



Healthy Horizons™ in Kentucky

Kentucky Medicaid Preauthorization and Notification List

Effective date: Jan. 1, 2020

Revision date: Mar. 17, 2021

The following list represents 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 the term "preauthorization," also known as prior authorization, precertification and preadmission, is a process through which the physician or other healthcare provider is required to obtain advance approval from the plan as to whether the 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 to help coordinate care for Humana-covered patients. 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 enrollee's Certificate of Coverage or contact Humana for confirmation of coverage.

Important notes:

- **Kentucky Medicaid enrollees:**
 - In addition to the information noted above, certain services outlined in the Medicaid Preauthorization and Notification List may not be applicable 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 Health Plan Kentucky. This list does not apply to Humana commercial, Medicare or other state Medicaid plans.
 - Some services require copayment to be paid prior to service.

- **Urgent/emergent services do not require a referral or preauthorization**

Failure of a healthcare provider to obtain authorization/notification prior to the date of 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 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, preauthorization for medical services may be initiated:
 - Online via Availity.com (registration required)
 - Calling Humana’s interactive voice response line (IVR) at 1-800-444-9137
 - Faxing the preauthorization form to 1-833-974-0059
- **How to request preauthorization for medications:**
Except where otherwise noted below for adult oncology reviews, preauthorization requests for medications may be initiated by:
 - Faxing requests to 1-888-447-3430 (request forms at Humana.com/medpa)
 - Calling 1-866-461-7273 (available Monday through Friday, 6 a.m. to 8 p.m. Eastern time)
- **For adults 18 and older, Humana partners with New Century Health for chemotherapy agent, supportive and symptom management drug preauthorization requests.**
Choose from the following options to submit a request for preauthorization to New Century Health:
 - For a list of applicable drugs, please click [here](#).
 - Initiate an online preauthorization request by logging on to New Century Health’s website at my.newcenturyhealth.com. Enter your username and password. If you have not yet received a username and password, please call New Century Health at 1-855-427-1372 and select option 1.
 - To submit a request by phone, please call New Century Health’s intake coordinator department at 1-855-427-1372 and select option 1. Assistance is available Monday through Friday, 8 a.m. to 8 p.m. Eastern time.
- **This list is subject to change with notification.** However, this list may be modified throughout the year for additions of new-to-market medications or step-therapy requirements for medications without notification via U.S. postal mail.



Healthy Horizons™
in Kentucky

Kentucky Medicaid Preauthorization and Notification List		
Category	Details/Notes	Codes and Comments
Non-participating providers	Non-emergency services	
Inpatient admissions	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 1-502-508-9300, by phone to 1-866-421-5663 or through email to transplant@humana.com *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	
Behavioral health services	Inpatient admissions	All inpatient services
	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
Durable medical equipment (DME) services, rentals and repair	Augmentative and alternative communicative systems	E1902 E2500 E2502 E2504 E2506 E2508 E2511 E2512 E2599 L8505 L8510 V5336
	Cochlear and auditory implants	69930 L8614 L8619
	Other implantable/semi-implantable hearing aids and devices	69710 69711 69715 69718



