L5590 L5595 L5600 L5610 L5611 L5613 L5614 L5616 L5617 L5639 L5643 L5647 L5649 L5651 L5671 L5673 L5679 L5681 L5683 L5700 L5701 L5702 L5704 L5705 L5707 L5724 L5726 L5728 L5780 L5782 L5785 L5790 L5795 L5814 L5822,L5824 L5826 L5828 L5830 L5840 L5845 L5848 L5856 L5857 L5858 L5859 L5930 L5940 L5950 L5962 L5964 L5966 L5968 L5975 L5976 L5979 L5980 L5981 L5987 L5988 L5990 L5999 L6000 L6020 L6026 L6050 L6055 L6100 L6110 L6120 L6130 L6200 L6205 L6250 L6300 L6310 L6320 L6350 L6360 L6370 L6380 L6382 L6384 L6400 L6450 L6500 L6550 L6570 L6580 L6582 L6584 L6588 L6590 L6621 L6624 L6638 L6686 L6687 L6693 L6696 L6697 L6707 L6709 L6712 L6713 L6714 L6721 L6722 L6881 L6882 L6883 L6890 L6900 L6905 L6910 L6915 L6920 L6930 L6935 L6940 L6945 L6950 L6955 L6960 L6965 L6970 L6975 L7007 L7008 L7009 L7040 L7045 L7170 L7180 L7181 L7185 L7186 L7190 L7191 L7259 L7499 L8044 L8499 L8699 V2623
	Pneumatic compression	E0651 E0652
	Respiratory aids and supplies	E0455



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	Spinal cord stimulators	63650 63655 63663 63664 63685 63688 C1816 C1820 C1822 L8679 L8680 L8682 L8685 L8686 L8687 L8688
	Standing systems/devices	E0638
	Unlisted DME codes	A9900 A9999 E1399
	Volume control ventilator	E0465
	Wearable cardiac devices (e.g., LifeVest®)	93228 93229 93241 93242 93243 93244 93245 93246 93247 93248 93745 K0606 K0607 K0608 K0609
	Wheelchairs and scooters (including power wheelchairs and all accessories)	E0968 E0983 E1002 E1003 E1004 E1005 E1006 E1007 E1008 E1009 E1010 E1011, E1012 E1015 E1016 E1017 E1035 E1050 E1060 E1070 E1083 E1084 E1085 E1086 E1087 E1088 E1089 E1090 E1092 E1093 E1100 E1110 E1161 E1170 E1172 E1190 E1195 E1200 E1220 E1229 E1231 E1232 E1233 E1234 E1235 E1236 E1237 E1238 E1239 E1240 E1280 E1285 E1290 E1295 E1801 E1802 E1805 E1806 E1810 E1811 E1815 E1816 E1818 E1825 E1830 E2207 E2213 E2227 E2228 E2360 E2361 E2362 E2363 E2364 E2365 E2366 E2367 E2370 E2373 E2374 E2386 E2387 E2388 E2389 E2390 E2391 E2392 K0002 K0003 K0004 K0005 K0006 K0007 K0008 K0010 K0011 K0012 K0013 K0108 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



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<b>Plastic surgery/cosmetic</b>	Breast surgery (Excludes breast reconstruction following medically necessary mastectomy for breast cancer)	11920 11921 11922 19300 19305 19306 19316 19318 19325 19328 19350 19355 19361 19364 19367 19368 19369 19370 19371 19380 19396 C1789 L8600 S2066 S2067 S2068
	Cosmetic and reconstructive services (Examples include blepharoplasty, rhinoplasty, otoplasty, abdominoplasty.)  Please note that this is not an all-inclusive list.	15820 15821 15822 15823 67900 67901 67903 67904 67906 67908 67909 67911 67914 67915 67916 67917 67921 67922 67923 67950 15830 15847 30400 30410 30420 30430 30435 30450 30460 30462 30468 69300 69320
<b>Ancillary services</b>	Nonemergent medical transportation (NEMT)	A0090 A0130 A0200 A0426 A0428 A0430 A0431 A0435 A0436 S9960 S9961 T2001 T2003 T2005
	Breast cancer Type 1 and 2 susceptibility protein (BRCA) and genetic/molecular diagnostic testing	0062U 0063U 0066U 0067U 0078U 0079U 81162 81163 81164 81165 81166 81167 81168 81170 81171 81172 81173 81174 81175 81176 81177 81178 81179 81180 81181 81182 81183 81184 81185 81186 81187 81188 81189 81190 81191 81192 81193 81194 81200 81201 81202 81203 81204 81205 81206 81207 81208 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 81238 81239 81240 81241 81242 81243 81244 81245 81246 81247 81248 81249 81250 81251 81252 81253 81254 81255 81256 81257 81258 81259 81260 81261 81262 81263 81264 81265 81266 81267 81268 81269 81270 81271 81272 81273 81274 81275 81276 81277 81278 81279 81283 81284 81285 81286 81287 81288 81289 81290 81291 81292 81293 81294 81295



