

# Humana

## Summary of Medicare Preauthorization and Notification List Changes

**Last updated:** Jan. 8, 2025

This list contains a summary of changes made to the current copy of the Medicare Preauthorization and Notification List. At Humana, we are dedicated to ensuring that every business decision we make reflects our commitment to improving the health and well-being of our members. To that end, we continuously evaluate our clinical programs, current medical literature, legislation and coding practices to help our members achieve their best health.

A copy of the most recent Medicare Preauthorization and Notification List can be found on our webpage at [Humana.com/PAL](https://www.humana.com/PAL).

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Dec. 15, 2021	Jan. 1, 2022	Effective Jan. 1, 2022 Humana will be adding Infliximab as Preferred in the Immunologic drugs class

Drug class	Drug name	Status	Billing Code	Operator
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Infliximab	Preferred	J1745	AND

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Dec. 15, 2021	Jan. 1, 2022	Effective Jan. 1 Humana will be adding Procrit as Preferred in the ESA drug class

Drug class	Drug name	Status	Billing Code	Operator
Erythropoiesis-stimulating agents	Procrit	Preferred	J0885	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Dec. 22, 2021	Jan. 22, 2022	Effective January 22, 2022, Humana will replace Ruconest with icaltiban as the preferred product in the following class on the Part B Step list.

Drug Class	Drug Name	Status	Billing Code	Operator
Hereditary angioedema – acute use	icaltiban	Preferred	J1744	OR
Hereditary angioedema – acute use	Berinert	Nonpreferred	J0597	
Hereditary angioedema – acute use	Firazyr	Nonpreferred	J1744	
Hereditary angioedema – acute use	Kalbitor	Nonpreferred	J1290	
Hereditary angioedema – acute use	Ruconest	Nonpreferred	J0596	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590	Add	Jan. 5, 2022	Jan. 1, 2022	New-to-market specialty drug (Vyvgart) will require preauthorization for service dates on/after Jan. 1
Specialty Drugs	C9399, J3490	Remove	Jan. 12, 2022	Jan. 12, 2022	Veklury will no longer require preauthorization for service dates on/after Jan. 12, 2022

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490	Add	Jan. 12, 2022	Jan. 1, 2022	New-to-market specialty drug (Leqvio) will require preauthorization for service dates on/after Jan. 1
Specialty Drug	C9399, J3490, J3590	Add	Jan. 19, 2022	Jan. 8, 2022	New-to-market specialty drug (Tezpire) will require preauthorization for service dates on/after Jan. 8
Specialty Drugs	See list below	Step Therapy	Jan. 19, 2022	Jan. 8, 2022	Effective Jan. 8, 2022, Humana will update an existing Part B Step drug class. SynoJoynt will be added to nonpreferred drug list.

Drug class	Drug name	Status	Billing Code	Operator
Viscosupplements	SynoJoynt	Nonpreferred	J7331	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	J9318	Remove	Jan. 26, 2022	Jan. 26, 2022	Pepaxto will no longer require preauthorization for service dates on/after Jan. 26, 2022
Specialty Drugs	See list below	Step Therapy	Feb. 9, 2022	Mar. 16, 2022	Effective Mar. 16, 2022, Humana will update an existing Part B Step drug class. Susvimo will be added to nonpreferred drug list.

Drug Class	Drug Name	Status	Billing Code	Operator
Ophthalmic disorders - VEGF inhibitors	<b>Avastin</b>	<b>Preferred</b>	C9257, J9035	OR
Ophthalmic disorders - VEGF inhibitors	Beovu	Nonpreferred	J0179	
Ophthalmic disorders - VEGF inhibitors	Eylea	Nonpreferred	J0178	
Ophthalmic disorders - VEGF inhibitors	Lucentis	Nonpreferred	J2778	
Ophthalmic disorders - VEGF inhibitors	Macugen	Nonpreferred	J2503	
Ophthalmic disorders - VEGF inhibitors	Susvimo	Nonpreferred	C9399, J3490	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590, J9999	Add	Feb. 9, 2022	Jan. 29, 2022	New-to-market specialty drug (Kimmtrak) will require preauthorization for service dates on/after Jan. 29
Specialty Drug	J1930	Add	Feb. 9, 2022	Jan. 29, 2022	New-to-market specialty drug (Lanreotide) will require preauthorization for service dates on/after Jan. 29
Specialty Drug	J9304	Add	Feb. 9, 2022	Jan. 29, 2022	New-to-market specialty drug (Pemfexy) will require preauthorization for service dates on/after Jan. 29

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Feb. 16, 2022	Feb. 5, 2022	Effective Feb. 5, 2022, Humana will update an existing Part B Step drug class. Vabysmo will be added to nonpreferred drug list.

Drug Class	Drug Name	Status	Billing Code	Operator
Ophthalmic disorders - VEGF inhibitors	<b>Avastin</b>	<b>Preferred</b>	C9257, J9035	OR
Ophthalmic disorders - VEGF inhibitors	Beovu	Nonpreferred	J0179	
Ophthalmic disorders - VEGF inhibitors	Eylea	Nonpreferred	J0178	
Ophthalmic disorders - VEGF inhibitors	Lucentis	Nonpreferred	J2778	
Ophthalmic disorders - VEGF inhibitors	Macugen	Nonpreferred	J2503	
Ophthalmic disorders - VEGF inhibitors	Susvimo	Nonpreferred	C9399, J3490	
Ophthalmic disorders - VEGF inhibitors	Vabysmo	Nonpreferred	C9399, J3490	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J9999	Add	Mar. 16, 2022	Mar. 5, 2022	New-to-market specialty drug (Carvykti) will require preauthorization for service dates on/after Mar. 05
Specialty Drugs	See list below	Step Therapy	Mar. 16, 2022	Mar. 5, 2022	Effective Mar. 5, 2022, Humana will update an existing Part B Step drug class. Releuko will be added to nonpreferred drug list.

Drug Class	Drug Name	Status	Billing Code	Operator
Colony-stimulating factors – leukocyte growth factors (short-acting)	Nivestym	Preferred	Q5110	AND
Colony-stimulating factors – leukocyte growth factors (short-acting)	Zarxio	Preferred	Q5101	
Colony-stimulating factors – leukocyte growth factors (short-acting)	Granix	Nonpreferred	J1447	
Colony-stimulating factors – leukocyte growth factors (short-acting)	Neupogen	Nonpreferred	J1442	
Colony-stimulating factors – leukocyte growth factors (short-acting)	Releuko	Nonpreferred	C9399, J3490, J3590, J9999	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490	Add	Mar. 23, 2022	Mar. 12, 2022	New-to-market specialty drug (Korsuva) will require preauthorization for service dates on/after Mar. 12
Specialty Drug	C9399, J3490, J3590, J9999	Add	Apr. 6, 2022	Mar. 26, 2022	New-to-market specialty drug (Opdualag) will require preauthorization for service dates on/after Mar. 26

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Apr. 6, 2022	Mar. 26, 2022	Effective Mar. 26, 2022, Humana will update an existing Part B Step drug class. Opdualag will be added to nonpreferred drug list.

Drug Class	Drug Name	Status	Billing Code	Operator
Melanoma	Opdivo	Preferred	J9299	OR
Melanoma	Keytruda	Preferred	J9271	OR
Melanoma	Opdivo plus Yervoy	Preferred	J9299, J9228	OR
Melanoma	Opdualag	Nonpreferred	C9399, J3490, J3590, J9999	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J9999	Add	Apr. 13, 2022	Apr. 2, 2022	New-to-market specialty drug (Pluvicto) will require preauthorization for service dates on/after Apr. 2
Specialty Drugs	See list below	Step Therapy	Apr. 20, 2022	Apr. 9, 2022	Effective Apr. 9, 2022, Humana will update an existing Part B Step drug class. Paclitaxel protein-bound will be added to nonpreferred drug list.

Drug Class	Drug Name	Status	Billing Code	Operator
Neoplasms (excluding pancreatic)	<b>docetaxel</b>	<b>Preferred</b>	J9171	OR
Neoplasms (excluding pancreatic)	<b>paclitaxel</b>	<b>Preferred</b>	J9267	OR
Neoplasms (excluding pancreatic)	Abraxane	Nonpreferred	J9264	
Neoplasms (excluding pancreatic)	paclitaxel protein-bound	Nonpreferred	J9264	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	May 18, 2022	May 7, 2022	Effective May 7, 2022, Humana will update an existing Part B Step drug class. bortezomib protein-bound will be added to nonpreferred drug list.

