

PathWays Medication Preauthorization and Notification List

Effective date: July 1, 2024

Revision date: Jan 8, 2025

PathWays Medication Preauthorization and Notification List		
To request preauthorization or provide notification, please access the fax forms here .		
Brand medication	Generic medication	Codes
Abecma (CAR-T) ‡	idecabtagene vicleucel ‡	Q2055
Abraxane	nab-paclitaxel	J9264
Actemra IV	tocilizumab	J3262
Adakveo	crizanlizumab-tmca	J0791
Adcetris	brentuximab vedotin	J9042
Adstiladrin	nadofaragene firadenovec-vncg	J9029
Aduhelm	aducanumab-avwa	J0172
Advate	antihemophilic factor, human recombinant	J7192
Adynovate	antihemophilic factor [recombinant], PEGylated	J7207
Adzynma	ADAMTS13, recombinant-krhn	J7171
Afstyla	antihemophilic factor [recombinant], single chain	J7210
Akynzeo IV	fosnetupitant and palonosetron	J1454
Aldurazyme	laronidase	J1931
Alimta †	pemetrexed †	J9305
Aliqopa	copanlisib	J9057
Aloxi	palonosetron HCL	J2469
Alphanate	antihemophilic factor/ von Willebrand factor complex [human]	J7186
AlphaNine SD	coagulation factor IX [human]	J7193
Alprolix	coagulation factor IX [recombinant]	J7201

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Altuviio	efanesoctocog alfa	J7214
Alyglo ^{*,†}	immune globulin intravenous, human-stwk ^{*,†}	J1599
Alymsys	bevacizumab-maly	Q5126
Amtagvi ^{*,†,‡}	lifileucel ^{*,†,‡}	C9399, J3490, J3590
Amondys-45	casimersen	J1426
Amvuttra	vutrisiran	J0225
Anktiva ^{*,†}	nogapendekin alfa inbakicept-pmIn ^{*,†}	C9169, J3490, J3590, J9999
Aralast NP [†]	alpha 1-proteinase inhibitor [†]	J0256
Aranesp	darbepoetin alfa	J0881, J0882
Arcalyst	rilonacept	J2793
Asceniv	immune globulin	J1554
Asparlas	calaspargase pegol-mknl	J9118
Atgam	lymphocyte immune globulin	J7504
Aucatzyl ^{*,†,‡}	obecabtagene autoleucel ^{*,†,‡}	C9399, J3490, J9999
Avastin (Authorization required only for oncology/chemo use)	bevacizumab	J9035
Aveed	testosterone undecanoate	J3145
Avsola	infliximab-axxq	Q5121
Axtle ^{*,†}	pemetrexed ^{*,†}	C9399, J3490, J9999
Bavencio	avelumab	J9023
Beleodaq	belinostat	J9032
Belrapzo [†]	bendamustine hydrochloride [†]	J9036

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Bendamustine [†]	bendamustine hydrochloride [†]	J9036
bendamustine (Apotex)	bendamustine hydrochloride	J9058
bendamustine (Baxter)	bendamustine hydrochloride	J9059
Bendeka	bendamustine hydrochloride	J9034
BeneFix	coagulation factor IX [recombinant]	J7195
Benlysta	belimumab	J0490
Beovu	brovacizumab-dbl	J0179
Beqvez ^{*,†}	fidanacogene elaparovovec-dzkt ^{*,†}	C9172, J3490, J3590, J7199
Beriner	C1 esterase inhibitor	J0597
Besponsa	inotuzumab ozogamicin	J9229
Bivigam	immune globulin	J1556
Bizengri ^{*,†}	zenocutuzumab-zbco ^{*,†}	C9399, J3490, J3590, J9999
Blenrep	belantamab mafodotin-blmf	J9037
Blinicyto	blinatumomab	J9039
bortezomib [†]	bortezomib [†]	J9041
bortezomib (Dr. Reddy's)	bortezomib	J9046
bortezomib (Fresenius kabi)	bortezomib	J9048
bortezomib (Hospira)	bortezomib	J9049
bortezomib (Maia)	bortezomib	J9051
Boruzu ^{*,†}	bortezomib ^{*,†}	C9399, J3490, J9999
Botox	onabotulinumtoxinA	J0585
Breyanzi (CAR-T) [‡]	lisocabtagene maraleucel [‡]	C9076, J3490, J9999

