Prior authorization and notification list

Humana Dual Fully Integrated H2875-001 (Virginia)
Humana Dual Fully Integrated H2875-003 (Virginia)

Effective Date: 01/01/2026

Revision Date: 07/08/2026

We have updated our prior authorization and notification list for Humana Dual Fully Integrated (health maintenance organization Dual Eligible Special Needs Plan [HMO D-SNP]) Virginia plans.

Please note the term “prior authorization” (preauthorization, precertification), when used in this communication, is defined as a process through which the healthcare provider is required to obtain advance approval from the plan as to whether an item or service will be covered.

The list details medications (i.e., medications that are delivered in the provider’s office, clinic, outpatient or home setting) that require prior authorization before being provided or administered. Services must be provided according to Medicare coverage guidelines established by the Centers for Medicare & Medicaid Services (CMS). According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You can review Medicare coverage guidelines on the CMS website.

To view Humana’s Medical and Pharmacy Coverage Policies, please visit Humana's Medical and Pharmacy Coverage Policies website.

Investigational and experimental procedures and devices usually are not covered benefits. Please consult the patient’s Evidence of Coverage or contact Humana for confirmation of coverage.

Please note that certain services may not be covered under the member’s plan.

Important notes

Humana Medicare Advantage (MA) HMO: The full list of prior authorization requirements applies to patients with Humana MA HMO and HMO point-of-service (HMO POS) coverage. Healthcare providers who participate in an independent practice association (IPA) or other risk network with delegated services are subject to the prior authorization list (PAL) and should refer to their IPA or risk network for guidance on processing their requests. Exclusions may change, so please refer to Humana's provider website for the most up-to-date information.

All Humana MA plans: For procedures or services that are investigational or experimental (or that may have limited benefit coverage), or to learn if Humana will pay for a service, you can request an advanced coverage

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determination (ACD) on behalf of the patient prior to providing the service. You may be contacted if additional information is needed.

ACDs for medications on the list can be initiated by submitting a fax or phone request: Submit by phone at 866-461-7273 (TTY: 711), Monday – Friday, 8 a.m. – 11 p.m., Eastern time, or by fax to 888-447-3430.

To prevent disruption of care, Humana does not require prior authorization for basic Medicare benefits during the first 90 days of a new member's enrollment for active courses of treatment that started prior to enrollment. Humana may review services furnished during an active course of treatment against permissible coverage criteria when determining payment. To ensure appropriate claim payment, please include the modifier based on Humana's Medicare Advantage Payment Policy (CP2023011), which can be found on Humana's claims payment policies website, or include medical records with evidence that the member is in an active course of treatment.

Additional information related to step therapy for Medicare Part B medications:
Humana's Medicare Part B Step Therapy Preferred Drug List (PDL), which includes background information about the program and a comprehensive list of preferred and nonpreferred medications, is available at Humana's provider prior authorization notification lists website.

Some step therapy strategies for Medicare Advantage prescription drug plans may require a trial of a preferred medication across different benefits, such as Medicare Part B and Part D. Details regarding these cross-benefit strategies can be found on Humana's Part B Step Therapy PDL, which is available on Humana's provider prior authorization notification lists website.

Humana's Part B Step Therapy PDL should be reviewed in conjunction with Humana's coverage policies, which are accessible on Humana's Medical and Pharmacy Coverage Policies website.

The designation of preferred status does not guarantee exemption from step therapy requirements. Please refer to the specific criteria contained in our coverage criteria policies, which is available on Humana's Medical and Pharmacy Coverage Policies website. Affected medications are noted with a step therapy indicator on the Medicare PAL at Humana's provider prior authorization notification lists website.

If providers do not stock a preferred medication, they may be able to obtain the preferred medication from a pharmacy (e.g., a pharmacy can ship the medication to the office). Please review our list of specialty and mail-order pharmacies at Humana's mail-order webpage to select a pharmacy that can provide the medication. A full list of pharmacies also is available on the pharmacy finder tool.

If you have questions, please call us at 800-457-4708 (TTY: 711), daily, 8 a.m. – 8 p.m., Eastern time. However, please note that our automated phone system may answer your call during weekends and holidays from April 1 to Sept. 30. Please leave your name and phone number and we'll call you back by the end of the next business day. For 24-hour service, please visit Humana's website.