Healthy Horizons™ in Kentucky

<p>**Please note that in addition to the items identified here, all DME items with costs 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.**</p>	Cranial orthotics	S1040
	Beds and accessories	E0181 E0193 E0194 E0255 E0256 E0260 E0265 E0266 E0270 E0294 E0296 E0297 E0300 E0301 E0302 E0303 E0304 E0316 E0328 E0329 E0371 E0372 E0373 E0462 E0912
	Orthotics and prosthetics	E0942 E0944 E0945 L0482 L0484 L0486 L0970 L0974 L0976 L0980 L0984 L1690 L1836 L1850 L1902 L2034 L3050 L3060 L3100 L3202 L3203 L3204 L3300 L3320 L3330 L3340 L3350 L3370 L3380 L3390 L3400 L3410 L3420 L3430 L3440 L3450 L3460L3465 L3470 L3710 L3761 L3762 L3916 L3918 L3925 L3930 L4000 L4010 L4020 L4030 L4040 L4045 L4050 L4055 L4060 L4070 L4080 L4090 L4100 L4110 L4130 L4210 L4398 21086 L5010 L5050 L5100 L5301 L5321 L5530 L5611 L5617 L5647 L5649 L5651 L5671 L5673 L5679 L5681 L5700 L5701 L5704 L5705 L5785 L5790 L5814 L5828 L5840 L5940 L5950 L5962 L5964 L5968 L5975 L5976 L5979 L5980 L5981 L5987 L6110 L6686 L6687 L6881 L6890 L6905 L6935 V2623
	Continuous glucose monitoring devices and supplies	A9277 A9279 K0553 K0554 S1030 S1031 S1034
	High-frequency chest-compression vests	E0483
	Bone growth, neuromuscular and spinal cord stimulator devices	E0747 E0748 E0744
	Wheelchairs and scooters (including power wheelchairs and all accessories)	E0968 E1002 E1015 E1016 E1017 E1093 E1161 E1220 E1229 E1231 E1234 E1235 E2207 E2213 E2360 E2364 E2367 E2370 E2374 E2386 K0002 K0003 K0004 K0005 K0006 K0007 K0008 K0010 K0011 K0012 K0013 K0800 K0801 K0802 K0806 K0807 K0808 K0812 K0813 K0814 K0815 K0816 K0820 K0821 K0822 K0823 K0824 K0825 K0826 K0827 K0828 K0829 K0830 K0831 K0835

Humana

Healthy Horizons™ in Kentucky

		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
	Volume control ventilator	E0465
	Negative pressure wound therapy	E2402
Plastic surgery/cosmetic	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 30468 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 69300 69320
Ancillary services	Non-emergent 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 81171 81172 81173 81174 81177 81178 81179 81180 81181 81182 81183 81184 81186 81187 81188 81189 81190 81191 81192 81193 81194 81204 81215 81216 81217 81220 81225 81226 81227 81233 81234 81236 81237 81239 81271 81274 81278 81279 81284 81285 81286 81289 81305 81306 81312 81320 81329 81333 81336 81337 81338 81339 81343 81344 81345 81347 81348 81351 81352 81353 81355 81357 81360



Healthy Horizons™
in Kentucky

		81402 81404 81406 81407 81419 81420 81443 81445 81455 81507 81513 81514 81518 81519 81529 81539 81546 81554 81599 86305 0017M 0228U 0229U 0230U 0231U 0232U 0233U 0234U 0235U 0236U 0237U 0238U 0239U
	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 years of age and older Speech therapy > 20 visits per calendar year per adult, 21 years of age and older Occupational therapy > 20 visits per calendar year per adult, 21 years of age and older	92507 92508 92520 92524 92526 92607 92608 92609 92611 92618 92621 92627 92630 92633 95851 96105 97010 97012 97014 97016 97022 97024 97026 97028 97033 97034 97036 97110 97112 97113 97116 97150 97530 97533 97537 97542 97545 97546 97750 97755 97760 97761 97763 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 G0151 G0152 G0153 G0155 G0157 G0158 0299 G0300 G0494 G0495 S5100 S5110 S5165 S5180 S5181 S9001 S9097 S9098 S9122 S9123 S9124 S9127 S9128 S9129 S9131 S9208 S9209 S9211 S9212 S9213 S9214 T1004 T1019 T1020 T1021 T1028 T1030 T1031 T1502 T1503
Advanced Imaging Services	Computerized tomography (CT)	70450 70496 71260 71271 71275 74174 74175 74177 75574 74263