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Brineura	cerliponase alfa	J0567
Briumvi	ublituximab-xiiy	J2329
Brovana	arformoterol tartrate	J7605
Byooviz	ranibizumab-nuna intravitreal solution	Q5124
cabazitaxel (Sandoz)	cabazitaxel	J9064
Carvykti (CAR-T) ‡	ciltacabtagene autoleucel ‡	Q2056
Casgevy †,‡	exagamglogene autoemcel †,‡	C9399, J3490
Cerezyme	imiglucerase	J1786
Cimerli	ranibizumab-eqrn	Q5128
Cimzia	certolizumab pegol	J0717
Cinqair	reslizumab	J2786
Cinryze	C1 esterase inhibitor (human)	J0598
Cinvanti	aprepitant	C9145, J0185
Coagadex	coagulation factor X [human]	J7175
Columvi	glofitamab-gxbm	J9286
Corifact	factor XIII concentrate [human]	J7180
Cortrophin Gel	adrenocorticotrophic hormone (ACTH)	J0802
Cosela	trilaciclib	J1448
Cosentyx IV	secukinumab	J3247
Crysvita	burosumab-twza	J0584
Cutaquig	immune globulin	J1551
Cuvitru	immune globulin	J1555
Cyramza	ramucirumab	J9308
CytoGam	cytomegalovirus immune globulin	J0850

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Danyelza	naxitamab-gqgk	J9348
Darzalex	daratumumab	J9145
Darzalex Faspro	daratumumab and hyaluronidase-fihj	J9144
Docivyx ^{*,†}	docetaxel ^{*,†}	C9399, J3490, J9999
Doxil	doxorubicin HCL liposome injection	Q2050
Duopa	carbidopa / levodopa	J7340
Dupixent [†]	dupilumab [†]	C9399, J3590
Durolane	hyaluronic acid, stabilized	J7318
Durysta	bimatoprost implant	J7351
Dysport	abobotulinumtoxin A	J0586
Elahere	mirvetuximab soravtasine-gynx	J9063
Elaprase	idursulfase	J1743
Ellelyso	taliglucerase alfa	J3060
Elevidys [†]	delandistrogene moxeparvovec-rokl [†]	C9399, J3490, J3590
Elfabrio IV	pegunigalsidase alfa-iwxj	J2508
Elitek	rasburicase	J2783
Ellence	eribucin	J9178
Eloctate	antihemophilic factor [recombinant], Fc fusion protein	J7205
Elrexio	elranatamab-bcmm	J1323
Elzonris	tagraxofusp-erzs	J9269
Empliciti	elotuzumab	J9176
Enhertu	fam-trastuzumab deruxtecan-nxki	J9358
Enjaymo	sutimlimab-jome	J1302

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Entyvio IV	vedolizumab	J3380
Epkinly	epcoritamab-bysp	J9321
Epogen [†]	epoetin alfa [†]	J0885
Epogen (ESRD code) [†]	epoetin alfa [†]	Q4081
Erbitux	cetuximab	J9055
Erwinase [†]	crisantaspase [†]	J9019
Erwinaze [†]	asparaginase Erwinia chrysanthemi [†]	J9019
Esperoct	antihemophilic factor [recombinant], glycopegylated=exei	J7204
Euflexxa	sodium hyaluronate	J7323
Evenity	romosozumab-aqqg	J3111
Evkeeza	evinacumab-dgnb	J1305
Exondys 51	eteplirsen	J1428
Eylea	aflibercept	J0178
Eylea HD [†]	aflibercept [†]	J0177
Fabrazyme	agalsidase beta	J0180
Fasenra	benralizumab	J0517
Faslodex	fulvestrant	J9395
Feiba NF	anti-inhibitor coagulant complex	J7198
Feraheme	ferumoxytol	Q0138
Firazyr [†]	icatibant [†]	J1744
Flebogamma	immune globulin	J1572
Flebogamma DIF	immune globulin	J1572

* New-to-market drug addition

[†] All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

[‡] Preauthorization requests will be reviewed by the **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by phone to 866-421-5663 or by email to transplant@humana.com.

