



Florida Medicaid Preauthorization and Notification List

Effective Date: Dec. 1, 2018

Revision Date: May 26, 2021

We have updated our preauthorization and notification list for Humana Medicaid plans in Florida. The list represents commonly reviewed services and medications and may require additional clinical information. Medications include those delivered in a physician office, clinic, outpatient or home setting.

Please note:

Preauthorization (i.e. prior authorization, precertification, preadmission) is a process through which a physician or other healthcare provider is required to obtain advance plan approval to cover an item or service.

Notification refers to the process through which a physician or other healthcare provider informs Humana of the intent to provide an item or service. Humana requests notification to help coordinate care for Humana-covered patients. Unlike 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 member's Certificate of Coverage or contact Humana for confirmation of coverage.

IMPORTANT NOTES:

Florida Medicaid members:

- For Florida Medicaid plans, primary care physicians (PCPs) should ensure referrals are in place before services are provided.
- In addition to the information noted above, certain services outlined on 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; refer to <https://www.humana.com/provider/> for the most up-to-date information. Choose “Authorizations/Referrals” and then the appropriate topic.
- **Humana Medicare Advantage (MA) and dual Medicare-Medicaid plans:** This list **does not** affect Humana MA or dual Medicare-Medicaid plans. For a list of preauthorization requirements, please see our preauthorization page: [Humana.com/PAL](https://www.humana.com/PAL)

- **Humana commercial members:** This list **does not** affect Humana commercial plans. For a list of preauthorization requirements, please see our preauthorization page: [Humana.com/PAL](https://www.humana.com/PAL)

Please note that urgent/emergent services do not require a referral or preauthorization.

Failure to obtain authorization/notification **prior to the date of service** could result in financial penalties for the practice and reduced member benefits, 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:

Except where noted via links on the following pages, preauthorization requests for **medical services** may be initiated:

- Online via [Availity.com](https://www.availity.com) (registration required)
- By calling Humana's interactive voice response (IVR) line at 800-523-0023

NOTE: Online preauthorization requests are encouraged. Additionally, clinical information for a medical service preauthorization request may be faxed to 813-321-7220.

Except where noted via links on the following pages, preauthorization requests for **medications** may be initiated:

- By sending a fax to 888-447-3430 (request forms are available at [Humana.com/medpa](https://www.humana.com/medpa))
- By calling 866-461-7273 (available Monday through Friday, 6 a.m. to 8 p.m. Eastern time)

This list is subject to change with notification; however, this list may be modified throughout the year for additions of new-to-market medications without notification via U.S. postal mail.

Florida Medicaid Preauthorization and Notification List		
Category	Details	Comments
Inpatient admissions	Acute hospital	Transplant and planned inpatient medical and surgical admissions
	Acute rehab facilities	
	Long-term acute care	
	Skilled nursing facilities	
	Mental health, substance use and partial hospital/residential treatment	For north Florida (region 1 and 2), Access Behavioral Health will manage For central and south Florida (region 3,4,5,6,7,8,9,10 and 11) Beacon Behavioral Health will manage
Durable medical equipment (DME)	Augmentative and alternative communicative systems	
	Cochlear and auditory brainstem implants	
	Other implantable/ semi-implantable hearing aids and devices	
	Cranial orthotics	
	DME repair	
	Beds and accessories	South Florida regions 9, 10 and 11 One Homecare Solutions will manage Humana will manage all other regions
	High frequency chest compression vests	
	Negative pressure wound therapy	
	Orthotics	
	Personal Emergency Response System (PERS)	
	Prosthetics	
	Continuous glucose monitoring devices and supplies	
	Stimulator devices: bone growth, neuromuscular and spinal cord	
	Volume control ventilator	