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	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 81338 81339 81340 81341 81342 81343 81344 81345 81346 81347 81348 81350 81351 81352 81353 81355 81357 81360 81400 81401 81402 81403 81404 81405 81406 81407 81408 81410 81411 81412 81413 81414 81415 81416 81417 81419 81420 81422 81425 81426 81427 81430 81431 81432 81433 81434 81435 81436 81437 81438 81439 81440 81442 81443 81445 81448 81450 81455 81460 81465 81470 81471 81479 81490 81493 81500 81503 81504 81506 81507 81509 81510 81511 81512 81513 81514 81518 81519 81520 81521 81522 81525 81529 81535 81538 81539 81546 81551 81554 81596 81599 86305 0001U 0003U 0004M 0005U 0006M 0007M 0009U 0012U 0013U 0014U 0017M 0018U 0019U 0021U 0022U 0023U 0026U 0029U 0036U 0037U 0040U 0045U 0046U 0047U 0048U 0049U 0050U 0053U 0055U 0056U 0060U 0070U 0071U 0072U 0073U 0074U 0075U 0076U 0080U 0084U 0089U 0090U 0101U 0102U 0103U 0105U 0111U 0113U 0120U 0129U 0130U 0131U 0132U 0133U 0134U 0135U 0136U 0137U 0138U 0151U 0152U 0153U 0154U 0155U 0156U 0157U
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	0158U 0159U 0160U 0161U 0162U 0228U 0229U 0230U 0231U 0232U 0233U 0234U 0235U 0236U 0237U 0238U 0239U 0242U 0244U 0245U
Electroencephalogram (EEG)	95812 95813 95816 95819 95822
Diagnostic esophagogastroduodenoscopy or esophagoscopy (For patients younger than 59)	43191 43193 43197 43198 43202 43239
Physical therapy >20 visits per calendar year per adult, 21 and older  Speech therapy >20 visits per calendar year per adult, 21 and older  Occupational therapy >20 visits per calendar year per adult, 21 and older	420 421 422 423 424 429 430 431 432 433 434 439 440 441 442 443 444 449 92507 92508 92520 92524 92526 92606 92607 92608 92609 92611 92618 92621 92627 92630 92633 95851 96105 97010 97012 97014 97016 97018 97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97110 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 G0237 G0283 S8990 S9117 S9152 V5362 V5363 V5364
Respiratory therapy	G0239 G0424
Bariatric surgery	0312T 0313T 0314T 0315T 0316T 0317T 43631 43632 43633 43634 43644 43645 43770 43771 43772 43773 43774 43775 43842 43843 43845 43846 43847 43848 43886 43887 43888
All home health and home infusions	99344 99375 99501 99502 99503 99504 99505 99506 99507 99511 99601 99602 B9002 B9004 B9006 B9998 B9999 G0151 G0152 G0153 G0155 G0157 G0158 G0299 G0300 G0494 G0495 S5100 S5110 S5165 S5180 S5181 S9001 S9097 S9098 S9122 S9123 S9124 S9127 S9128 S9129 S9131



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		S9208 S9209 S9211 S9212 S9213 S9214 T1004 T1019 T1020 T1021 T1028 T1030 T1031 T1502 T1503
<a href="#">Advanced imaging services</a>	<a href="#">Computerized tomography angiography (CTA)</a>	75572 75573 75574 0623T 0624T 0625T 0626T
<b>Reviewed by eviCore</b>	<a href="#">Computerized tomography (CT)</a>	70450 70460 70470 70480 70481 70482 70486 70487 70488 70490 70491 70492 70496 70498 71250 71260 71270 71271 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 74263 75571 75574 75635 76380 76497 77078 0042T S8092 0633T 0634T 0635T 0636T 0637T 0638T
	<a href="#">Magnetic resonance angiography (MRA)</a>	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
	<a href="#">Magnetic resonance imaging (MRI)</a>	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 73725 74181 74182 74183 74712 74713 75557 75559 75561 75563 75565 76390, 76391 76498 77021 77022 77046 77047 77048 77049 77084 C8900 C8901 C8902 C8903 C8905 C8906 C8908 C8909 C8911 C8920 S8037 S8042
	<a href="#">Nuclear Medicine</a>	78012 78013 78014 78015 78016 78018 78020 78070 78071 78072