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Flolan	epoprostenol	J1325
Foloty[†]	pralatrexate [†]	J9307
Fulphila	pegfilgrastim-jmdb	Q5108
fulvestrant (Teva)	fulvestrant	J9393
fulvestrant (Fresenius kabi)	fulvestrant	J9394
Fusilev	levoleucovorin	J0641
Fyarro	sirolimus protein-bound particles for injectable suspension	J9331
GamaSTAN	immune globulin	J1460, J1560
GamaSTAN S/D	immune globulin	J1460, J1560
Gamifant	emapalumab-lzsg	J9210
Gammagard	immune globulin	J1569
Gammagard S/D	immune globulin	J1566
Gammaked	immune globulin	J1561
Gammaplex	immune globulin	J1557
Gamunex-C	immune globulin	J1561
Gazyva	obinutuzumab	J9301
Gel-One	sodium hyaluronate	J7326
Gelsyn-3	sodium hyaluronate	J7328
Genvisc 850	sodium hyaluronate	J7320
Givlaari	givosiran	J0223
Glassia	alpha 1-proteinase inhibitor	J0257
Granix	tbo-filgrastim	J1447
Growth Hormones: Genotropin, Humatrope, Norditropin	somatropin [†]	J2941

* New-to-market drug addition

[†] All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

[‡] Preauthorization requests will be reviewed by the **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by phone to 866-421-5663 or by email to transplant@humana.com.

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
FlexPro, Nutropin AQ NuSpin, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive [†]		
H.P. Acthar Gel	corticotropin	J0801
Haegarda	c1 esterase inhibitor subcutaneous	J0599
Hemgenix	etranacogene dezaparvovec-drlb	J1411
Hemlibra	emicizumab-kxwh	J7170
Hemofil M	antihemophilic factor [human]	J7190
Herceptin (IV)	trastuzumab	J9355
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356
Hercessi IV ^{*,†}	trastuzumab-strf ^{*,†}	C9399, J3490, J3590, J9999
Herzuma	trastuzumab-pkrb	Q5113
Hizentra	immune globulin	J1559
Humate-P	antihemophilic factor/von Willebrand factor complex [human]	J7187
Hyalgan	sodium hyaluronate	J7321
Hymovis	sodium hyaluronate	J7322
Hympavzi ^{*,†}	marstacimab-hncq ^{*,†}	C9399, J3490, J3590, J7199
Hyqvia	immune globulin	J1575
Idelvion	coagulation factor IX (recombinant)	J7202
iDose TR 75mcg intracameral implant	travoprost intracameral implant	J7355
Ilaris	canakinumab	J0638

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Ilumya	tildrakizumab-asnm	J3245
Iluvien	fluocinolone acetonide	J7313
Imdelltra ^{*,†}	tarlatamab-dlle ^{*,†}	C9170, J3490, J3590, J9999
Imfinzi	durvalumab	J9173
Imjudo	tremelimumab-actl	J9347
Imlygic	talimogene laherparepvec	J9325
Inflectra	infliximab-dyyb	Q5103
Infliximab	infliximab	J1745
Injectafer	ferric carboxymaltose	J1439
Istodax	romidepsin	J9319
Ixempra	ixabepilone	J9207
Ixinity	coagulation factor IX [recombinant]	J7213
Izervay	avacincaptad pegol intravitreal solution	J2782
Jelmyto	mitomycin	J9281
Jemperli	dostarlimab-gxly	J9272
Jevtana	cabazitaxel	J9043
Jivi	antihemophilic factor [recombinant], PEGylated-aucl	J7208
Kadcyla	ado-trastuzumab emtansine	J9354
Kalbitor	ecallantide	J1290
Kanjinti	trastuzumab-anns	Q5117
Kanuma	sebelipase alfa	J2840
Kebilidi ^{*,†,‡}	eladocogene exuparvovec-tneq ^{*,†,‡}	C9399, J3490, J3590
Keytruda	pembrolizumab	J9271