Florida Medicaid Preauthorization and Notification List		
Category	Details	Comments
	Wheelchairs and scooters	South Florida regions 9, 10 and 11 One Homecare Solutions will manage Humana will manage all other regions.
	Noninvasive home ventilators	
	Wearable cardiac devices (e.g., LifeVest®)	
Plastic surgery/ cosmetic	Blepharoplasty	
	Breast procedures	Excludes breast reconstruction following medically necessary mastectomy for breast
Ancillary Services	Non-emergent medical transportation: cross-country, air, water and ambulance	
Outpatient services	Electroencephalogram (EEG)	
	Equine therapy	
	Diagnostic Esophago-gastro-duodenoscopy (EGD)	
	Facility-based Sleep Studies (PSG)	
	Genetic/molecular diagnostic testing	
	Infertility testing and treatment	
	Physical, occupational and speech therapy	
	Respiratory therapy	
	Routine maternity care	Notification only
Other	Single photon emission computerized tomography (SPECT) Scan	
	Home health/home infusion	South Florida regions 9, 10 and 11 One Homecare Solutions will manage Humana will manage all other regions.

Florida Medicaid Preauthorization and Notification List		
Category	Details	Comments
Specialty drugs	<ul style="list-style-type: none"> • Preauthorization required for the below 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 	

Florida Medicaid Preauthorization Drug List	
Preauthorization is required for the following 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.	
Brand	Generic
Actemra IV	tocilizumab
Adcetris	brentuximab vedotin
Akynzeo IV	fosnetupitant and palonosetron
Aldurazyme	laronidase
Aliqopa	copanlisib
Aloxi	palonosetron
Aralast NP ¹	alpha 1-proteinase inhibitor ¹
Aranesp	darbepoetin alfa
Asparlas*	calaspargase pegol-mknl*
Bavencio	avelumab
Beleodaq	belinostat
Belrapzo*	bendamustine*
Bendeka	bendamustine hydrochloride
Benlysta	Belimumab
Beovu*	brovacizumab-dbl ¹
Besponsa	inotuzumab ozogamicin
Blinicyto	blinatumomab
Bortezomib ¹	bortezomib ¹
Botox	onabotulinumtoxinA
Brineura	cerliponase alfa
Cerezyme	imiglucerase
Cimzia	certolizumab pegol
Cinqair	reslizumab

Find preauthorization request forms for the medications listed above [here](#).

Find prior authorization requirements for medications dispensed at the pharmacy [here](#).

* New preauthorization requirement effective **Mar. 1, 2021**

▲ 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.

⁺⁺ Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, telephone at 866-421-5663 or email to transplant@humana.com.

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Brand	Generic
Cinvanti	aprepitant
Cyramza	ramucirumab
Dacogen	decitabine
Darzalex	daratumumab
Dupixent ¹	dupilumab ¹
Durolane	hyaluronic acid, stabilized
Dysport	abobotulinumtoxin A
Elaprase	idursulfase
Empliciti	elotuzumab
Entyvio	vedolizumab
Epogen ¹	epoetin alfa ¹
Erwinaze	asparaginase erwinia chrysanthemi
Eskata ¹	hydrogen peroxide ¹
Euflexxa	hyaluronate sodium
Evomela ¹	melphalan ¹
Exondys 51	eteplirsen
Eylea*	aflibercept*
Fasenra	benralizumab
Flolan ¹	epoprostenol (injection) ¹
Fulphila	pegfilgrastim-jmdb
Fusilev ¹	levoleucovorin calcium ¹
Gamifant*	emapalumab-lzsg*
Gattex ¹	teduglutide ¹

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Gazyva	obinutuzumab
Gel-One	sodium hyaluronate
Gelsyn-3	sodium hyaluronate
Genvisc 850	sodium hyaluronate
Granix	tbo-filgrastim
H.P. Acthar Gel	corticotropin
Herceptin	trastuzumab
Herceptin Hylecta*	trastuzumab and hyaluronidase-oysk*
Hyalgan ¹	sodium hyaluronate ¹
Hymovis	sodium hyaluronate
Ilaris	canakinumab
Imfinzi	durvalumab
Imlygic	talimogene laherparepvec
Immune Globulin ¹ : Bivigam, Cutaquig, Cuvitru, Flebogamma DIF, Gamastan S/D, Gammagard S/D, Gammagard Liquid, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Privigen	immune globulin ¹
Inflectra	infliximab-dyyb
Ixempra	ixabepilone
Kadcyla	ado-trastuzumab emtansine
Keytruda	pembrolizumab
Kineret ¹	anakinra ¹
Krystexxa	pegloticase