Healthy Horizons™
in Kentucky

		76125 0633T 0634T 0635T 0636T 0637T 0638T
	Computerized tomography angiography (CTA)	75572 75573 75574 0623T 0624T 0625T 0626T
	Positron-emission tomography (PET)	78608 78815 78816
	Single photon emission computerized tomography (SPECT)	78451 78452 78469
	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 73725 74181 74182 74183 74712 75557 75561 75563 77046 77047 77048 77049 C8908 74713 75559 75565 C8900 C8901 C8902 C8905 C8906 C8909 C8911 C8920
	Magnetic resonance angiography (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
Other Outpatient Services	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
	Private duty nursing (PDN)	T1000
	Vein procedures	0524T 36465 36466 36468 36470 36471 36473 36474 36475 36476



Healthy Horizons™
in Kentucky

		36478 36479 36482 36483 37500 37700 37718 37722 37735 37760 37761 37765 37766 37780 37785 S2202
	Termination of pregnancy (abortion)	01965 01966 59100 59812 59820 59821 59830 59840 59841 59850 59851 59852 59855 59856 59857
	Pain management <ul style="list-style-type: none">• Epidural steroid injections• Epidurals facet medial branch nerve block injections• Facet neurotomy injections• Sacroiliac joint injections (More than two require prior authorization)• Trigger-point injections (more than eight require prior authorization)	62320 62321 62322 62323 64480 64484 64633 64634 64635 64636 64999 64479 64483 64490 64491 64492 64493 64494 64495 27096 20552 20553

*For **NICU** preauthorization and notification, Humana expects notification within 48 hours of admission to conduct concurrent review for care coordination, assess appropriate level of care and begin discharge planning. For **obstetrical admissions**, Humana expects 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, please click [here](#) to access the fax forms.

Kentucky Medicaid Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Actemra IV [#]	tocilizumab [#]	J3262
Adakveo ^{▲,1}	crizanlizumab-tmca ^{▲,1}	J0791
Adcetris	brentuximab vedotin	J9042
Akynzeo IV	fosnetupitant and palonosetron	J1454
Aldurazyme	Laronidase	J1931
Aliqopa	Copanlisib	J9057
Amondys-45 ^{▲,1}	casimersen ^{▲,1}	C9399, J3490
Aralast NP ¹	alpha 1-proteinase inhibitor ¹	J0256
Aranesp [#]	darbepoetin alfa [#]	J0881, J0882
Arcalyst	Rilonacept	J2793
Arzerra	ofatumumab	J9302
Asparlas [▲]	calaspargase pegol-mknl [▲]	J9118
Atgam	lymphocyte immune globulin	J7504
Avastin (oncology only)	bevacizumab (oncology only)	C9257, J9035
Avsola ^{▲,1,#}	infliximab-axxq ^{▲,1,#}	Q5121
Bavencio [#]	avelumab [#]	J9023
Beleodaq	Belinostat	J9032
Belrapzo ¹	bendamustine hydrochloride ¹	J9036
Bendamustine ¹	bendamustine hydrochloride ¹	J9036
Bendeka	bendamustine hydrochloride	J9034
Benlysta	belimumab	J0490
Beovu ^{▲,#}	brolocizumab-dbl ^{▲,#}	J0179
Berinert	c1 esterase inhibitor	J0597
Besponsa	inotuzumab ozogamicin	J9229
Blenrep ^{▲,1}	belantamab mafodotin-blmf ^{▲,1}	C9399, C9069, J3490, J3590

▲New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

[#]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, by telephone at 1-866-421-5663, or by email to transplant@humana.com.