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Khaphzory	Levoleucovorin	J0642
Kimmtrak	tebentafusp-tebn	J9274
Kineret [†]	anakinra [†]	J3490, J3590
Kisunla [*]	donanemab-azbt [*]	J0175
Koate-DVI	antihemophilic factor [human]	J7190
Kogenate FS	antihemophilic factor [recombinant]	J7192
Korsuva [†]	difelikefalin [†]	J0879
Kovaltry	antihemophilic factor [recombinant]	J7211
Krystexxa	pegloticase	J2507
Kymriah [‡]	tisagenlecleucel [‡]	Q2042
Kyprolis	carfilzomib	J9047
Lamzede	velmanase alfa-tycv	J0217
lanreotide ^{*,†}	lanreotide ^{*,†}	J1930
lanreotide (Cipla)	lanreotide	J1932
Lantrida ^{†,‡}	donislecel-jujn ^{†,‡}	C9399, J3490, J3590
Lemtrada	alemtuzumab	J0202
Lenmeldy ^{*,†,‡}	atidarsagene autotemcel ^{*,†,‡}	C9399, J3490
Leqembi	lecanemab-irmb	J0174
Leqvio	inclisiran	J1306
Leukine	sargramostim	J2820
Levoleucovorin	levoleucovorin calcium	J0641
Libtayo	cemiplimab-rwlc	J9119
Loqtorzi	toripalimab-tpzi	J3263

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Lucentis	ranibizumab	J2778
Lumizyme	alglucosidase alfa	J0221
Lunsumio	mosunetuzumab-axgb	J9350
Lutathera	lutetium Lu 177 dotatate	A9513
Luxturna	voretigene neparvovec-rzyl	J3398
Lyfgenia [‡]	lovotibeglogene autotemcel [‡]	J3394
Margenza	margetuximab-cmkb	J9353
Mepsevii	vestronidase alfa-vjvk	J3397
Mircera	methoxy polyethylene glycol - epoetin beta	J0887
Monjuvi	tafasitamab-cxix	J9349
Monoclate-P	antihemophilic factor [human}	J7190
Monoferic	ferric derisomaltose	J1437
Mononine	coagulation factor IX [human]	J7193
Monovisc	hyaluronan	J7327
Mozobil [†]	plerixafor [†]	J2562
Mvasi	bevacizumab-awwb	Q5107
Mylotarg	gemtuzumab ozogamicin	J9203
Myobloc	rimabotulinumtoxinB	J0587
Naglazyme	glasulfase	J1458
Neulasta [†]	pegfilgrastim [†]	J2506
Neulasta Onpro [†]	pegfilgrastim [†]	J2506
Nexviazyme [†]	avalglucosidase alfa-ngpt [†]	J0219
Ngenla [†]	somatrogon-ghla [†]	C9399, J3490, J3590

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Nivestym	filgrastim-aafi	Q5110
NovoEight	turoctocog alfa	J7182
NovoSeven RT	Coagulation factor VIIa [recombinant]	J7189
Nplate	romiplostim	J2796
Nucala	mepolizumab	J2182
Nulojix	belatacept	J0485
Nuwiq	simoctocog alfa	J7209
Nypozi ^{*,†}	filgrastim-txid ^{*,†}	C9173, J3490, J3590, J9999
Obizur	antihemophilic factor [recombinant], porcine sequence	J7188
Ocrevus	ocrelizumab	J2350
Ocrevus Zunovo ^{*,†}	ocrelizumab and hyaluronidase-acsc ^{*,†}	C9399, J3490, J3590
Octagam	immune globulin	J1568
Ogivri	trastuzumab-dkst	Q5114
Omisirge ^{†,‡}	omidubicel-onlv ^{†,‡}	C9399, J3490, J3590
OmvoH IV [†]	mirikizumab-mrkz [†]	J2267
Ohtuvayre ^{*,†}	ensifentrine ^{*,†}	J7699
Oncaspar	pegaspargase	J9266
Onivyde	irinotecan liposome injection	J9205
Onpattro	patisiran	J0222
Ontruzant	trastuzumab-dttb	Q5112
Opdivo	nivolumab	J9299
Opdualag intravenous vial	nivolumab and relatlimab-rmbw injection	J9298