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		78075 78102 78103 78104 78185 78195 78201 78202 78215 78216 78226 78227 78230 78231 78232 78258 78261 78262 78264 78265 78266 78278 78290 78291 78300 78305 78306 78315 78445 78456 78457 78458 78579 78580 78582 78597 78598 78600 78601 78605 78606 78610 78630 78635 78645 78650 78660 78699 78700 78701 78707 78708 78709 78725 78730 78740 78761 78800 78801 78802 78803 78804 78830 78831 78832 78999
	<a href="#">Positron emission tomography (PET)</a>	78608 78609 78811 78812 78813 78814 78815 78816 G0219 G0235 G0252 S8085
	<a href="#">Single-photon emission computerized tomography (SPECT)</a>	78451 78452 78469
	<a href="#">3D rendering</a>	76376 76377
<b>Other outpatient services</b>	Facility-based sleep studies (PSG)	95807
	Experimental and emerging technology	
	Prescribed pediatric extended care	T1025 T1026
	Transplant services	0494T 0495T 0496T 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 L8698 S9975 Q2053
	Private duty nursing (PDN)	T1000
	Vein procedures	0524T 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
Termination of pregnancy (Abortion)	01965 01966 59100 59812 59840 59841 59850	



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		59851 59852 59855 59856 59857
	Epidural injections (Outpatient only)	62320 62321 62322 62323 64479 64480 64483 64484 64999
	Facet injections	64490 64491 64492 64493 64494 64495 64633 64634 64635 64636 64999 0213T 0214T 0215T 0216T 0217T 0218T
	Sacroiliac joint injections (More than two injections require prior authorization)	27096
	Trigger-point injections (More than eight injections require prior authorization)	20552 20553
	Viscosupplemental (Musculoskeletal)	Preauthorization required for 20610–20611 when used for viscosupplementation procedures regardless of viscosupplementation agent.
<b>Surgeries</b>	Foot Surgeries: bunionectomy and hammertoe	26535 26536 28110 28240 28285 28289 28291 28292 28295 28296 28297 28298 28299,28306 28308 28310 28740 28750 L8641
	Orthopedic surgeries: hip, knee and shoulder arthroplasty	23472 23473 23474 27125 27130 27132 27134 27137 27138 27437 27438 27440 27441 27442 27443 27445 27446 27447 27486 27487
	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
	Pain infusion pump	62324 62325 62326 62327 62350 62351 62360 62361 62362 64999 C1772 C1891 C2626 E0782 E0783 E0785 E0786



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	Spinal fusion, decompression, kyphoplasty and vertebroplasty	20999 22100 22101 22102 22103 22116 22206 22207 22208 22210 22212 22214 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 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 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
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\*For **NICU** preauthorization and notification, Humana requests notification within 48 hours of admission to conduct concurrent review for care coordination, to assess appropriate level of care and to begin discharge planning. For **obstetrical admissions**,

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Humana requests notification for admissions that exceed 48 hours for vaginal deliveries and 96 hours for Caesarean section(s) to conduct concurrent review for care coordination and discharge planning.

**Specialty drugs:** Preauthorization is required for the following list of specialty drugs when delivered in the physician's office, clinic, outpatient or home setting. To request preauthorization or provide notification, click [here](#) to access the fax forms.