Healthy Horizons™
in Kentucky

Kentucky Medicaid Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Blincyto	blinatumomab	J9039
Blood-clotting factors (See list on pages 19 to 22)		
Bortezomib¹	bortezomib ¹	J9044
Botox[#]	onabotulinumtoxinA [#]	J0585
Breyanzi^{▲,1,++}	lisocabtagene maraleucel ^{▲,1,++}	C9399, J3490, J9999
Brineura	cerliponase alfa	J0567
Cerezyme	imiglucerase	J1786
Cimzia[#]	certolizumab pegol [#]	J0717
Cinqair	reslizumab	J2786
Cinryze[#]	c1 esterase inhibitor [#]	J0598
Cinvanti	aprepitant	J0185
Cosela^{▲,1,#}	trilaciclib ^{▲,1,#}	C9399, J3490, J9999
Crysvita	burosumab-twza	J0584
Cyklokapron¹	tranexamic acid ¹	J3490
Cyramza	ramucirumab	J9308
CytoGam	cytomegalovirus immune globulin	90291, J0850
Dacogen[#]	decitabine [#]	J0894
Danyelza^{*,▲,1}	naxitamab-gqgk ^{*,▲,1}	C9399, J3490, J3590, J9999
Darzalex	daratumumab	J9145
Darzalex Faspro^{▲,1}	daratumumab and hyaluronidase-fihj ^{▲,1}	J9144
Defitelio¹	defibrotide sodium ¹	C9399, J3490
Doxil[#]	doxorubicin [#]	Q2050
Duopa[#]	carbidopa/levodopa [#]	J7340

▲New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

[#]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, by telephone at 1-866-421-5663, or by email to transplant@humana.com.

Kentucky Medicaid Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Dupixent ^{1,#}	dupilumab ^{1,#}	C9399, J3590
Durolane	hyaluronic acid, stabilized	J7318
Durysta ^{▲,1}	bimatoprost implant ^{▲,1}	C9399, J3490
Dysport	abobotulinumtoxin A	J0586
Elaprase	idursulfase	J1743
Eleyso	taliglucerase alfa	J3060
Elzonris	tagraxofusp-erzs	J9269
Empliciti	elotuzumab	J9176
Enhertu ^{▲,1}	fam-trastuzumab deruxtecan-nxki ^{▲,1}	J9358
Enspryng ^{▲,1}	satralizumab-mwge ^{▲,1}	C9399, J3490, J3590
Entyvio	vedolizumab	J3380
Epogen ^{1,#}	epoetin alfa ^{1,#}	J0885, Q4081
Erbix	cetuximab	J9055
Eskata ¹	hydrogen peroxide ¹	C9399, J3490
Euflexxa	hyaluronate sodium	J7323
Evkeeza ^{▲,1,#}	evinacumab-dgnb ^{▲,1,#}	C9399, J3490, J3590
Evenity	romosozumab-aqqg	J3111
Exondys 51	eteplirsen	J1428
Eylea [#]	aflibercept [#]	J0178
Fabrazyme	agalsidase beta	J0180
Fasenra	benralizumab	J0517
Fensolvi ^{▲,1}	leuprolide acetate ^{▲,1}	J1950
Firazyr ¹	icdatibant ¹	J1744
Flolan ^{1,#}	epoprostenol (injection) ^{1,#}	J1325, J3490, S0155
Fulphila	pegfilgrastim-jmdb	Q5108

▲New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

[#]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, by telephone at 1-866-421-5663, or by email to transplant@humana.com.

Kentucky Medicaid Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Gamifant	emapalumab-lzsg	J9210
Gattex ¹	teduglutide ¹	C9399, J3490
Gazyva	obinutuzumab	J9301
Gel-One	sodium hyaluronate	J7326
Gelsyn-3	sodium hyaluronate	J7328
Genvisc 850	sodium hyaluronate	J7320
Givlaari ^{▲,1}	givosiran ^{▲,1}	J0223
Glassia	alpha 1-proteinase inhibitor	J0257
Granix [#]	tbo-filgrastim [#]	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 [#]	trastuzumab and hyaluronidase-oysk [#]	J9356
Herzuma [▲]	trastuzumab-pkrb [▲]	Q5113
Hyalgan ¹	sodium hyaluronate ¹	J7321
Hydroxyprogesterone ¹	hydroxyprogesterone caproate ¹	C9399, J3490, J1729
Hymovis	sodium hyaluronate	J7322

▲New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

[#]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, by telephone at 1-866-421-5663, or by email to transplant@humana.com.