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Orencia IV	abatacept	J0129
Orthovisc	hyaluronan	J7324
Oxlumo	lumasiran	J0224
Ozurdex	dexamethasone intravitreal implant	J7312
paclitaxel protein-bound [†]	paclitaxel protein-bound [†]	J9264, J9259
Padcev	enfortumab vedotin-ejfv	J9177
Panzyga	immune globulin	J1576
Parsabiv	etelcalcetide	J0606
Pavblu ^{*,†}	aflibercept-ayyh ^{*,†}	C9399, J3490, J3590
Pedmark IV solution	sodium thiosulfate	J0208
Pemetrexed [†]	pemetrexed [†]	J9305
pemetrexed (Accord)	pemetrexed	J9296
pemetrexed (Bluepoint)	pemetrexed	J9322
pemetrexed (Hospira)	pemetrexed	J9294, J9323
pemetrexed (Sandoz)	pemetrexed	J9297
pemetrexed (Teva)	pemetrexed	J9314
Pemfexy	pemetrexed injection	J9304
Perjeta	pertuzumab	J9306
Phesgo	pertuzumab, trastuzumab, and hyaluronidase-zzxf	J9316
Piasky ^{*,†}	crovalimab-akkz ^{*,†}	C9399, J3490, J3590
plerixafor [†]	plerixafor [†]	J2562
Pluvicto	lutetium lu 177 vipivotide tetraxetan	A9607
Polivy	polatuzumab vedotin-piiq	J9309
Portrazza	necitumumab	J9295

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Poteligeo	mogamulizumab-kpkc	J9204
pralatrexate IV [†]	pralatrexate [†]	J9307
Prialt	ziconotide	J2278
Privigen	immune globulin	J1459
Procrit [†]	epoetin alfa [†]	J0885, Q4081
Profilnine	factor IX complex	J7194
Prolastin-C [†]	alpha 1-proteinase inhibitor [†]	J0256
Prolia	denosumab	J0897
Provenge	sipuleucel-T	Q2043
Qalsody	tofersen	J1304
Qutenza	capsaicin/skin cleanser	J7336
Radicava	edaravone	J1301
Rebinyon	coagulation factor IX [recombinant], GlycoPEGylated	J7203
Reblozyl	luspatercept-aamt	J0896
Recombinate [†]	antihemophilic factor [recombinant] [†]	J7192
Remicade	infliximab	J1745
Remodulin	treprostinil (injection)	J3285
Renflexis	infliximab-abda	Q5104
Retacrit	epoetin alfa-epbx	Q5105
Rethymic ^{†,‡}	allogeneic processed thymus tissue–agdc ^{†,‡}	C9399, J3490, J3590
Retisert	fluocinolone acetonide	J7311
Revatio	sildenafil citrate	J3490
Riabni	rituximab-arxx	Q5123

* New-to-market drug addition

[†] All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

[‡] Preauthorization requests will be reviewed by the **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by phone to 866-421-5663 or by email to transplant@humana.com.

