



# Notice: Prior Authorization Updates

## Humana P&T Prior Authorization Updates

Humana is required to communicate certain Utilization Management and Prior Authorization Updates prior to their effective date. The below information includes these changes.

**Disclaimer:** These changes must be approved by the Humana Pharmacy & Therapeutics (P&T) Committee on 09/15/2021 and the below information may be altered at that time. For final P&T Policies please refer to the published individual policy by searching for the Policy Title listed below. This information was posted on

Prior Authorization Updates							
Policy Title	Policy Type	Summary of Changes					
		Policy Archived <sup>1</sup>	Diagnosis Criteria Change <sup>2</sup>	Previous Treatment Change <sup>3</sup>	Age Change <sup>4</sup>	Coverage Limitation Change <sup>5</sup>	Expanded Indication <sup>6</sup>
Keytruda (pembrolizumab)	Prior Authorization						X
Lenvima (lenvatinib)	Prior Authorization						X
Ayvakit (avapritinib)	Prior Authorization						X
Briviact (brivaracetam)	Prior Authorization				X		

1 – Policy is no longer necessary and product is available without Utilization Management

2 – Criteria regarding the diagnosis has been reduced (e.g. decreased need for testing for diagnosis)

3 – Criteria regarding a Step through another agent has been removed or reduced (e.g. changing previous treatment from requiring 2 agents to 1 agent)

4 – Age requirement for medication has been lowered or removed

5 – Coverage Limitations have been removed from the policy

6 – Expanded Coverage for additional indication