## Healthy Horizons™ in Kentucky

<b>Humana Healthy Horizons in Kentucky 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>Abecma intravenous suspension<sup>1 #, ++, ^</sup></b>	idecabtagene vicleucel <sup>1 #, ++</sup>	C9399, J3490, J9999
<b>Actemra IV<sup>#</sup></b>	tocilizumab <sup>#</sup>	J3262
<b>Adakveo<sup>1</sup></b>	crizanlizumab-tmca <sup>1</sup>	J0791
<b>Adcetris</b>	brentuximab vedotin	J9042
<b>Aduhelm<sup>1, ^</sup></b>	Aducanumab-avwa <sup>1, ^</sup>	C9399, J9340, J9350
<b>Akynzeo IV</b>	fosnetupitant and palonosetron	J1454
<b>Aldurazyme</b>	Laronidase	J1931
<b>Aliqopa</b>	Copanlisib	J9057
<b>Amondys-45<sup>1</sup></b>	casimersen <sup>1</sup>	C9075, C9399, J3490
<b>Aralast NP<sup>1</sup></b>	alpha 1-proteinase inhibitor <sup>1</sup>	J0256
<b>Aranesp<sup>#</sup></b>	darbepoetin alfa <sup>#</sup>	J0881, J0882
<b>Arcalyst</b>	Riloncept	J2793
<b>Arzerra</b>	ofatumumab	J9302
<b>Asceniv</b>	immune globulin	J1554
<b>Asparlas</b>	calaspargase pegol-mknl	J9118
<b>Atgam</b>	lymphocyte immune globulin	J7504
<b>Avastin (oncology only)</b>	Bevacizumab (oncology only)	C9257, J9035
<b>Avsola<sup>1, #</sup></b>	infliximab-axxq <sup>1, #</sup>	Q5121
<b>Bavencio<sup>#</sup></b>	avelumab <sup>#</sup>	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</b>	belimumab	J0490
<b>Beovu<sup>#</sup></b>	brovacizumab-dblb <sup>#</sup>	J0179

<sup>^</sup>New-to-market drug addition

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<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 502-508-9300, by telephone at 866-421-5663 or by email to [transplant@humana.com](mailto:transplant@humana.com).



## Healthy Horizons™ in Kentucky

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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>Berinert</b>	c1 esterase inhibitor	J0597
<b>Besponsa</b>	inotuzumab ozogamicin	J9229
<b>Bivigam</b>	immune globulin	J1556
<b>Blenrep<sup>1</sup></b>	belantamab mafodotin-blmf <sup>1</sup>	J9037
<b>Blinicyto</b>	blinatumomab	J9039
<b>Blood-clotting factors</b> (See list on pages 26 to 29)		
<b>Bortezomib<sup>1</sup></b>	bortezomib <sup>1</sup>	J9044
<b>Botox<sup>#</sup></b>	onabotulinumtoxinA <sup>#</sup>	J0585
<b>Breyanzi<sup>1,++</sup></b>	lisocabtagene maraleucel <sup>1,++</sup>	C9076, C9399, J3490, J9999
<b>Brineura</b>	cerliponase alfa	J0567
<b>Carimune NF<sup>1</sup></b>	immune globulin <sup>1</sup>	J1566
<b>Cerezyme</b>	imiglucerase	J1786
<b>Cimzia<sup>#</sup></b>	certolizumab pegol <sup>#</sup>	J0717
<b>Cinqair</b>	reslizumab	J2786
<b>Cinryze<sup>#</sup></b>	c1 esterase inhibitor <sup>#</sup>	J0598
<b>Cinvanti</b>	aprepitant	J0185
<b>Cosela<sup>1</sup></b>	trilaciclib <sup>1</sup>	C9078, C9399, J3490, J9999
<b>Cutaquig</b>	immune globulin	J3590
<b>Cuvitru</b>	immune globulin	J1555
<b>Crysvita</b>	burosumab-twza	J0584
<b>Cyklkapron<sup>1</sup></b>	tranexamic acid <sup>1</sup>	J3490
<b>Cyramza</b>	ramucirumab	J9308
<b>CytoGam</b>	cytomegalovirus immune globulin	90291, J0850

▲New-to-market drug addition

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<b>Brand</b>	<b>Generic</b>	<b>Codes</b>
Dacogen <sup>#</sup>	decitabine <sup>#</sup>	J0894
Danyelza	naxitamab-ggqk	J9353
Darzalex	daratumumab	J9145
Darzalex Faspro <sup>1</sup>	daratumumab and hyaluronidase-fihj <sup>1</sup>	J9144
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
Dupixent <sup>1,#</sup>	dupilumab <sup>1,#</sup>	C9399, J3590
Durolane	hyaluronic acid, stabilized	J7318
Durysta <sup>1</sup>	bimatoprost implant <sup>1</sup>	C9399, J3490
Dysport	abobotulinumtoxin A	J0586
Elaprase	idursulfase	J1743
ElELYso	taliglucerase alfa	J3060
Elzonris	tagraxofusp-erzs	J9269
Empaveli <sup>1,▲</sup>	pegcetacoplan <sup>1,▲</sup>	C9399, J3490
Empliciti	elotuzumab	J9176
Enhertu	fam-trastuzumab deruxtecan- nxki	J9358
Enspryng <sup>1</sup>	satralizumab-mwge <sup>1</sup>	C9399, J3490, J3590
Entyvio	vedolizumab	J3380
Epogen <sup>1,#</sup>	epoetin alfa <sup>1,#</sup>	J0885, Q4081
Erbitux	cetuximab	J9055
Eskata <sup>1</sup>	hydrogen peroxide <sup>1</sup>	C9399, J3490
Euflexxa	hyaluronate sodium	J7323
Evenity	romosozumab-aqqg	J3111