Drug Class	Drug Name	Status	Billing Code	Operator
Velcade	Bortezomib (505(b)(2))	Preferred	J9044	
Velcade	Velcade	Nonpreferred	J9041	
Velcade	bortezomib	Nonpreferred	J9041	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	June 1, 2022	July 1, 2022	Effective July 1, 2022 Humana will be adding two new drug classes to Part B Step list.

Drug Class	Drug Name	Status	Billing Code	Operator
Osteoarthritis of the knee (intra-articular steroids)	<b>triamcinolone</b>	<b>Preferred</b>	J3301, J3302, J3303	OR
Osteoarthritis of the knee (intra-articular steroids)	<b>methylprednisolone</b>	<b>Preferred</b>	J1020, J1030, J1040, J2920, J2930	OR
Osteoarthritis of the knee (intra-articular steroids)	<b>betamethasone</b>	<b>Preferred</b>	J0702	OR
Osteoarthritis of the knee (intra-articular steroids)	<b>dexamethasone</b>	<b>Preferred</b>	J1094, J1100	OR
Osteoarthritis of the knee (intra-articular steroids)	Zilretta	Nonpreferred	J3304	



Drug Class	Drug Name	Status	Billing Code	Operator
Multiple sclerosis	<b>Ocrevus</b>	<b>Preferred</b>	J2350	OR
Multiple sclerosis	Tysabri	Nonpreferred	J2323	
Multiple sclerosis	Lemtrada	Nonpreferred	J0202	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	J9305	Add	June 15, 2022	June 4, 2022	New-to-market specialty drug (Pemetrexed) will require preauthorization for service dates on/after June 4
Specialty Drugs	See list below	Step Therapy	June 15, 2022	June 4, 2022	Effective June 4, 2022 Humana will be adding a new drug classes to Part B Step list.

Drug Class	Drug Name	Status	Billing Code	Operator
Bevacizumab (oncology)	<b>Avastin</b>	<b>Preferred</b>	J9035	OR
Bevacizumab (oncology)	<b>Mvazi</b>	<b>Preferred</b>	Q5107	OR
Bevacizumab (oncology)	<b>Zirabev</b>	<b>Preferred</b>	Q5118	OR
Bevacizumab (oncology)	Alymsys	Nonpreferred	C9399, J3490, J3590, J9999	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	June 22, 2022	June 11, 2022	Effective June 11, 2022, Humana will update an existing Part B Step drug class. Byooviz will be added to nonpreferred drug list.

Drug Class	Drug Name	Status	Billing Code	Operator
Ophthalmic disorders - VEGF inhibitors	<b>Avastin</b>	<b>Preferred</b>	C9257, J9035	OR
Ophthalmic disorders - VEGF inhibitors	Beovu	Nonpreferred	J0179	
Ophthalmic disorders - VEGF inhibitors	Byooviz	Nonpreferred	Q5124	
Ophthalmic disorders - VEGF inhibitors	Eylea	Nonpreferred	J0178	
Ophthalmic disorders - VEGF inhibitors	Lucentis	Nonpreferred	J2778	
Ophthalmic disorders - VEGF inhibitors	Macugen	Nonpreferred	J2503	
Ophthalmic disorders - VEGF inhibitors	Susvimo	Nonpreferred	C9399, J340	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	J9304	Add	June 22, 2022	June 11, 2022	Pemetrexed has been updated to include billing code J9304
Specialty Drug	C9399, J9999	Removal	June 22, 2022	June 11, 2022	Obsolete drug, Sylatron has been removed from the PAL
Specialty Drug	C9399, J3490	Add	July 6, 2022	June 25, 2022	New-to-market specialty drug (Amvuttra) will require preauthorization for service dates on/after June 25, 2022
Specialty Drugs	See list below	Step Therapy	July 6, 2022	June 25, 2022	Effective June 25, 2022, Humana will update an existing Part B Step drug class. Skyrizi IV will be added to the preferred drug list.

<b>Drug Class</b>	<b>Drug Name</b>	<b>Status</b>	<b>Billing Code</b>	<b>Operator</b>
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	<b>Inflectra</b>	<b>Preferred</b>	Q5103	AND
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	<b>Infliximab</b>	<b>Nonpreferred</b>	J1745	AND
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	<b>Remicade</b>	<b>Preferred</b>	J1745	AND
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	<b>Simponi Aria</b>	<b>Preferred</b>	J1602	AND
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	<b>Skyrizi IV</b>	<b>Preferred</b>	C9399, J3490, J3590	AND
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	<b>Stelara</b>	<b>Preferred</b>	J3358	AND
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Actemra IV	Nonpreferred	J3262	
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Avsola	Nonpreferred	Q5121	
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Entyvio	Nonpreferred	J3380	

Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Ilumya	Nonpreferred	J3245	
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Orencia IV	Nonpreferred	J0129	
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Renflexis	Nonpreferred	Q5104	
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Rituxan IV	Nonpreferred	J9312	
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Truxima	Nonpreferred	Q5115	
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Tysabri	Nonpreferred	J2323	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9094, J3490, J3590	Add	July 12, 2022	Feb. 12, 2022	New-to-market specialty drug (Enjaymo) will require preauthorization for service dates on/after Feb. 12, 2022

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Aug. 10, 2022	Sept. 7, 2022	Effective Sept. 7, 2022, Humana will update an existing Part B Step drug class. Skyrizi IV will be removed from the preferred drug list.

Drug Class	Drug Name	Status	Billing Code	Operator
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	<b>Skyrizi IV</b>	<b>Preferred</b>	C9399, J3490, J3590	AND

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	J0219	Add	August 12, 2022	August 12, 2022	Nexviazyme has been updated to include billing code J0219
Specialty Drugs	See list below	Step Therapy	Sept. 14 2022	Jan. 1, 2023	Effective Jan. 1, 2023, Humana will be updating preferred and nonpreferred medical drugs for the drug classes listed below.

Drug Class	Drug Name	Status	Billing Code	Operator
Bevacizumab (oncology)	<b>Mvazi</b>	<b>Preferred</b>	Q5107	OR
Bevacizumab (oncology)	<b>Zirabev</b>	<b>Preferred</b>	Q5118	OR
Bevacizumab (oncology)	Avastin	Nonpreferred	J9035	
Bevacizumab (oncology)	Alymsys	Nonpreferred	C9399, J3490, J3590, J9999	

Drug Class	Drug Name	Status	Billing Code	Operator
Trastuzumab and hyaluronidase-oysk	<b>Kanjinti</b>	<b>Preferred</b>	Q5117	OR
Trastuzumab and hyaluronidase-oysk	<b>Trazimera</b>	<b>Preferred</b>	Q5116	OR
Trastuzumab and hyaluronidase-oysk	Herceptin (IV)	Nonpreferred	J9355	
Trastuzumab and hyaluronidase-oysk	Herceptin Hylecta	Nonpreferred	J9356	
Trastuzumab and hyaluronidase-oysk	Herzuma	Nonpreferred	Q5113	
Trastuzumab and hyaluronidase-oysk	Ogivri	Nonpreferred	Q5114	
Trastuzumab and hyaluronidase-oysk	Ontruzant	Nonpreferred	Q5112	

Drug Class	Drug Name	Status	Billing Code	Operator
Rituximab and hyaluronidase	<b>Ruxience</b>	<b>Preferred</b>	Q5119	OR
Rituximab and hyaluronidase	<b>Riabni</b>	<b>Preferred</b>	Q5123	OR
Rituximab and hyaluronidase	Truxima	Nonpreferred	Q5115	
Rituximab and hyaluronidase	Rituxan IV	Nonpreferred	J9312	
Rituximab and hyaluronidase	Rituxan Hycela	Nonpreferred	J9311	

Drug Class	Drug Name	Status	Billing Code	Operator
Ophthalmic disorders - VEGF inhibitors	<b>Avastin</b>	<b>Preferred</b>	C9257, J9035	OR
Ophthalmic disorders - VEGF inhibitors	Beovu	Nonpreferred	J0179	
Ophthalmic disorders - VEGF inhibitors	Byooviz	Nonpreferred	Q5124	
Ophthalmic disorders - VEGF inhibitors	Eylea	Nonpreferred	J0178	
Ophthalmic disorders - VEGF inhibitors	Lucentis	Nonpreferred	J2778	
Ophthalmic disorders - VEGF inhibitors	Susvimo	Nonpreferred	J2779	
Ophthalmic disorders - VEGF inhibitors	Vabysmo	Nonpreferred	C9097, J3490	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Sept. 14 2022	Jan. 1, 2023	Effective Jan. 1, 2023, Humana will be removing the following drug classes from Part B ST strategy