Kentucky Medicaid Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Ilaris	canakinumab	J0638
Ilumya	tildrakizumab-asmn	J3245
Iluvien	fluocinolone acetonide	J7313
Imfinzi	durvalumab	J9173
Imlygic	talimogene laherparepvec	J9325
Immune Globulin ¹ : Asceniv [▲] , Bivigam, Carimune NF, Cutaquig [▲] , Cuvitru, Flebogamma DIF, Gamastan S/D, Gammagard S/D, Gammagard Liquid, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Panzyga [▲] , Privigen	immune globulin ¹	90283, 90284, C9072, C9399, J1575, J1459, J1460, J1555, J1556, J1557, J1559, J1560, J1561, J1562, J1566, J1568, J1569, J1572, J1599, J3590
Inflectra [#]	infliximab-dyyb [#]	Q5103
Infugem	gemcitabine	J9198
Jelmyto ^{▲,1}	mitomycin ^{▲,1}	J9281
Kadcyla	ado-trastuzumab emtansine	J9354
Kalbitor	ecallantide	J1290
Kanuma	sebelipase alfa	J2840
Keytruda	pembrolizumab	J9271
Khantzory ¹	levoleucovorin ¹	J0642
Krystexxa [#]	pegloticase [#]	J2507
Kymriah ⁺⁺	tisagenlecleucel ⁺⁺	Q2042
Kyprolis	carfilzomib	J9047

▲New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

[#]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, by telephone at 1-866-421-5663, or by email to transplant@humana.com.



Healthy Horizons™ in Kentucky

Kentucky Medicaid Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Lartruvo	olaratumab	J9285
Lemtrada	alemtuzumab	J0202
Leukine	sargramostim	J2820
Libtayo	cemiplimab-rwlc	J9119
Lucentis [#]	ranibizumab [#]	J2778
Lumizyme	alglucosidase alfa	J0221
Lumoxiti	moxetumomab pasudotox-tdfk	J9313
Lutathera [#]	lutetium Lu 177 dotatate [#]	A9513
Luxturna	voretigene neparvovec-rzyl	J3398
Macrilen ¹	macimorelin ¹	C9399, J8499
Macugen [#]	pegaptanib sodium [#]	J2503
Margenza ^{▲,1}	margetuximab-cmkb ^{▲,1}	C9399, J3490, J3590, J9999
Marqibo [#]	vincristine sulfate [#]	J9371
Mepsevii	vestronidase alfa-vjvk	J3397
Mircera	methoxy polyethylene glycol – epoetin beta	J0887, J0888
Monjuvi ^{▲,1}	tafasitamab-cxix ^{▲,1}	C9070, C9399, J3490, J3590, J9999
Monovisc	hyaluronan	J7327
Mozobil	plerixafor	J2562
Mylotarg	gemtuzumab ozogamicin	J9203
Myobloc	rimabotulinumtoxinB	J0587
Naglazyme	galsulfase	J1458
Neulasta ^{1,#}	pegfilgrastim ^{1,#}	J2505
Neulasta Onpro ^{1,#}	pegfilgrastim ^{1,#}	J2505

▲New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

[#]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, by telephone at 1-866-421-5663, or by email to transplant@humana.com.