▲New-to-market drug addition

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<b>Brand</b>	<b>Generic</b>	<b>Codes</b>
Evkeeza <sup>1</sup>	evinacumab-dgnb <sup>1</sup>	C9079, C9399, J3490, J3590
Exondys 51	Eteplirsen	J1428
Eylea <sup>#</sup>	aflibercept <sup>#</sup>	J0178
Fabrazyme	agalsidase beta	J0180
Fasenra	benralizumab	J0517
Fensolvi	leuprolide acetate	J1951
Firazyr <sup>1</sup>	icdatibant <sup>1</sup>	J1744
Flebogamma DIF	immune globulin	J1572
Flolan <sup>1,#</sup>	epoprostenol (injection) <sup>1,#</sup>	J1325, J3490, S0155
Fulphila	pegfilgrastim-jmdb	Q5108
Gamastan S/D	immune globulin	J1460
Gamifant	emapalumab-lzsg	J9210
Gammagard	immune globulin	J1569
Gammagard S/D	immune globulin	J1566
Gammaked <sup>1</sup>	immune globulin <sup>1</sup>	J1561
Gammaplex	immune globulin	J1557
Gamunex-C <sup>1</sup>	immune globulin <sup>1</sup>	J1561
Gattex <sup>1</sup>	teduglutide <sup>1</sup>	C9399, J3490
Gazyva	obinutuzumab	J9301
Gel-One	sodium hyaluronate	J7326
Gelsyn-3	sodium hyaluronate	J7328
Genvisc 850	sodium hyaluronate	J7320
Givlaari	givosiran	J0223
Glassia	alpha 1-proteinase inhibitor	J0257

▲New-to-market drug addition

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Brand	Generic	Codes
Granix <sup>#</sup>	tbo-filgrastim <sup>#</sup>	J1447
Growth hormones: Genotropin, Humatrope, Norditropin FlexPro, Nutropin AQ NuSpin, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive	somatropin	J2941
H.P. Acthar Gel	corticotropin	J0800
Haegarda <sup>#</sup>	c1 esterase inhibitor subcutaneous <sup>#</sup>	J0599
Herceptin	trastuzumab	J9355
Herceptin Hylecta <sup>#</sup>	trastuzumab and hyaluronidase-oysk <sup>#</sup>	J9356
Herzuma	trastuzumab-pkrb	Q5113
Hizentra	immune globulin	J1559
Hyalgan <sup>1</sup>	sodium hyaluronate <sup>1</sup>	J7321
Hydroxyprogesterone <sup>1</sup>	hydroxyprogesterone caproate <sup>1</sup>	C9399, J3490, J1729
Hymovis	sodium hyaluronate	J7322
Hyqvia	immune globulin	J1575
Ilaris	canakinumab	J0638
Ilumya	tildrakizumab-asmn	J3245
Iluvien	fluocinolone acetonide	J7313
Imfinzi	durvalumab	J9173
Imlygic	talimogene laherparepvec	J9325
Inflectra <sup>#</sup>	infliximab-dyyb <sup>#</sup>	Q5103

▲New-to-market drug addition

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<b>Brand</b>	<b>Generic</b>	<b>Codes</b>
Infugem	gemcitabine	J9198
Jelmyto <sup>1</sup>	mitomycin <sup>1</sup>	J9281
Jemperli <sup>1,▲</sup>	dostarlimab-gxly <sup>1,▲</sup>	C9399, J3490, J3590, J9999
Kadcyla	ado-trastuzumab emtansine	J9354
Kalbitor	ecallantide	J1290
Kanuma	sebelipase alfa	J2840
Keytruda	pembrolizumab	J9271
Khapzory <sup>1</sup>	levoleucovorin <sup>1</sup>	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
Libtayo	cemiplimab-rwlc	J9119
Lucentis <sup>#</sup>	ranibizumab <sup>#</sup>	J2778
Lumizyme	alglucosidase alfa	J0221
Lumoxiti	moxetumomab pasudotox-tdfk	J9313
Lutathera <sup>#</sup>	lutetium Lu 177 dotatate <sup>#</sup>	A9513
Luxturna	voretigene neparvovec-rzyl	J3398
Macrilen <sup>1</sup>	macimorelin <sup>1</sup>	C9399, J8499
Macugen <sup>#</sup>	pegaptanib sodium <sup>#</sup>	J2503
Margenza	margetuximab-cmkb	J9353
Marqibo <sup>#</sup>	vincristine sulfate <sup>#</sup>	J9371
Mepsevii	vestronidase alfa-vjbc	J3397