Drug Class	Drug Name	Status	Billing Code	Operator
Doxorubicin (liposomal)	<b>doxorubicin conventional</b>	<b>Preferred</b>	J9000	OR
Doxorubicin (liposomal)	<b>epirubicin</b>	<b>Preferred</b>	J9178	OR
Doxorubicin (liposomal)	Doxil	Nonpreferred	Q2050	

Drug Class	Drug Name	Status	Billing Code	Operator
Myelodysplastic syndrome	<b>azacitidine</b>	<b>Preferred</b>	J9025	OR
Myelodysplastic syndrome	Dacogen	Nonpreferred	J0894	
Myelodysplastic syndrome	decitabine	Nonpreferred	J0894	

Drug Class	Drug Name	Status	Billing Code	Operator
Vincristine (liposomal)	<b>vincristine sulfate</b>	<b>Preferred</b>	J9370	OR
Vincristine (liposomal)	Marqibo	Nonpreferred	J9371	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Sept. 14, 2022	Jan. 1, 2023	Effective Jan. 1, 2023 Humana will be adding a new drug classes to Part B Step list.

Drug Class	Drug Name	Status	Billing Code	Operator
Botulinum toxins	<b>Botox</b>	<b>Preferred</b>	J0585	OR
Botulinum toxins	<b>Xeomin</b>	<b>Preferred</b>	J0588	OR
Botulinum toxins	Dysport	Nonpreferred	J0586	
Botulinum toxins	Myobloc	Nonpreferred	J0587	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590	Add	Sept. 21, 2022	Sept. 10, 2022	New-to-market specialty drug (Spevigo) will require preauthorization for service dates on/after Sept. 10
Specialty Drug	C9399, J3490	Add	Sept. 21, 2022	Sept. 10, 2022	New-to-market specialty drug (Xenpozyme) will require preauthorization for service dates on/after Sept. 10
Specialty Drug	C9399, J3590, J3490	Add	Sept. 24, 2022	Sept. 24, 2022	New-to-market specialty drug (Cimerli) will require preauthorization for service dates on/after Sept. 24

Drug Class	Drug Name	Status	Billing Code	Operator
Ophthalmic disorders - VEGF inhibitors	Avastin	Preferred	C9257, J9035	OR
	Mvasi	Preferred	Q5107	OR
	Beovu	Nonpreferred	J0179	
	Byooviz	Nonpreferred	Q5124	
	Cimerli	Nonpreferred	C9399, J3490, J3590	
	Eylea	Nonpreferred	J0178	
	Lucentis	Nonpreferred	J2778	
	Macugen	Nonpreferred	J2503	
	Susvimo	Nonpreferred	C9093, J3490	
	Vabysmo	Nonpreferred	J2777	



Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590, J9999	Add	Oct. 12, 2022	Oct. 1, 2022	New-to-market specialty drug (Pedmark IV solution) will require preauthorization for service dates on/after Oct. 1, 2022
Specialty Drugs	See list below	Step Therapy	Oct. 12, 2022	Oct. 1, 2022	Effective Oct. 1, 2022, Humana will update an existing Part B Step drug class. Fylnetra will be added to the nonpreferred drug list.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Colony-stimulating factors – leukocyte growth factors (long-acting)	<b>Fulphila</b>	<b>Preferred</b>	Q5108	OR
	<b>Neulasta / Neulasta Onpro</b>	<b>Preferred</b>	J2506	OR
	<b>Udenyca</b>	<b>Preferred</b>	Q5111	OR
	Fylnetra	Nonpreferred	C9399, J3590, J3490, J9999	OR
	Nyvepria	Nonpreferred	Q5122	
	Ziextenzo	Nonpreferred	Q5120	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Oct. 19, 2022	Oct. 8, 2022	Effective Oct. 8, 2022, Humana will update an existing Part B Step drug class. Rolvedo will be added to the nonpreferred drug list.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Colony-stimulating factors – leukocyte growth factors (long-acting)	Fulphila	Preferred	Q5108	OR
	Neulasta / Neulasta Onpro	Preferred	J2506	OR
	Udenyca	Preferred	Q5111	OR
	Fylnetra	Nonpreferred	C9399, J3590, J3490, J9999	OR
	Nyvepria	Nonpreferred	Q5122	
	Rolvedon	Nonpreferred	C9399, J3590, J3490, J9999	OR
	Ziextenzo	Nonpreferred	Q5120	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Oct. 19, 2022	Jan. 1, 2023	Effective Jan. 1, 2023 Humana will be removing the Velcade drug class from the Part B Step Therapy drug list.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Velcade	<b>Bortezomib (505(b)(2))</b>	Preferred	J9044	OR
	Velcade	Nonpreferred	J9041	
	bortezomib	Nonpreferred	J9041	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590, J9999	Add	Nov. 9, 2022	Oct. 29, 2022	New-to-market specialty drug (Imjudo and Tecvayli) will require preauthorization for service dates on/after Oct. 29, 2022

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590, J9999	Add	Nov. 30, 2022	Nov. 19, 2022	New-to-market specialty drug (Elahere) will require preauthorization for service dates on/after Nov. 19, 2022
Specialty Drug	J9307	Add	Nov. 30, 2022	Nov. 19, 2022	New-to-market specialty drug (pralatrexate IV) will require preauthorization for service dates on/after Nov. 19, 2022
Specialty Drugs	See list below	Step Therapy	Nov. 30, 2022	Jan. 1, 2023	Effective Jan. 1, 2023 Humana will be adding a new drug classes to Part B Step list.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Ovarian cancer	<b>Mvasi</b>	<b>Preferred</b>	Q5107	OR
	<b>Zirabev</b>	<b>Preferred</b>	Q5118	OR
	Elahere	Nonpreferred	C9399, J3490, J3590, J9999	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590	Add	Dec. 7, 2022	Nov. 26, 2022	New-to-market specialty drug (Tzield) will require preauthorization for service dates on/after Nov. 26, 2022

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590, J7199	Add	Dec. 14, 2022	Dec. 3, 2022	New-to-market specialty drug (Hemgenix) will require preauthorization for service dates on/after Dec. 3, 2022
Specialty Drug	C9399, J3490	Add	Dec. 21, 2022	Dec. 10, 2022	New-to-market specialty drug (Vivimusta) will require preauthorization for service dates on/after Dec. 10, 2022
Specialty Drug	C9399, J3490, J3590	Add	Dec. 28, 2022	Dec. 17, 2022	New-to-market specialty drug (Daxxify) will require preauthorization for service dates on/after Dec. 17, 2022
Specialty Drugs	See list below	Add/Step Therapy	Dec. 28, 2022	Dec. 17, 2022	New-to-market specialty drug (Stimufend) will require preauthorization and may require Step Therapy through a preferred drug for service dates on/after Dec. 17, 2022

Drug Class	Drug Name	Status	Billing Code	AND/OR
Colony Stimulating Factors - Leukocyte Growth Factors (long- acting)	Fulphila	Preferred	Q5108	OR
	Neulasta / Neulasta Onpro	Preferred	J2506	OR
	Udenyca	Preferred	Q5111	OR
	Fylnetra	Nonpreferred	C9399, J3590, J3490, J9999	OR
	Nyvepria	Nonpreferred	Q5122	OR
	Rolvedon	Nonpreferred	C9399, J3590, J3490, J9999	OR
	Stimufend	Nonpreferred	C9399, J3590, J3490, J9999	OR
	Ziextenzo	Nonpreferred	Q5120	OR

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590, J9999	Add	Jan. 11, 2023	Dec. 31, 2022	New-to-market specialty drug (Lunsumio) will require preauthorization for service dates on/after Dec. 31, 2022
Specialty Drug	C9399, J3490, J3590	Add	Jan. 18, 2023	Jan. 7, 2023	New-to-market specialty drug (Briumvi) will require preauthorization for service dates on/after Jan. 7