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Rituxan Hycela	rituximab; hyaluronidase	J9311
Rituxan IV	rituximab	J9312
Rixubis	coagulation factor IX [recombinant]	J7200
Roctavian [†]	valoctocogene roxaparvovec-rvox [†]	C9399, J3490, J3590, J7190
Rolvedon	eflapegrastim-xnst	J1449
romidepsin	romidepsin	J9318, J9319
Ruconest	C1 esterase inhibitor	J0596
Ruxience	rituximab-pvvr	Q5119
Rybrevant IV	amivantamab-vmjw	J9061
Rylaze	asparaginase erwinia chrysanthemi (recombinant)-rywn	J9021
Ryplazim	plasminogen, human-tymh	J2998
Rystiggo	rozanolixizumab-noli	J9333
Rytelo IV ^{*,†}	imetelstat ^{*,†}	C9399, J3490
Sajazir [†]	icatibant [†]	J1744
Sandostatin LAR	octreotid	J2353
Saphnelo intravenous solution [†]	anifrolumab-fnia [†]	J0491
Sarclisa	isatuximab-irfc	J9227
Scenesse	afamelanotide	J7352
SevenFact IV	coagulation factor VII [recombinant]-jncw	J7212
Signifor LAR	pasireotide	J2502
Simponi ARIA	golimumab	J1602
Sinuva	mometasone furoate	J7402

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Skyrizi IV	risankizumab-rzaa	J2327
Skysona ^{†,‡}	elivaldogene autotemcel ^{†,‡}	C9399, J3490, J3590
Sogroya [†]	somapacitan-beco [†]	C9399, J3490, J3590
Soliris	eculizumab	J1300
Somatuline Depot [†]	lanreotide [†]	J1930
Spevigo IV	spesolimab-sbzo	J1747
Spinraza	nusinersen	J2326
Spravato	esketamine	S0013, G2082, G2083
Stelara (IV)	ustekinumab	J3358
Stelara (subcutaneous)	ustekinumab	J3357
Stimufend	pegfilgrastim-fpgk	Q5127
Sublocade	buprenorphine extended-release	Q9991, Q9992
Sunlenca	lenacapavir	J1961
Supartz FX	sodium hyaluronate	J7321
Sustol	granisetron	J1627
Susvimo	ranibizumab	J2779
Syfovre	pegcetacopian	J2781
Sylvant	siltuximab	J2860
SynoJoynt	1% sodium hyaluronate	J7331
Synribo	omacetaxine mepesuccinate	J9262
Synvisc	hyaluronan	J7325
Synvisc-One	hyaluronan	J7325
Takhzyro	lanadelumab-flyo	J0593
Takhzyro subcutaneous	lanadelumab-flyo	J0593

* New-to-market drug addition

[†] All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

[‡] Preauthorization requests will be reviewed by the **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by phone to 866-421-5663 or by email to transplant@humana.com.

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Talvey	talquetamab-tgvs	J3055
Tecartus [‡]	brexucabtagene autoeucel [‡]	C9073
Tecelra ^{*,†,‡}	afamitresgene autoleucel ^{*,†,‡}	C9399, J3490, J9999
Tecentriq	atezolizumab	J9022
Tecentriq Hybreza SQ ^{*,†}	atezolizumab and hyaluronidase-tqjs ^{*,†}	C9399, J3490, J3590, J9999
Tecvayli	teclistamab-cqyv	J9380
Tepezza	teprotumumab-trbw	J3241
Testopel (75mg)	testosterone pellet (75mg)	S0189
Tevimbra [*]	tislelizumab-jsgr [*]	J9329
Tezspire [†]	tezepelumab-ekko [†]	J2356
Tezspire subcutaneous pen injector [†]	tezepelumab-ekko [†]	J2356
Thrombate III	antithrombin III	J7197
Tivdak [†]	tisotumab vedotin-tftv [†]	J9273
Tofidence IV [*]	tocilizumab-bavi [*]	Q5133
Trazimera	trastuzumab-qyyp	Q5116
Treanda	bendamustine hydrochloride	J9033
Tremfya IV ^{*,†}	guselkumab ^{*,†}	J1628
Tretten	coagulation factor XIII A-subunit [recombinant]	J7181
Triluron	sodium hyaluronate	J7332
Triptodur	triptorelin	J3316
Trisenox	arsenic trioxide	J9017
TriVisc	sodium hyaluronate	J7329