▲New-to-market drug addition

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Brand	Generic	Codes
Mircera	methoxy polyethylene glycol - epoetin beta	J0887, J0888
Monjuvi <sup>1</sup>	tafasitamab-cxix <sup>1</sup>	J9349
Monovisc	hyaluronan	J7327
Mozobil	plerixafor	J2562
Mylotarg	gemtuzumab ozogamicin	J9203
Myobloc	rimabotulinumtoxinB	J0587
Naglazyme	galsulfase	J1458
Neulasta <sup>1,#</sup>	pegfilgrastim <sup>1,#</sup>	J2505
Neulasta Onpro <sup>1,#</sup>	pegfilgrastim <sup>1,#</sup>	J2505
Neupogen <sup>#</sup>	filgrastim <sup>#</sup>	J1442
Nexviazyme <sup>1,▲</sup>	avalglucosidase-ngpt <sup>1,▲</sup>	C9399, J3490, J3590
Nivestym	filgrastim-aafi	Q5110
Nplate	romiplostim	J2796
Nucala	mepolizumab	J2182
Nulibry <sup>1</sup>	fosdenopterin <sup>1</sup>	C9399, J3490
Nyvepria <sup>1</sup>	pegfilgrastim-apfg <sup>1</sup>	Q5122
Ocrevus <sup>#</sup>	ocrelizumab <sup>#</sup>	J2350
Ogivri	trastuzumab-dkst	Q5114
Oncaspar	pegaspargase	J9266
Onivyde	irinotecan liposome injection	J9205
Onpattro	patisiran	J0222
Octagam	immune globulin	J1568
Ontruzant	trastuzumab-dttb	Q5112
Opdivo	nivolumab	J9299
Orencia IV <sup>#</sup>	abatacept <sup>#</sup>	J0129

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<b>Orthovisc</b>	hyaluronan	J7324
<b>Oxlumo</b>	lumasiran	J0224
<b>Ozurdex</b>	dexamethasone intravitreal implant	J7312
<b>Padcev<sup>1</sup></b>	enfortumab vedotin-ejfv <sup>1</sup>	J9177
<b>Palynziq<sup>1</sup></b>	pegvaliase-pqpz <sup>1</sup>	C9399, J3490, J3590
<b>Panzyga</b>	immune globulin	J1599
<b>Parsabiv<sup>#</sup></b>	etelcalcetide <sup>#</sup>	J0606
<b>Pepaxto<sup>1</sup></b>	melphalan flufenamide <sup>1</sup>	C9080, C9399, J3490, J9999
<b>Perjeta</b>	pertuzumab	J9306
<b>Phesgo<sup>1</sup></b>	pertuzumab, trastuzumab, and hyaluronidase-zzxf <sup>1</sup>	J9316
<b>Polivy</b>	polatuzumab vedotin-piiq	J9309
<b>Portrazza</b>	necitumumab	J9295
<b>Poteligeo</b>	mogamulizumab-kpkc	J9204
<b>Prevymis<sup>1</sup></b>	letermovir <sup>1</sup>	C9399, J3490, J8499
<b>Prialt</b>	ziconotide	J2278
<b>Privigen</b>	immune globulin	J1459
<b>Probuphine</b>	buprenorphine subdermal implant	J0570
<b>Procrit<sup>1,#</sup></b>	epoetin alfa <sup>1,#</sup>	J0885, J0886, Q4081
<b>Prolastin-C<sup>1,#</sup></b>	alpha 1-proteinase inhibitor <sup>1,#</sup>	J0256
<b>Prolia<sup>1,#</sup></b>	denosumab <sup>1,#</sup>	J0897
<b>Provenge</b>	sipuleucel-T	Q2043
<b>Qutenza<sup>#</sup></b>	capsaicin/skin cleanser <sup>#</sup>	J7336