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590	Add	Jan. 25, 2023	Jan. 14, 2023	New-to-market specialty drug (Leqembi) will require preauthorization for service dates on/after Jan. 14
Specialty Drug	C9399, J3490, J3590	Add	Feb. 22, 2023	Feb. 11, 2023	New-to-market specialty drug (Tezspire subcutaneous pen injector) will require preauthorization for service dates on/after Feb. 11
Specialty Drugs	See list below	Add/Step Therapy	Mar. 1, 2023	Feb. 18, 2023	New-to-market specialty drug (Takhzyro subcutaneous) will require preauthorization and may require Step Therapy through a preferred drug for service dates on/after Feb. 18, 2023

Drug Class	Drug Name	Status	Billing Code	AND/OR
Hereditary angioedema – prophylaxis	Haegarda	Preferred	J0599	
	Cinryze	Nonpreferred	J0598	
	Takhzyro	Nonpreferred	J0593	
	Takhzyro Subcutaneous	Nonpreferred	C9399, J3490, J3590	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Add/Step Therapy	Mar. 1, 2023	Feb. 18, 2023	New-to-market specialty drug (Vegzelma) will require preauthorization and may require Step Therapy through a preferred drug for service dates on/after Feb. 18, 2023

Drug Class	Drug Name	Status	Billing Code	AND/OR
Bevacizumab (oncology)	Avastin	Preferred	J9035	
	Mvazi	Preferred	Q5107	
	Zirabev	Preferred	Q5118	
	Alymsys	Nonpreferred	C9142, J3490, J3590, J9999	
	Vegzelma	Nonpreferred	C9399, J3490, J3590, J9999	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490, J3590	Add	Mar. 8, 2023	Feb. 25, 2023	New-to-market specialty drug (Lamzede) will require preauthorization for service dates on/after Feb. 25

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490, J3590	Add	Mar. 8, 2023	Feb. 25, 2023	New-to-market specialty drug (Syfovre) will require preauthorization for service dates on/after Feb. 25
Specialty Drugs	J0886	Remove	Mar. 22, 2023	Mar. 22, 2023	This code is no longer applicable to specialty drug (Procrit)
Specialty Drugs	See list below	Add/Step Therapy	Mar. 22, 2023	Mar. 11, 2023	Effective Mar 11, 2020, Humana will be updating the preferred medical drugs for the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Hemophilia A	Advate	Preferred	J7192	OR
	Adynovate	Preferred	J7207	OR
	Afstyla	Preferred	J7210	OR
	Altuviiio	Preferred	C9399, J3490, J3590, J7199	OR
	Eloctate	Preferred	J7205	OR
	Esperoct	Preferred	J7204	OR
	Helixate FS	Preferred	J7192	OR
	Hemofil-M	Preferred	J7190	OR
	Jivi	Preferred	J7208	OR
	Koate-DVI	Preferred	J7190	OR
	Kogenate FS	Preferred	J7192	OR
	Kovaltry	Preferred	J7211	OR
	Monoclata-P	Preferred	J7190	OR
	NovoEight	Preferred	J7182	OR
	Nuwiq	Preferred	J7209	OR
	Recombinate	Preferred	J7192	OR
Xyntha	Preferred	J7185	OR	
	Hemlibra	Nonpreferred	J7170	



Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490, J3590, J9999	Add	Apr. 12, 2023	Apr. 1, 2023	New-to-market specialty drug (Zynyz) will require preauthorization for service dates on/after Apr. 1
Specialty Drugs	See list below	Add/Step Therapy	May 5, 2023	June 6, 2023	Effective June 6, 2023, Humana will be updating the nonpreferred medical drugs for the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Multiple sclerosis	Ocrevus	Preferred	J2350	OR
	Briumvi	Nonpreferred	C9399, J3490, J3590	
	Lemtrada	Nonpreferred	J0202	
	Tysabri	Nonpreferred	J2323	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490	Add	May. 10, 2023	Apr. 29, 2023	New-to-market specialty drug (Qalsody) will require preauthorization for service dates on/after Apr. 29

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	May 6, 2023	June 14, 2023	Effective June 14, 2023 Humana will be removing the Ovarian Cancer drug class from the Part B Step Therapy drug list.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Ovarian cancer	Mvasi	Preferred	Q5107	OR
	Zirabev	Preferred	Q5118	OR
	Elahere	Nonpreferred	C9146, J3490, J3590, J9999	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490, J3590	Add	May. 24, 2023	May. 13, 2023	New-to-market specialty drug (Sogryoa) will require preauthorization for service dates on/after May. 13, 2023
Specialty Drugs	See list below	Add/Step Therapy	May. 24, 2023	May. 13, 2023	Effective May. 13, 2023, Humana will be updating the preferred medical drugs for the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Colony Stimulating Factors -Leukocyte Growth Factors (long-acting)	Fulphila	Preferred	Q5108	OR
	Neulasta / Neulasta Onpro	Preferred	J2506	OR
	Udenyca	Preferred	Q5111	OR
	Udenyca Autoinjector	Preferred	Q5111	OR
	Ziextenzo	Preferred	Q5120	OR
	Fylnetra	Nonpreferred	Q5130	OR
	Nyvepria	Nonpreferred	Q5122	OR
	Rolvedon	Nonpreferred	J1449	OR
	Stimufend	Nonpreferred	Q5127	OR
	Ziextenzo	Nonpreferred	Q5120	OR

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490, J3590	Add	May. 31, 2023	May. 20, 2023	New-to-market specialty drug (Elfabrio IV) will require preauthorization for service dates on/after May. 20, 2023
Specialty Drugs	C9399, J3490, J3590, J9999	Add	June 7, 2023	May. 27, 2023	New-to-market specialty drug (Epkinly) will require preauthorization for service dates on/after May. 27
Specialty Drugs	C9399, J3490	Add	June 14, 2023	June 3, 2023	New-to-market specialty drug (Brixadi) will require preauthorization for service dates on/after June 3, 2023

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490, J3590	Add	June 21, 2023	June 10, 2023	New-to-market specialty drug (Vyjuvek) will require preauthorization for service dates on/after June 10, 2023
Specialty Drugs	C9399, J3490, J3590, J9999	Add	July 5, 2023	June 24, 2023	New-to-market specialty drug (Columvi) will require preauthorization for service dates on/after June 24, 2023
Specialty Drugs	C9399, J3490, J3590	Add	July 5, 2023	June 24, 2023	New-to-market specialty drug (Vyvgart Hytrulo) will require preauthorization for service dates on/after June 24, 2023
Specialty Drugs	C9399, J3490, J3590, J9999	Add	July 12, 2021	July 1, 2023	New-to-market specialty drug (Elevidys) will require preauthorization for service dates on/after July 1 <sup>st</sup> , 2023
Specialty Drugs	See list below	Add/Step Therapy	July 12, 2021	July 1, 2023	Effective July 1 <sup>st</sup> , 2021, Humana will be adding a new drug class to Part B Step list.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Myasthenia gravis	Soliris	Preferred	J1300	
	Ultomiris	Preferred	J1303	
	Vyvgart	Preferred	J9332	
	Vyvgart Hytrulo	Preferred	C9399, J3490, J3590	
	Rystiggo	Nonpreferred	C9399, J3490, J3590	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	J2562	Add	July 26, 2023	July 15, 2023	New-to-market specialty drug (plerixafor) will require preauthorization for service dates on/after July 15
Specialty Drugs	C9399, J3490, J3590, J9999	Add	Aug. 2, 2023	July 22, 2023	New-to-market specialty drug (Adstiladrin) will require preauthorization for service dates on/after July 22
Specialty Drugs	C9399, J3490, J3590, J7170	Add	Aug. 2, 2023	July 22, 2023	New-to-market specialty drug (Roctavian) will require preauthorization for service dates on/after July 22
Specialty Drugs	C9399, J3490, J3590	Add	Aug. 16, 2023	Aug. 5, 2023	New-to-market specialty drug (Ngenla) will require preauthorization for service dates on/after Aug. 5th
Specialty Drugs	See list below	Step Therapy	Aug. 23, 2023	Sept. 27, 2023	Effective Sept 27, 2023 Humana will be removing the PD-1/PDL-1 drug class from the Part B Step Therapy drug list.