Healthy Horizons™ in Kentucky

Kentucky Medicaid Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Neupogen [#]	filgrastim [#]	J1442
Nivestym	filgrastim-aafi	Q5110
Nplate	romiplostim	J2796
Nulibry ^{▲,1}	fosdenopterin ^{▲,1}	C9399, J3490
Nucala	mepolizumab	J2182
Nyvepria ^{*,▲,1}	pegfilgrastim-apfg ^{*,▲,1}	Q5122
Ocrevus [#]	ocrelizumab [#]	J2350
Ogivri [▲]	trastuzumab-dkst	Q5114
Oncaspar	pegaspargase	J9266
Onivyde	irinotecan liposome injection	J9205
Onpattro	patisiran	J0222
Ontruzant [▲]	trastuzumab-dttb [▲]	Q5112
Opdivo	nivolumab	J9299
Orencia IV [#]	abatacept [#]	J0129
Orthovisc	hyaluronan	J7324
Oxlumo ^{*,▲,1}	lumasiran ^{*,▲,1}	C9399, J3490
Ozurdex	dexamethasone intravitreal implant	J7312
Padcev ^{▲,1}	enfortumab vedotin-ejfv ^{▲,1}	J9177
Palynziq ¹	pegvaliase-pqpz ¹	C9399, J3490, J3590
Parsabiv [#]	etelcalcetide [#]	J0606
Pepaxto ^{▲,1}	melphalan flufenamide ^{▲,1}	C9399, J3490, J9999
Perjeta	pertuzumab	J9306
Phesgo ^{▲,1}	pertuzumab, trastuzumab, and hyaluronidase-zzxf ^{▲,1}	J9316
Polivy	polatuzumab vedotin-piiq	J9309

▲New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

[#]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, by telephone at 1-866-421-5663, or by email to transplant@humana.com.



Healthy Horizons™ in Kentucky

Kentucky Medicaid Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Portrazza	necitumumab	J9295
Poteligeo	mogamulizumab-kpkc	J9204
Prevymis¹	letermovir ¹	C9399, J3490, J8499
Prialt	ziconotide	J2278
Probuphine	buprenorphine subdermal implant	J0570
Procrit^{1,#}	epoetin alfa ^{1,#}	J0885, J0886, Q4081
Prolastin-C^{1,#}	alpha 1-proteinase inhibitor ^{1,#}	J0256
Prolia^{1,#}	denosumab ^{1,#}	J0897
Provenge	sipuleucel-T	Q2043
Qutenza[#]	capsaicin/skin cleanser [#]	J7336
Radicava	edaravone	J1301
Reblozyl^{▲,1}	luspatercept-aamt ^{▲,1}	J0896
Remicade[#]	infliximab [#]	J1745
Remodulin^{1,#}	treprostinil (injection) ^{1,#}	J3285, J3490
Renflexis[#]	infliximab-abda [#]	Q5104
Retacrit	epoetin alfa-epbx	Q5105, Q5106
Retisert	fluocinolone acetonide	J7311
Revatio¹	sildenafil citrate (injection) ¹	J3490, J8499
Riabni^{▲,1,#}	rituximab-arrx ^{▲,1,#}	C9399, J3490, J3590, J9999
Rituxan[#]	rituximab [#]	J9312
Rituxan Hycela[#]	rituximab/hyaluronidase human [#]	J9311
Ruconest	c1 esterase inhibitor	J0596
Ruxience^{▲,1}	rituximab-pvvr ^{▲,1}	Q5119
Sandostatin LAR	octreotide	J2353

▲New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

[#]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, by telephone at 1-866-421-5663, or by email to transplant@humana.com.



Healthy Horizons™ in Kentucky

Kentucky Medicaid Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Sarclisa ^{▲,1}	isatuximab-irfc ^{▲,1}	C9399, J9999
Scenesse ^{▲,1}	afamelanotide ^{▲,1}	J7352
Signifor LAR [#]	pasireotide [#]	J2502
Simponi ARIA	golimumab	J1602
Sinuva [#]	mometasone furoate [#]	C9122, J3490, J7401
Sodium Hyaluronate ^{▲,1}	hyaluronate sodium ^{▲,1}	C9399, J3490
Soliris [#]	eculizumab [#]	J1300
Somatuline Depot	lanreotide	J1930
Spinraza	nusinersen	J2326
Spravato ¹	esketamine ¹	C9399, S0013, J3490
Stelara (IV only) [#]	ustekinumab (IV only) [#]	J3358
Strensiq ¹	asfotase alfa ¹	C9399, J3590
Sublocade	buprenorphine extended-release	Q9991, Q9992
Supartz FX ¹	sodium hyaluronate ¹	J7321
Sustol [#]	granisetron [#]	J1627
Sylatron ¹	peginterferon alfa-2b ¹	C9399, J9999
Sylvant	siltuximab	J2860
Synagis	palivizumab	90378
Synribo	omacetaxine mepesuccinate	J9262
Synvisc ¹	hylan G-F 20 ¹	J7325
Synvisc-One ¹	hyaluronan ¹	J7325
Takhzyro	lanadelumab-flyo	J0593
Tecartus ^{▲,++}	brexucabtagene autoeucel ^{▲,++}	C9073, C9399, J3490
Tecentriq	atezolizumab	J9022
Tegsedi ¹	inotersen ¹	C9399, J3940