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Kymriah ^{1,++}	tisagenlecleucel ⁺⁺
Kyprolis	carfilzomib
Lartruvo	olatumab
Lemtrada	alemtuzumab
Leukine	sargramostim
Levoleucovorin ¹	levoleucovorin calcium ¹
Libtayo*	cemiplimab-rwlc*
Lucentis*	ranibizumab*
Luxturna ¹	voretigene neparvovec-rzyl ¹
Macugen*	pegaptanib sodium*
Makena ¹	hydroxyprogesterone caproate ¹
Marqibo	vincristine sulfate
Mepsevii	vestronidase alfa-vjbk
Monovisc	sodium hyaluronate
Mozobil	plerixafor
Mylotarg*	gemtuzumab ozogamicin*
Myobloc	rimabotulinumtoxinB
Neulasta ¹	pegfilgrastim ¹
Neulasta Onpro ¹	pegfilgrastim ¹
Neupogen	filgrastim
Nivestym*	filgrastim-aafi*
Nucala	mepolizumab
Ocrevus	ocrelizumab

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Onivyde	irinotecan liposome injection
Opdivo	nivolumab
Orencia IV	abatacept
Orthovisc	sodium hyaluronate
Palynziq ¹	pegvaliase-pqpz ¹
Parsabiv	etelcalcetide
Perjeta	pertuzumab
Portrazza	necitumumab
Prevymis ¹	letermovir ¹
Procrit ¹	epoetin alfa ¹
Prolastin-C ¹	alpha 1-proteinase inhibitor ¹
Prolia ¹	denosumab ¹
Provenge	sipuleucel-T
Radicava	edaravone
Remicade	infliximab
Renflexis	infliximab-abda
Retacrit	epoetin alfa-epbx
Retisert	fluocinolone acetonide
Rituxan Hycela	rituximab/hyaluronidase human
Sandostatin LAR	octreotide
Simponi ARIA	golimumab
Soliris	eculizumab
Spinraza	nusinersen

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Stelara	ustekinumab
Strensiq ¹	asfotase alfa ¹
Sublocade	buprenorphine extended-release
Supartz FX ¹	sodium hyaluronate ¹
Sustol	granisetron
Synagis	palivizumab
Synribo	omacetaxine mepesuccinate
Synvisc ¹	hylan G-F 20 ¹
Synvisc-One ¹	hyaluronan ¹
Tecentriq	atezolizumab
Triluron*	hyaluronate sodium*
Triptodur	triptorelin
Trisenox	arsenic trioxide
TriVisc	sodium hyaluronate
Trogarzo	ibalizumab-uiyk
Tysabri	natalizumab
Tyvaso	treprostinil (inhaled)
Udenyca*	pegfilgrastim-cbqv*
Velettri ¹	epoprostenol ¹
Vidaza	azacitidine
Vimizim	elosulfase alfa
Visco-3 ¹	sodium hyaluronate ¹
Visudyne	verteporfin

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Vyxeos	daunorubicin/cytarabine
Xeomin	incobotulinumtoxinA
Xgeva ¹	denosumab ¹
Xolair	omalizumab
Yervoy	ipilimumab
Yescarta ⁺⁺	axicabtagene ciloleucel ⁺⁺
Zarxio	filgrastim-sndz
Zemaira ¹	alpha 1-proteinase inhibitor ¹
Zilretta	triamcinolone acetonide
Ziextenzo*	pegfilgrastim-bmez*
Zolgensma ¹	onasemnogene abeparvovec-xioi ¹

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