Drug Class	Drug Name	Status	Billing Code	AND/OR
PD-1/PDL-1	Keytruda	Preferred	J9271	OR
	Jemperli	Nonpreferred	J9272	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490	Add	Aug. 23, 2023	Aug. 12, 2023	New-to-market specialty drug (Izervay) will require preauthorization for service dates on/after Aug. 12
Specialty Drugs	C9399, J3490, J3590, J9999	Add	Aug. 30, 2023	Aug. 19, 2023	New-to-market specialty drug (Elrexio) will require preauthorization for service dates on/after Aug. 19
Specialty Drugs	C9399, J3490, J3590, J9999	Add	Aug. 30, 2023	Aug. 19, 2023	New-to-market specialty drug (Talvey) will require preauthorization for service dates on/after Aug. 19
Specialty Drugs	See list below	Step Therapy	Aug. 30, 2023	Oct. 1, 2023	Effective Oct. 1, 2023, Humana will be updating the preferred medical drugs for the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Botulinum toxin	<b>Botox</b>	<b>Preferred</b>	J0585	
	<b>Xeomin</b>	<b>Preferred</b>	J0588	
	<b>Dysport</b>	<b>Preferred</b>	J0586	
	<b>Myobloc</b>	<b>Preferred</b>	J0587	
	Daxxify	Nonpreferred	J3590	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490	Add	Sept. 6, 2023	Aug. 26, 2023	New-to-market specialty drug (Eylea HD) will require preauthorization for service dates on/after Aug. 26
Specialty Drugs	C9399, J3490, J3590	Add	Sept. 6, 2023	Aug. 26, 2023	New-to-market specialty drug (Veopoz) will require preauthorization for service dates on/after Aug. 26
Specialty Drugs	See list below	Step Therapy	Sept. 6, 2023	Aug. 26, 2023	Effective Aug 26, 2023, Humana will be updating the preferred medical drugs for the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Ophthalmic disorders - VEGF inhibitors	<b>Avastin</b>	<b>Preferred</b>	<b>C9257, J9035</b>	<b>OR</b>
	Beovu	Nonpreferred	J0179	
	Byooviz	Nonpreferred	Q5124	
	Cimerli	Nonpreferred	Q5128	
	Eylea	Nonpreferred	J0178	
	Lucentis	Nonpreferred	J2778	
	Susvimo	Nonpreferred	C9093, J3490	
	Eylea HD	Nonpreferred	C9399, J3490	
	Vabysmo	Nonpreferred	J2777	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490	Add	Oct. 4, 2023	Sept. 23, 2023	New-to-market specialty drug (Aphexda) will require preauthorization for service dates on/after Sept. 23 <sup>rd</sup>
Specialty Drug	J0894	Removal	Oct. 11, 2023	Jan. 1, 2024	Dacogen has been removed from the PAL
Specialty Drug	J9025	Removal	Oct. 11, 2023	Jan. 1, 2024	Vidaza has been removed from the PAL
Specialty Drugs	J7195	Remove	Oct. 11, 2023	Oct. 11, 2023	This code is no longer applicable to specialty drug (Ixinity)
Specialty Drugs	C9399, J3490, J3590	Add	Oct. 18, 2023	Oct. 7, 2023	New-to-market specialty drug (Pombiliti) will require preauthorization for service dates on/after Oct. 7 <sup>th</sup> .
Specialty Drugs	C9399, J3490, J3590	Add	Oct. 25, 2023	Oct. 25, 2023	New-to-market specialty drug (Lantidra) will require preauthorization for service dates on/after Oct. 25 <sup>th</sup> .
Specialty Drugs	C9399, J3490, J3590	Add	Oct. 25, 2023	Oct. 25, 2023	New-to-market specialty drug (Omisirge) will require preauthorization for service dates on/after Oct. 25 <sup>th</sup> .



Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490, J3590	Add	Oct. 25, 2023	Oct. 25, 2023	New-to-market specialty drug (Rethymic) will require preauthorization for service dates on/after Oct. 25 <sup>th</sup> .
Specialty Drugs	C9399, J3490, J3590	Add	Oct. 25, 2023	Oct. 25, 2023	New-to-market specialty drug (Skysona) will require preauthorization for service dates on/after Oct. 25 <sup>th</sup> .
Specialty Drugs	C9399, J3490, J3590	Add	Oct. 25, 2023	Oct. 25, 2023	New-to-market specialty drug (Zynteglo) will require preauthorization for service dates on/after Oct. 25 <sup>th</sup> .
Specialty Drugs	C9399, J3490, J3590	Add	Nov. 8, 2023	Oct. 29, 2023	New-to-market specialty drug (Cosentyx IV) will require preauthorization for service dates on/after Oct. 29 <sup>th</sup> .

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Nov. 8, 2023	Nov. 8, 2023	Effective Nov. 8, 2023, Humana will be updating the preferred medical drugs for the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	<b>Inflectra</b>	<b>Preferred</b>	Q5103	<b>AND</b>
	<b>Infliximab</b>	<b>Preferred</b>	J1745	<b>AND</b>
	<b>Remicade</b>	<b>Preferred</b>	J1745	<b>AND</b>
	<b>Simponi Aria</b>	<b>Preferred</b>	J1602	<b>AND</b>
	<b>Stelara</b>	<b>Preferred</b>	J3358	
	Actemra IV	Nonpreferred	J3262	
	Avsola	Nonpreferred	Q5121	
	Cosentyx IV	Nonpreferred	C9399, J3490, J3590	
	Entyvio	Nonpreferred	J3380	
	Ilumya	Nonpreferred	J3245	
	Orencia IV	Nonpreferred	J0129	
	Renflexis	Nonpreferred	Q5104	
	Rituxan IV	Nonpreferred	J9312	
	Truxima	Nonpreferred	Q5115	
Tysabri	Nonpreferred	J2323		

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Nov. 8, 2023	Jan. 1, 2024	Effective Jan. 1, 2024 Humana will be updating the preferred medical drugs for the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Alpha-1s	Zemaira	Preferred	J0256	OR
	Aralast	Nonpreferred	J0256	
	Glassia	Nonpreferred	J0257	
	Prolastin-C	Nonpreferred	J0256	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Addition	Nov. 15, 2023	Nov. 4, 2023	Effective Nov. 4, 2023 Humana will be updating the nonpreferred medical drugs for the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Inflectra	Preferred	Q5103	AND
	Infliximab	Preferred	J1745	AND
	Remicade	Preferred	J1745	AND
	Simponi Aria	Preferred	J1602	AND
	Stelara	Preferred	J3358	AND
	Actemra IV	Nonpreferred	J3262	
	Avsola	Nonpreferred	Q5121	
	Entyvio IV	Nonpreferred	J3380	
	Cosentyx IV	Nonpreferred	C9399, J3490, J3590	
	Ilumya	Nonpreferred	J3245	

	OmvoH IV	Nonpreferred	C9399, J3490, J3590	
	Orencia IV	Nonpreferred	J0129	
	Renflexis	Nonpreferred	Q5104	
	Rituxan IV	Nonpreferred	J9312	
	Truxima	Nonpreferred	Q5115	
	Tysabri	Nonpreferred	J2323	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	J0893	Removal	Nov. 15, 2023	Jan. 1, 2024	decitabine (Sun Pharma) has been removed from the PAL
Specialty Drug	C9154, J3490	Removal	Nov. 15, 2023	Jan. 1, 2024	Brixadi has been removed from the PAL
Specialty Drug	Q9991, Q9992	Removal	Nov. 15, 2023	Jan. 1, 2024	Sublocade has been removed from the PAL
Specialty Drug	C9399, J3490	Removal	Dec. 6, 2023	Jan. 1, 2024	Gattex has been removed from the PAL
Specialty Drugs	See list below	Step Therapy	Dec. 4, 2023	Jan. 24, 2024	Effective Jan. 24, 2024, Humana will be adding a new drug class to Part B Step list.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Reblozyl	Retacrit	Preferred	Q5106	OR
	Procrit	Preferred	J0885	
	Reblozyl	Nonpreferred	J0896	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490, J3590	Add	Dec. 13, 2023	Dec. 2, 2023	New-to-market specialty drug (Adzynma) will require preauthorization for service dates on/after Dec. 2 <sup>nd</sup>
Specialty Drugs	C9399, J3490, J3590, J9999	Add	Dec. 13, 2023	Dec. 2, 2023	New-to-market specialty drug (Loqtorzi) will require preauthorization for service dates on/after Dec. 2 <sup>nd</sup>
Specialty Drugs	C9399, J3490	Add	Dec. 27, 2023	Dec. 16, 2023	New-to-market specialty drug (Casgevy) will require preauthorization for service dates on/after Dec. 16 <sup>th</sup>
Specialty Drugs	C9399, J3490	Add	Dec. 27, 2023	Dec. 16, 2023	New-to-market specialty drug (Lyfgenia) will require preauthorization for service dates on/after Dec. 16 <sup>th</sup>
Specialty Drugs	C9399, J3490, J3590	Remove	Jan. 1, 2024	Jan. 1, 2024	These codes are no longer applicable to specialty drug (Daxxify)