▲New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

[#]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, by telephone at 1-866-421-5663, or by email to transplant@humana.com.

Kentucky Medicaid Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Tepezza ^{▲,1}	teprotumumab-trbw ^{▲,1}	C9061, J3590
Testopel ^{1,#}	testosterone pellet ^{1,#}	J3490, S0189
Thrombate III	antithrombin III [human]	J7197
Trazimera [▲]	trastuzumab-qyyp [▲]	Q5116
Triluron [▲]	hyaluronate sodium [▲]	J7332
Triptodur [#]	triptorelin [#]	J3316
TriVisc	sodium hyaluronate	J7329
Trodelyv ^{▲,1}	sacituzumab govitecan-hziy ^{▲,1}	J9317
Trogarzo [#]	ibalizumab-uiyk [#]	J1746
Truxima ^{▲,#}	rituximab-abbs ^{▲,#}	Q5115
Tysabri [#]	natalizumab [#]	J2323
Tyvaso [#]	treprostinil (inhaled) [#]	J7686
Udenyca [▲]	pegfilgrastim-cbqv [▲]	Q5111
Ultomiris	ravulizumab-cwvz	J1303
Unituxin ¹	bendamustine hydrochloride ¹	C9399, J9999
Uplizna ^{▲,1}	inebilizumab-cdon ^{▲,1}	J1823
Valstar	valrubicin	J9357
Varubi IV	rolapitant	J2797
Veletri ^{1,#}	epoprostenol ^{1,#}	J1325
Veklury IV ^{▲,*}	remdesivir ^{▲,*}	C9399, J3490
Vidaza [#]	azacitidine [#]	J9025
Viltepso ^{▲,1}	viltolarsen ^{▲,1}	C9071, C9399, J3490
Vimizim	elosulfase alfa	J1322
Visco-3 ¹	sodium hyaluronate ¹	J7333
Visudyne [#]	verteporfin [#]	J3396
Vpriv	velaglucerase alfa	J3385

▲New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

[#]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, by telephone at 1-866-421-5663, or by email to transplant@humana.com.

Kentucky Medicaid Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Vyepti ^{▲,1}	eptinezumab-jjmr ^{▲,1}	C9063, J3590
Vyondys 53 ^{▲,1}	golodirsen ^{▲,1}	J1429
Vyxeos	daunorubicin/cytarabine	J9153
Xeomin	incobotulinumtoxin A	J0588
Xgeva ^{1,#}	denosumab ^{1,#}	J0897
Xofigo	radium RA 223 dichloride	A9606,
Xolair	omalizumab	J2357
Yervoy	ipilimumab	J9228
Yescarta ⁺⁺	axicabtagene ciloleucel ⁺⁺	Q2041
Yondelis	trabectedin	J9352
Yutiq	fluocinolone acetonide intravitreal implant	J7314
Zaltrap	ziv-aflibercept	J9400
Zarxio	filgrastim-sndz	Q5101
Zemaira ^{1,#}	alpha 1-proteinase inhibitor ^{1,#}	J0256
Zepzelca ^{▲,1}	lurbinectedin ^{▲,1}	J9223
Ziextenzo ^{▲,1}	pegfilgrastim-bmez ^{▲,1}	Q5120
Zilretta [#]	triamcinolone acetonide [#]	J3304
Zirabev ^{▲,1}	bevacizumab-bvzr ^{▲,1}	Q5118
Zoladex [#]	gosrelin acetate [#]	J9202
Zolgensma ¹	onasemnogene abeparvovec- xioi ¹	J3399
Zulresso ¹	brexanolone ¹	C9399, J3490
Blood-clotting Factors		
Advate ¹	antihemophilic factor [recombinant] ¹	J7192