^New-to-market drug addition

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Brand	Generic	Codes
Radicava	edaravone	J1301
Reblozyl <sup>1</sup>	luspatercept-aamt <sup>1</sup>	J0896
Remicade <sup>#</sup>	infliximab <sup>#</sup>	J1745
Remodulin <sup>1,#</sup>	treprostinil (injection) <sup>1,#</sup>	J3285, J3490
Renflexis <sup>#</sup>	infliximab-abda <sup>#</sup>	Q5104
Retacrit	epoetin alfa-epbx	Q5105, Q5106
Retisert	fluocinolone acetonide	J7311
Revatio <sup>1</sup>	sildenafil citrate (injection) <sup>1</sup>	J3490, J8499
Riabni <sup>#</sup>	rituximab-arrx <sup>#</sup>	Q5123
Rituxan <sup>#</sup>	rituximab <sup>#</sup>	J9312
Rituxan Hycela <sup>#</sup>	rituximab/hyaluronidase human <sup>#</sup>	J9311
Ruconest	c1 esterase inhibitor	J0596
Ruxience <sup>1</sup>	rituximab-pvvr <sup>1</sup>	Q5119
Rybrevant IV <sup>1,▲</sup>	amivantamab-vmjw <sup>1,▲</sup>	C9399, J3490, J3590, J9999
Rylaze <sup>1,▲</sup>	asparaginase erwinia chrysanthemi (recombinant)-rywn <sup>1,▲</sup>	C9399, J3490, J3590, J9999
Sajazir <sup>1,▲</sup>	icatibant <sup>1,▲</sup>	C9399, J3490
Sandostatin LAR	octreotide	J2353
Saphnelo intravenous solution <sup>1,▲</sup>	anifrolumab-fnia <sup>1,▲</sup>	C9399, J3490, J3590
Sarclisa <sup>1</sup>	isatuximab-irfc <sup>1</sup>	C9399, J9999
Scenesse <sup>1</sup>	afamelanotide <sup>1</sup>	J7352
Signifor LAR <sup>#</sup>	pasireotide <sup>#</sup>	J2502

▲New-to-market drug addition

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<b>Brand</b>	<b>Generic</b>	<b>Codes</b>
<b>Simponi ARIA</b>	golimumab	J1602
<b>Sinuva<sup>#</sup></b>	mometasone furoate <sup>#</sup>	J7402
<b>Sodium Hyaluronate<sup>1</sup></b>	hyaluronate sodium <sup>1</sup>	C9399, J3490
<b>Soliris<sup>#</sup></b>	eculizumab <sup>#</sup>	J1300
<b>Somatuline Depot</b>	lanreotide	J1930
<b>Spinraza</b>	nusinersen	J2326
<b>Spravato<sup>1</sup></b>	esketamine <sup>1</sup>	C9399, S0013, J3490
<b>Stelara (IV only)<sup>#</sup></b>	ustekinumab (IV only) <sup>#</sup>	J3358
<b>Strensiq<sup>1</sup></b>	asfotase alfa <sup>1</sup>	C9399, J3590
<b>Sublocade</b>	buprenorphine extended-release	Q9991, Q9992
<b>Supartz FX<sup>1</sup></b>	sodium hyaluronate <sup>1</sup>	J7321
<b>Sustol<sup>#</sup></b>	granisetron <sup>#</sup>	J1627
<b>Sylatron<sup>1</sup></b>	peginterferon alfa-2b <sup>1</sup>	C9399, J9999
<b>Sylvant</b>	siltuximab	J2860
<b>Synagis</b>	palivizumab	90378
<b>Synribo</b>	omacetaxine mepesuccinate	J9262
<b>Synvisc<sup>1</sup></b>	hylan G-F 20 <sup>1</sup>	J7325
<b>Synvisc-One<sup>1</sup></b>	hyaluronan <sup>1</sup>	J7325
<b>Takhzyro</b>	lanadelumab-flyo	J0593
<b>Tecartus<sup>++</sup></b>	brexucabtagene autoeucel <sup>++</sup>	Q2053
<b>Tecentriq</b>	atezolizumab	J9022
<b>Tegsedi<sup>1</sup></b>	inotersen <sup>1</sup>	C9399, J3940
<b>Tepezza<sup>1</sup></b>	teprotumumab-trbw <sup>1</sup>	C9061, J3590
<b>Testopel<sup>1,#</sup></b>	testosterone pellet <sup>1,#</sup>	J3490, S0189
<b>Thrombate III</b>	antithrombin III [human]	J7197

▲New-to-market drug addition

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

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## Healthy Horizons™ in Kentucky