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	J9264, J9259	Remove	Jan. 1, 2024	Jan. 1, 2024	These codes are no longer applicable to specialty drug (paclitaxel protein-bound)
Specialty Drugs	C9399, J3490, J3590	Remove	Jan. 1, 2024	Jan. 1, 2024	These codes are no longer applicable to specialty drug (Rystiggo)
Specialty Drugs	C9399, J3490	Add	Jan. 2, 2024	Dec. 23, 2023	New-to-market specialty drug (iDose TR 75mcg intracameral implant) will require preauthorization for service dates on/after Dec. 23 <sup>rd</sup>
Specialty Drugs	C9399, J3490	Add	Jan.10, 2024	Dec. 30, 2023	New-to-market specialty drug (Wainua) will require preauthorization for service dates on/after Dec. 30 <sup>th</sup>
Specialty Drugs	Q5111	Add	Feb. 7, 2024	Jan. 27, 2024	New-to-market specialty drug (Udenyca Onbody) will require preauthorization for service dates on/after Jan. 27 <sup>th</sup>

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Feb. 7, 2024	Jan. 27, 2024	Effective Jan. 27, 2024 Humana will be updating the preferred medical drugs for the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Colony-stimulating factors – leukocyte growth factors (long-acting)	<b>Fulphila</b>	<b>Preferred</b>	Q5108	OR
	<b>Neulasta / Neulasta Onpro</b>	<b>Preferred</b>	J2506	OR
	<b>Udenyca</b>	<b>Preferred</b>	Q5111	OR
	<b>Udenyca Autoinjector</b>	<b>Preferred</b>	Q5111	OR
	<b>Udenyca Onbody</b>	<b>Preferred</b>	Q5111	OR
	Fylnetra	Nonpreferred	Q5130	
	Nyvepria	Nonpreferred	Q5122	
	Rolvedon	Nonpreferred	J1449	
	Stimufend	Nonpreferred	Q5127	
	Ziextenzo	Nonpreferred	Q5120	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	C9399, J3490, J9999	Add	March 6, 2024	Feb. 24, 2024	New-to-market specialty drug (Amtagvi) will require preauthorization for service dates on/after Feb. 24 <sup>th</sup>

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	J9324	Add	March 20, 2024	March. 9, 2024	Specialty drug (Pemrydi RTU) will require preauthorization for service dates on/after March 9 <sup>th</sup>
Specialty Drugs	C9399, J1599	Add	March 20, 2024	March 16, 2024	New-to-market specialty drug (Alyglo) will require preauthorization for service dates on/after March 16 <sup>th</sup> .
Specialty Drugs	See list below	Step Therapy	March 20, 2024	March 16, 2024	Effective March 16, 2024 Humana will be updating the nonpreferred medical drugs for the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Immune Globulin	Flebogamma DIF	Preferred	J1572	OR
	Gammagard	Preferred	J1569	OR
	Gammagard S/D	Preferred	J1566	OR
	Gammaked	Preferred	J1561	OR
	Gamunex-C	Preferred	J1561	OR
	Hizentra	Preferred	J1559	OR
	Octagam	Preferred	J1568	OR
	Privigen	Preferred	J1459	OR
	Xembify	Preferred	J1558	OR
	Alyglo	Nonpreferred	C9399, J1599	
	Asceniv	Nonpreferred	J1554	
	Bivigam	Nonpreferred	J1556	
	Cutaquig	Nonpreferred	J1551	



	Cuvitru	Nonpreferred	J1555	
	Gammaplex	Nonpreferred	J1557	
	Hyqvia	Nonpreferred	J1575	
	Panzyga	Nonpreferred	J1599, J1576	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	April 1, 2024	May 1, 2024	Effective May 1, 2024 Humana will be updating the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Osteoporosis	zoledronic acid	Preferred	J3489	OR
	Prolia	Preferred	J0897	
	Evenity	Nonpreferred	J3111	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490	Add	April. 3, 2024	March. 23, 2024	Specialty drug (Lenmeldy) will require preauthorization for service dates on/after March 23 <sup>rd</sup>
Specialty Drugs	See list below	Step Therapy	April 17, 2024	May 22, 2024	Effective May 22, 2024 Humana will be updating the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Immunologic drugs – autoimmune disorders	Inflectra	Preferred	Q5103	AND
	Remicade	Preferred	J1745	AND
	Simponi Aria	Preferred	J1602	AND
	Stelara	Preferred	J3358	AND

(arthritis, psoriasis, inflammatory bowel disease)	Infliximab (unbranded)	Preferred	J1745	AND
	Skyrizi IV	Preferred	J3490, J3590	AND
	Actemra IV	Nonpreferred	J3262	
	Entyvio	Nonpreferred	J3380	
	Ilumya	Nonpreferred	J3245	
	Orencia IV	Nonpreferred	J0129	
	Renflexis	Nonpreferred	Q5104	
	Rituxan IV	Nonpreferred	J9312	
	Tysabri	Nonpreferred	J2323	
	Truxima	Nonpreferred	Q5115	
	Ruxience	Nonpreferred	Q5119	
	Riabni	Nonpreferred	Q5123	
	Avsola	Nonpreferred	Q5121	
	OmvoH IV	Nonpreferred	C9168, J3490, J3590	
Cosentyx IV	Nonpreferred	C9166, J3490, J3590		

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	April 24, 2024	May 29, 2024	Effective May 29, 2024, Humana will be adding a new drug class to Part B Step list.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Onivyde (liposomal irinotecan)	irinotecan	Preferred	J9206	OR
	Onivyde	Nonpreferred	J9205	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590	Add	May 1, 2024	April 20, 2024	Specialty drug (Tyenne IV) will require preauthorization for service dates on/after April 20 <sup>th</sup> .

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	May 1, 2024	April 20, 2024	Effective April 20, 2024 Humana will be updating the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Inflixtra	Preferred	Q5103	AND
	Remicade	Preferred	J1745	AND
	Simponi Aria	Preferred	J1602	AND
	Stelara	Preferred	J3358	AND
	Infliximab (unbranded)	Preferred	J1745	AND
	Actemra IV	Nonpreferred	J3262	
	Entyvio	Nonpreferred	J3380	
	Ilumya	Nonpreferred	J3245	
	Orencia IV	Nonpreferred	J0129	
	Renflexis	Nonpreferred	Q5104	
	Rituxan IV	Nonpreferred	J9312	
	Tyenne IV	Nonpreferred	C9399, J3490, J3590	
	Tysabri	Nonpreferred	J2323	
	Truxima	Nonpreferred	Q5115	
	Ruxience	Nonpreferred	Q5119	
	Riabni	Nonpreferred	Q5123	
	Avsola	Nonpreferred	Q5121	
	OmvoH IV	Nonpreferred	C9168, J3490, J3590	
Cosentyx IV	Nonpreferred	C9166, J3490, J3590		

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590, J9999	Add	May 8, 2024	April 27, 2024	Specialty drug (Anktiva) will require preauthorization for service dates on/after April 27 <sup>th</sup> .
Specialty Drug	C9399, J3490, J9999	Add	May 8, 2024	April 27, 2024	Specialty drug (Docivyx) will require preauthorization for service dates on/after April 27 <sup>th</sup> .