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Trodelvy	sacituzumab govitecan-hziy	J9317
Truxima	rituximab-abbs	Q5115
Tyenne IV Solution *	tocilizumab-aazg *	Q5135
Tysabri	natalizumab	J2323
Tyvaso	treprostinil (inhaled)	J7686
Tzield	teplizumab-mzww	J9381
Udenyca †	pegfilgrastim-cbqv †	Q5111
Udenyca Autoinjector †	pegfilgrastim-cbqv †	Q5111
Udenyca Onbody †	pegfilgrastim-cbqv †	Q5111
Ultomiris	ravulizumab-cwvz	J1303
Uplizna	inebilizumab-cdon	J1823
Uptravi †	selexipag †	C9399, J3490
Vabysmo	faricimab-svoa injection	J2777
Valstar	valrubicin	J9357
VariZIG	Varicella Zoster immune globulin	90396
Vectibix	panitumumab	J9303
Vegzelma	bevacizumab-adcd	Q5129
Velcade †	bortezomib †	J9041
Veletri	epoprostenol	J1325
Ventavis	iloprost	Q4074, J1749
Viltepso	viltolarsen	J1427
Vimizim	elosulfase alfa	J1322
Visco-3	sodium hyaluronate	J7321

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Visudyne	verteporfin	J3396
Vivimusta	bendamustine hydrochloride	J9056
Vonvendi	von Willebrand factor [recombinant]	J7179
Vpriv	velaglucerase alfa	J3385
Vyepti	eptinezumab-jjmr	J3032
Vyjuvek	beremagene geperpavec-svdt	J3401
Vyloy^{*,†}	zolbetuximab-clzb ^{*,†}	C9399, J3490, J3590, J9999
Vyondys 53	golodirsen	J1429
Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	J9334
Vyvgart intravenous solution	efgartigimod alfa-fcab	J9332
Vyxeos	daunorubicin/cytarabine	J9153
Wainua^{*,†}	eplontersen injection ^{*,†}	C9399, J3490
Wezlana IV[*]	ustekinumab-auub [*]	Q5138
Wilate	von Willebrand factor/ coagulation factor VIII complex [human]	J7183
Xembify	immune globulin	J1558
Xenpozyme	olipudase alfa-rpcp	J0218
Xeomin	incobotulinumtoxinA	J0588
Xgeva	denosumab	J0897
Xipere	triamcinolone acetone	J3299
Xofigo	radium Ra 223 dichloride	A9606
Xolair	omalizumab	J2357
Xyntha[†]	antihemophilic factor [recombinant] [†]	J7185

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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

PathWays Medication Preauthorization and Notification List

To request preauthorization or provide notification, please [access the fax forms here](#).

Brand medication	Generic medication	Codes
Xyntha Solofuse [†]	antihemophilic factor [recombinant] [†]	J7185
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 [†]	alpha 1-proteinase inhibitor [†]	J0256
Zepzelca	lurbinectedin	J9223
Zevalin	ibritumomab tiuxetan	A9543
Ziextenzo	pegfilgrastim-bmez	Q5120
Ziihera ^{*, †}	zanidatamab-hrii ^{*, †}	C9399, J3490, J3590, J9999
Zilretta	triamcinolone acetonide	J3304
Zinplava	bezlotoxumab	J0565
Zirabev	bevacizumab-bvzr	Q5118
Zoladex	goserelin acetate	J9202
Zolgensma	onasemnogene abeparvovec-xioi	J3399
Zulresso	brexanolone	J1632
Zynlonta	loncastuximab tesirine-lpyl	J9359
Zynteglo ^{†, ‡}	betibeglogene autotemcel ^{†, ‡}	C9399, J3490, J3590, J3393
Zynyz	retifanlimab-dlwr	J9345

* New-to-market drug addition

† All shared Healthcare Common Procedure Coding System (HCPCS) codes and not otherwise classified codes require a corresponding National Drug Code to be billed on all claims.

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