<b>Humana Healthy Horizons in Kentucky Medication Preauthorization List</b>		
<b>To request preauthorization or provide notification, please click <a href="#">here</a> to access the fax forms</b>		
<b>Brand</b>	<b>Generic</b>	<b>Codes</b>
<b>Trazimera</b>	trastuzumab-qyyp	Q5116
<b>Triluron</b>	hyaluronate sodium	J7332
<b>Triptodur<sup>#</sup></b>	triptorelin <sup>#</sup>	J3316
<b>TriVisc</b>	sodium hyaluronate	J7329
<b>Trodelyv<sup>1</sup></b>	sacituzumab govitecan-hziy <sup>1</sup>	J9317
<b>Trogarzo<sup>#</sup></b>	ibalizumab-uiyk <sup>#</sup>	J1746
<b>Truxima<sup>#</sup></b>	rituximab-abbs <sup>#</sup>	Q5115
<b>Tysabri<sup>#</sup></b>	natalizumab <sup>#</sup>	J2323
<b>Tyvaso<sup>#</sup></b>	treprostinil (inhaled) <sup>#</sup>	J7686
<b>Udenyca</b>	pegfilgrastim-cbqv	Q5111
<b>Ultomiris</b>	ravulizumab-cwvz	J1303
<b>Unituxin<sup>1</sup></b>	bendamustine hydrochloride <sup>1</sup>	C9399, J9999
<b>Uplizna<sup>1</sup></b>	Inebilizumab-cdon <sup>1</sup>	J1823
<b>Uptravi<sup>1,▲</sup></b>	selexipag <sup>1,▲</sup>	C9399, J3490
<b>Valstar</b>	valrubicin	J9357
<b>Varubi IV</b>	rolapitant	J2797
<b>Veletri<sup>1,#</sup></b>	epoprostenol <sup>1,#</sup>	J1325
<b>Veklury IV</b>	remdesivir	C9399, J3490
<b>Vidaza<sup>#</sup></b>	azacitidine <sup>#</sup>	J9025
<b>Viltepso</b>	viltolarsen	J1427
<b>Vimizim</b>	elosulfase alfa	J1322
<b>Visco-3<sup>1</sup></b>	sodium hyaluronate <sup>1</sup>	J7321
<b>Visudyne<sup>#</sup></b>	verteporfin <sup>#</sup>	J3396
<b>Vpriv</b>	velaglucerase alfa	J3385
<b>Vyepti<sup>1</sup></b>	eptinezumab-jjmr <sup>1</sup>	C9063, J3590
<b>Vyondys 53</b>	golodirsen	J1429

▲New-to-market drug addition

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Brand	Generic	Codes
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
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
Zemaira <sup>1,#</sup>	alpha 1-proteinase inhibitor <sup>1,#</sup>	J0256
Zepzelca <sup>1</sup>	lurbinectedin <sup>1</sup>	J9223
Ziextenzo	pegfilgrastim-bmez	Q5120
Zilretta <sup>#</sup>	triamcinolone acetonide <sup>#</sup>	J3304
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>	C9399, J3490
Zynlonta <sup>1,▲</sup>	loncastuximab tesirine-lpyl <sup>1,▲</sup>	C9399, J3490, J3590, J9999

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Brand	Generic	Codes
<b>Blood-clotting Factors</b>		
<b>Advate<sup>1</sup></b>	antihemophilic factor [recombinant] <sup>1</sup>	J7192
<b>Adynovate</b>	antihemophilic factor [recombinant], PEGylated	J7207
<b>Afstyla</b>	antihemophilic factor (recombinant) single chain	J7210
<b>Alphanate</b>	antihemophilic factor/Von Willebrand factor complex [human]	J7186
<b>AlphaNine SD<sup>1</sup></b>	coagulation factor IX [human] <sup>1</sup>	J7193
<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>Corifact</b>	factor XIII concentrate [human]	J7180
<b>Eloctate</b>	antihemophilic factor [recombinant], Fc fusion protein	J7205
<b>Esperoct</b>	antihemophilic factor (recombinant), glycopegylated-exei	J7204
<b>Feiba NF</b>	anti-inhibitor coagulant complex	J7198
<b>Helixate FS<sup>1</sup></b>	antihemophilic factor [recombinant] <sup>1</sup>	J7192

▲New-to-market drug addition

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

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Healthy Horizons™  
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Brand	Generic	Codes
<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>Monoclate-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
<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

▲New-to-market drug addition

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<b>Brand</b>	<b>Generic</b>	<b>Codes</b>
<b>Rebinyn</b>	coagulation factor IX [recombinant], GlycoPEGylated	J7203
<b>Recombinante<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>	J7212
<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
<b>Xyntha Solofuse*</b>	antihemophilic factor [recombinant]*	J7185

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