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	Q5133	Add	May 15, 2024	May 4, 2024	Specialty drug (Tofidence IV) will require preauthorization for service dates on/after May 4 <sup>th</sup> , 2024
Specialty Drugs	See list below	Step Therapy	May 15, 2024	May 4, 2024	Effective May 4 <sup>th</sup> , 2024 Humana will be updating the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	<b>Inflectra</b>	<b>Preferred</b>	Q5103	AND
	<b>Infliximab</b>	<b>Preferred</b>	J1745	AND
	<b>Remicade</b>	<b>Preferred</b>	J1745	AND
	<b>Simponi Aria</b>	<b>Preferred</b>	J1602	AND
	<b>Stelara</b>	<b>Preferred</b>	J3358	AND
	Actemra IV	Nonpreferred	J3262	
	Avsola	Nonpreferred	Q5121	
	Cosentyx IV	Nonpreferred	C9166, J3490, J3590	
	Entyvio	Nonpreferred	J3380	
	Ilumya	Nonpreferred	J3245	
	Omvoh IV	Nonpreferred	C9168, J3490, J3590	
	Orencia IV	Nonpreferred	J0129	
	Renflexis	Nonpreferred	Q5104	
	Riabni	Nonpreferred	Q5123	
	Rituxan IV	Nonpreferred	J9312	
	Ruxience	Nonpreferred	Q5119	
	Tofidence IV	Nonpreferred	Q5133	
	Truxima	Nonpreferred	Q5115	
	Tyenne IV	Nonpreferred	C9399, J3490, J3590	
	Tysabri	Nonpreferred	J2323	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590, J7199	Add	May 22, 2024	May 11, 2024	New-to-market specialty drug (Beqvez) will require preauthorization for service dates on/after May 11th 2024
Specialty Drugs	See list below	Step Therapy	May 29, 2024	July 1, 2024	Effective July 1, 2024 Humana will be updating the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Ophthalmic disorders - VEGF inhibitors	Avastin	Preferred	C9257, J9035	OR
	Cimerli	Preferred	Q5128	OR
	Eylea	Preferred	J0178	OR
	Eylea HD	Preferred	J0177	OR
	Lucentis	Preferred	J2778	OR
	Vabysmo	Preferred	J2777	OR
	Byooviz	Preferred	Q5124	OR
	Beovu	Nonpreferred	J0179	
	Susvimo	Nonpreferred	C9093, J3490	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	May 29, 2024	July 1, 2024	Effective July 1, 2024 Humana will be updating removing step therapy requirements for the below drug class.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Botulinum toxins	Botox	Preferred	J0585	OR
	Dysport	Preferred	J0586	OR
	Myobloc	Preferred	J0587	OR
	Xeomin	Preferred	J0588	OR
	Daxxify	Nonpreferred	J0589	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590, J9999	Add	June 5, 2024	May 25, 2024	New-to-market specialty drug (Imdelltra) will require preauthorization for service dates on/after May 25 <sup>th</sup>
Specialty Drug	C9399, J3490	Add	June 26, 2024	June 15, 2024	New-to-market specialty drug (Rytelo IV) will require preauthorization for service dates on/after June 15 <sup>th</sup>
Specialty Drug	C9399, J3490, J7699	Add	July 17, 2024	July 6, 2024	New-to-market specialty drug (Ohtuvayre) will require preauthorization for service dates on/after June 6 <sup>th</sup>
Specialty Drug	C9399, J3490, J3590	Add	July 24, 2024	July 13, 2024	New-to-market specialty drug (Kisunla) will require preauthorization for service dates on/after July 13 <sup>th</sup>

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	J1930	Add	July 24, 2024	July 13, 2024	New-to-market specialty drug (lanreotide) will require preauthorization for service dates on/after July 13 <sup>th</sup>
Specialty Drug	C9399, J3490, J3590	Add	July 31, 2024	July 20, 2024	New-to-market specialty drug (Piasky) will require preauthorization for service dates on/after July 20 <sup>th</sup>
Specialty Drug	C9399, J3490, J9999	Add	August 21, 2024	August 10, 2024	New-to-market specialty drug (Tecelra) will require preauthorization for service dates on/after August 10 <sup>th</sup> .
Specialty Drug	C9399, J3490, J3590, J9999	Add	Sept.4, 2024	August 24, 2024	New-to-market specialty drug (Tevimbra) will require preauthorization for service dates on/after August 24 <sup>th</sup> .
Specialty Drug	J7699	Removal	Sept. 25, 2024	Sept. 25, 2024	Ohtuvayre has been removed from the PAL effective Sept. 25 <sup>th</sup>



Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Oct. 1, 2024	Oct. 1, 2024	Effective Oct. 1, 2024, Humana will be updating preferred and nonpreferred medical drugs for the drug classes listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	<b>Inflectra</b>	<b>Preferred</b>	Q5103	AND
	<b>Infliximab (unbranded)</b>	<b>Preferred</b>	J1745	AND
	<b>Remicade</b>	<b>Preferred</b>	J1745	AND
	<b>Simponi Aria</b>	<b>Preferred</b>	J1602	AND
	<b>Stelara</b>	<b>Preferred</b>	J3358	AND
	<b>Tremfya IV</b>	<b>Preferred</b>	J1628	AND
	Actemra IV	Nonpreferred	J3262	
	Avsola	Nonpreferred	Q5121	
	Cosentyx IV	Nonpreferred	J3247	
	Entyvio	Nonpreferred	J3380	
	Ilumya	Nonpreferred	J3245	
	OmvoH IV	Nonpreferred	J2267	
	Orencia IV	Nonpreferred	J0129	
	Renflexis	Nonpreferred	Q5104	
	Riabni	Nonpreferred	Q5123	
	Rituxan IV	Nonpreferred	J9312	
	Ruxience	Nonpreferred	Q5119	
	Tofidence	Nonpreferred	Q5133	
	Truxima	Nonpreferred	Q5115	
	Tyenne	Nonpreferred	C9399, J3490, J3590	
Tysabri	Nonpreferred	J2323		

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Oct. 1, 2024	Jan. 1, 2025	Effective Jan. 1, 2025 Humana will be adding a new drug classes to Part B Step list.

Drug Class	Drug Name	Status	Billing Code	AND/OR
PD-1/PD-L1 NSCLC	<b>Libtayo</b>	<b>Preferred</b>	J9119	OR
	Imfinzi	Nonpreferred	J9173	
	Imjudo	Nonpreferred	J9347	
	Keytruda	Nonpreferred	J9271	
	Opdivo	Nonpreferred	J9299	
	Tecentriq Hybreza SQ	Nonpreferred	C9399, J3490, J3590, J9999	
	Tecentriq IV	Nonpreferred	J9022	
	Yervoy	Nonpreferred	J9228	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Oct. 1 2024	Jan. 1, 2025	Effective Jan. 1, 2025, Humana will be updating preferred and nonpreferred medical drugs for the drug classes listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Ophthalmic disorders - VEGF inhibitors	<b>Avastin</b>	<b>Preferred</b>	C9257, J9035	AND
	<b>Byooviz</b>	<b>Preferred</b>	Q5124	
	<b>Cimerli</b>	<b>Preferred</b>	Q5128	
	<b>Eylea</b>	<b>Preferred</b>	J0178	
	<b>Eylea HD</b>	<b>Preferred</b>	J0177	
	<b>Vabysmo</b>	<b>Preferred</b>	J2777	
	Beovu	Nonpreferred	J0179	
	Lucentis	Nonpreferred	J2778	
	Susvimo	Nonpreferred	C9093, J3490	

Drug Class	Drug Name	Status	Billing Code	AND/OR
Hemophilia A	Advate	Preferred	J7192	OR
	Adynovate	Preferred	J7207	OR
	Afstyla	Preferred	J7210	OR
	Altuviiio	Preferred	C9399, J3490, J3590, J7199	OR
	Eloctate	Preferred	J7205	OR
	Esperoct	Preferred	J7204	OR
	Hemofil-M	Preferred	J7190	OR
	Jivi	Preferred	J7208	OR
	Koate-DVI	Preferred	J7190	OR
	Kogenate FS	Preferred	J7192	OR
	Kovaltry	Preferred	J7211	OR
	NovoEight	Preferred	J7182	OR
	Nuwiq	Preferred	J7209	OR
	Recombinate	Preferred	J7192	OR
	Xyntha	Preferred	J7185	OR
	Hemlibra	Nonpreferred	J7170	

Drug Class	Drug Name	Status	Billing Code	AND/OR
Gaucher's disease	ElELYso	Preferred	J3060	OR
	Vpriv	Nonpreferred	J3385	
	Cerezyme	Nonpreferred	J1786	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Oct. 1, 2024	Jan. 1, 2025	Effective Jan. 1, 2025 Humana will be updating removing step therapy requirements for the below drug class.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Somatostatin analogs (long-acting)	<b>Sandostatin LAR</b>	<b>Preferred</b>	J2353	OR
	<b>Somatuline Depot</b>	<b>Preferred</b>	J1930	
	Ianreotide (ciplā)	Nonpreferred	J1932	
	Signifor LAR	Nonpreferred	J2502	

Drug Class	Drug Name	Status	Billing Code	AND/OR
Ophthalmic disorders - photodynamic therapy	<b>Avastin</b>	<b>Preferred</b>	C9257, J9035	OR
	Visudyne	Nonpreferred	J3396	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590, J9999	Add	Oct. 2, 2024	Sept. 21, 2024	New-to-market specialty drug (Tecentriq Hybreza SQ) will require preauthorization for service dates on/after Sept. 21 <sup>st</sup> .
Specialty Drug	J1628	Add	Oct. 2, 2024	Sept. 21, 2024	New-to-market specialty drug (Tremfay IV) will require preauthorization for service dates on/after Sept. 21 <sup>st</sup> .