▲New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

[#]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, by telephone at 1-866-421-5663, or by email to transplant@humana.com.



Healthy Horizons™ in Kentucky

Kentucky Medicaid Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Adynovate	antihemophilic factor [recombinant], PEGylated	J7207
Afstyla	antihemophilic factor (recombinant) single chain	J7210
Alphanate	antihemophilic factor/Von Willebrand factor complex [human]	J7186
AlphaNine SD¹	coagulation factor IX [human] ¹	J7193
Alprolix	coagulation factor IX [recombinant]	J7201
Bebulin¹	factor IX complex ¹	J7194
BeneFix¹	coagulation factor IX [recombinant] ¹	J7195
Corifact	factor XIII concentrate [human]	J7180
Eloctate	antihemophilic factor [recombinant], Fc fusion protein	J7205
Esperoct^{▲,1}	antihemophilic factor (recombinant), glycopegylated- exei ^{▲,1}	J7204
Feiba NF	anti-inhibitor coagulant complex	J7198
Helixate FS¹	antihemophilic factor [recombinant] ¹	J7192
Hemlibra[#]	emicizumab-kxwh [#]	J7170
Hemofil M¹	antihemophilic factor [human] ¹	J7190

▲New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

[#]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, by telephone at 1-866-421-5663, or by email to transplant@humana.com.



Healthy Horizons™ in Kentucky

Kentucky Medicaid Medication Preauthorization List		
To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Humate-P	antihemophilic factor/von Willebrand factor complex [human]	J7187
Idelvion	antihemophilic factor [recombinant]	J7202
Ixinity¹	coagulation factor IX [recombinant] ¹	J7195
Jivi¹	antihemophilic factor (recombinant), PEGylated-aucl ¹	J7208
Koate-DVI¹	antihemophilic factor [human] ¹	J7190
Kogenate FS¹	antihemophilic factor [recombinant] ¹	J7192
Kovaltry	antihemophilic factor [recombinant]	J7211
Monoclate-P¹	antihemophilic factor [human] ¹	J7190
Mononine¹	coagulation factor IX [human] ¹	J7193
NovoEight	turoctocog alfa	J7182
NovoSeven RT	coagulation factor VIIa [recombinant]	J7189
Nuwiq	simoctocog alfa	J7209
Obizur	antihemophilic factor [recombinant], porcine sequence	J7188
Profilnine¹	factor IX complex ¹	J7194
Rebinyn	coagulation factor IX [recombinant], GlycoPEGylated	J7203

▲New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

#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, by telephone at 1-866-421-5663, or by email to transplant@humana.com.



Healthy Horizons™ in Kentucky

Kentucky Medicaid Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Brand	Generic	Codes
Recombinate¹	antihemophilic factor [recombinant] ¹	J7192
Rixubis	coagulation factor IX [recombinant]	J7200
SevenFact intravenous solution^{▲,1}	coagulation factor VII (recombiant)-jncw ^{▲,1}	J7212
Tretten	coagulation factor XIII A- subunit [recombinant]	J7181
Vonvendi	Von Willebrand factor [recombinant]	J7179
Wilate	Von Willebrand factor / coagulation factor VIII complex [human]	J7183
Xyntha	antihemophilic factor [recombinant]	J7185
Xyntha Solofuse*	antihemophilic factor [recombinant]*	J7185

▲New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

#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, by telephone at 1-866-421-5663, or by email to transplant@humana.com.