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590	Add	Oct. 9, 2024	Sept. 28, 2024	New-to-market specialty drug (Ocrevus Zunovo) will require preauthorization for service dates on/after Sept. 28 <sup>st</sup> .
Specialty Drug	C9399, J3490, J3590	Add	Nov. 6, 2024	Oct. 26, 2024	New-to-market specialty drug (Pavblu) will require preauthorization for service dates on/after Oct. 26 <sup>th</sup> .
Specialty Drug	C9399, J3490, J3590, J9999	Add	Nov. 6, 2024	Oct. 26, 2024	New-to-market specialty drug (Vyloy) will require preauthorization for service dates on/after Oct. 26 <sup>th</sup> .
Specialty Drugs	See list below	Step Therapy	Nov. 6, 2024	Nov. 6, 2024	Effective Nov. 6, 2024, Humana will be updating preferred and nonpreferred medical drugs for the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Ophthalmic disorders – VEGF inhibitors	Avastin	Preferred	C9257, J9035	OR
	Byooviz	Preferred - Requires step through Avastin	Q5124	OR
	Cimerli	Preferred - Requires step through Avastin	Q5128	OR
	Eylea	Preferred - Requires step through Avastin	J0178	OR
	Eylea HD	Preferred - Requires step through Avastin	J0177	OR
	Lucentis	Preferred - Requires step through Avastin	J2778	OR
	Vabysmo	Preferred - Requires step through Avastin	J2777	
	Beovu	Nonpreferred - Step through Avastin + preferred	J0179	
	Pavblu	Nonpreferred - Step through Avastin + preferred	C9399, J3490, J3590	
	Susvimo	Nonpreferred - Step through Avastin + preferred	J2779	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590, J7199	Add	Nov. 20, 2024	Nov. 9, 2024	New-to-market specialty drug (Hympavzi) will require preauthorization for service dates on/after Nov. 9 <sup>th</sup> , 2024

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Nov. 20, 2024	Nov. 9, 2024	Effective Nov. 9, 2024, Humana will be updating preferred and nonpreferred medical drugs for the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Hemophilia A	Advate	Preferred	J7192	OR
	Adynovate	Preferred	J7207	OR
	Afstyla	Preferred	J7210	OR
	Altuviiio	Preferred	J7214	OR
	Eloctate	Preferred	J7205	OR
	Esperoct	Preferred	J7204	OR
	Hemofil M	Preferred	J7190	OR
	Jivi	Preferred	J7208	OR
	Koate-DVI	Preferred	J7190	OR
	Kogenate FS	Preferred	J7192	OR
	Kovaltry	Preferred	J7211	OR
	Monoclata-P	Preferred	J7190	OR
	NovoEight	Preferred	J7182	OR
	Nuwiq	Preferred	J7209	OR
	Recombinate	Preferred	J7192	OR
	Xyntha	Preferred	J7185	OR
	Hemlibra	Nonpreferred	J7170	
Hympavzi	Nonpreferred	C9399, J3490, J3590, J7199		

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drugs	See list below	Step Therapy	Nov. 20, 2024	Jan. 1, 2025	Effective Jan. 1, 2025 Humana will be adding three new drug classes to Part B Step list.

Drug Class	Drug Name	Status	Billing Code	Operator
Paroxysmal nocturnal hemoglobinuria (PNH)	<b>Ultomiris</b>	<b>Preferred</b>	J1303	OR
Paroxysmal nocturnal hemoglobinuria (PNH)	PiaSky	Nonpreferred	C9399, J3490, J3590	
Paroxysmal nocturnal hemoglobinuria (PNH)	Soliris	Nonpreferred	J1300	

Drug Class	Drug Name	Status	Billing Code	Operator
Atypical Hemolytic Uremic Syndrome (aHUS)	<b>Ultomiris</b>	<b>Preferred</b>	J1303	OR
Atypical Hemolytic Uremic Syndrome (aHUS)	Soliris	Nonpreferred	J1300	

Drug Class	Drug Name	Status	Billing Code	Operator
Neuromyelitis Optica Spectrum Disorder (NMOSD)	<b>Ultomiris</b>	<b>Preferred</b>	J1303	OR
Neuromyelitis Optica Spectrum Disorder (NMOSD)	Soliris	Nonpreferred	J1300	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J9999	Add	Nov. 27, 2024	Nov. 16, 2024	New-to-market specialty drug (Aucatzyl) will require preauthorization for service dates on/after Nov. 16 <sup>th</sup> , 2024



Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9173, J3490, J3590, J9999	Add	Dec. 4, 2024	Nov. 23, 2024	New-to-market specialty drug (Nypozi) will require preauthorization for service dates on/after Nov. 23 <sup>rd</sup>
Specialty Drugs	See list below	Step Therapy	Dec. 4, 2024	Nov. 23, 2024	Effective Nov. 23, 2024, Humana will be updating the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Colony-stimulating factors – leukocyte growth factors (short-acting)	Nivestym	Preferred	Q5110	AND
	Zarxio	Preferred	Q5101	AND
	Granix	Nonpreferred	J1447	
	Neupogen	Nonpreferred	J1442	
	Nypozi	Nonpreferred	C9173, J3490, J3590, J9999	
	Releuko	Nonpreferred	Q5125	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9173, J3490, J3590, J9999	Add	Dec. 11, 2024	Nov. 30, 2024	New-to-market specialty drug (Ziihera) will require preauthorization for service dates on/after Nov. 30 <sup>th</sup>

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9173, J3490, J9999	Add	Dec. 11, 2024	Nov. 30, 2024	New-to-market specialty drug (Boruzu) will require preauthorization for service dates on/after Nov. 30 <sup>th</sup>
Specialty Drug	C9399, J3490, J3999	Add	Dec. 18, 2024	Dec. 8, 2024	New-to-market specialty drug (Axtle) will require preauthorization for service dates on/after Dec. 8 <sup>th</sup>
Specialty Drug	C9399, J3490, J3590, J3999	Add	Dec. 18, 2024	Dec. 8, 2024	New-to-market specialty drug (Hercessi IV) will require preauthorization for service dates on/after Dec. 8 <sup>th</sup>
Specialty Drugs	See list below	Step Therapy	Dec. 18, 2024	Dec. 8, 2024	Effective Dec. 8, 2024, Humana will be updating the drug class listed below.

Drug Class	Drug Name	Status	Billing Code	AND/OR
Trastuzumab and hyaluronidase-oysk	Kanjinti	Preferred	Q5117	OR
	Trazimera	Preferred	Q5116	OR
	Herceptin (IV)	Nonpreferred	J9355	
	Herceptin Hylecta	Nonpreferred	J9356	
	Hercessi IV	Nonpreferred	C9399, J3490, J3590, J9999	
	Herzuma	Nonpreferred	Q5113	
	Ogivri	Nonpreferred	Q5114	
	Ontruzant	Nonpreferred	Q5112	

Category	Codes	Action	Notification date (last updated)	Effective Date	Notes
Specialty Drug	C9399, J3490, J3590	Add	Jan. 1, 2025	Dec. 20, 2025	New-to-market specialty drug (Kebilidi) will require preauthorization for service dates on/after Dec. 20 <sup>th</sup>
Specialty Drug	C9399, J3490, J3590, J9999	Add	Jan. 8, 2025	Dec. 28, 2024	New-to-market specialty drug (Bizengri) will require preauthorization for service dates on/after Dec. 28 <sup>th</sup>
Specialty Drug	Q5138	Add	Jan. 8, 2025	Dec. 28, 2024	New-to-market specialty drug (Wezlana IV) will require preauthorization for service dates on/after Dec. 28 <sup>th</sup>