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Not obtaining prior authorization for a service could result in financial penalties for the practice and reduced benefits for the patient based on the healthcare provider's contract and the patient's Evidence of Coverage. Services or medications provided without prior authorization 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 prior authorization requirements with Humana prior to providing services.

Information required for a prior authorization request or notification may include, but is not limited to, the following:

- Patient name, date of birth and Humana member ID number
- Date of actual service or hospital admission
- Healthcare Common Procedure Coding System (HCPCS) code(s) and diagnosis codes (primary and secondary) (up to a maximum of 6 per authorization request)
- Service location
    - Inpatient (acute hospital, skilled nursing or hospice)
    - Outpatient (telehealth, office, home, off-campus outpatient hospital, on-campus outpatient hospital or ambulatory surgery center)
- Tax Identification Number (TIN), National Provider Identifier (NPI) of facility where service is being rendered, and TIN and NPI number of the provider performing the service
- Caller/requester name and phone number and attending provider's phone number
- Relevant clinical information

Submitting all relevant clinical information at the time of the request will help expedite determination. If additional clinical information is required, a Humana representative will request the specific information needed to complete the authorization process.

How to request prior authorization:
Except where noted in the list below, prior authorization for medications may be initiated in one of 3 ways:

- Online: CoverMyMeds
- Phone number: 866-461-7273 (TTY: 711), Monday – Friday, 8 a.m. – 11 p.m., Eastern time
- Fax number: 888-447-3430 (Request forms are available on Humana's prior authorization for professionally administered drugs website.)

The list below is subject to change with notification and may be modified throughout the year for additions of new-to-market medications or step therapy requirements for medications without notification by United States Postal Service mail.

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Humana Dual Fully Integrated (HMO D-SNP) Virginia prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing codes**
Abecma intravenous suspension ††	idecabtagene vicleucel ††	**Q2055**
Abraxane ** ‡	paclitaxel-nab ** ‡	**J9264**
Actemra IV **	tocilizumab **	**J3262**
Adakveo	crizanlizumab-tmca	**J0791**
Adcetris	brentuximab vedotin	**J9042**
Adstiladrin	nadofaragene firadenovec-vncg	**J9029**
Aduhelm	aducanumab-avwa	**J0172**
Adzynma	ADAMTS13, recombinant-krhn	**J7171**
Akynzeo IV	fosnetupitant and palonosetron	**J1454**
Aldurazyme	laronidase	**J1931**
Alimta ‡	pemetrexed ‡	**J9305**
Alyglo **	immune globulin intravenous, human-stwk **	**J1552**
Alymsys **	bevacizumab-maly **	**Q5126**
Amondys-45	casimersen	**J1426**
Amtagvi †† ‡	lifileucel †† ‡	**C9399, J3490, J9999**
Amvuttra	vutrisiran	**J0225**
Anktiva	nogapendekin alfa inbakicept-pmln	**J9028**
Aphexda	motixafortide	**J2277**
Aralast NP ** ‡	alpha 1-proteinase inhibitor ** ‡	**J0256**
Aranesp **	darbepoetin alfa **	**J0881**
Asceniv **	immune globulin **	**J1554**

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Asparlas	calaspargase pegol-mknl	**J9118**
Aucatzyl ††	obecabtagene autoleucel ††	**Q2058**
Aukelso ** ‡	denosumab-kyqq ** ‡	**Q5161**
Avastin ** (Auth only required for Oncology/Chemo use)	bevacizumab **	**J9035, C9257**
Aveed	testosterone undecanoate	**J3145**
Avlayah ‡	tividenofusp alfa-eknm ‡	**C9399, J3490, J3590**
Avopef ‡	etoposide ‡	**C9399, J3490, J9999**
Avsola **	infliximab-axxq **	**Q5121**
Avtozma IV ** ‡	tocilizumab-anoh ** ‡	**Q5156**
Axtle ‡	pemetrexed ‡	**J9292**
Azedra	ibogenguane I 131	**A9590**
Bavencio	avelumab	**J9023**
Beizray	docetaxel-albumin	**J9174**
Beleodaq	belinostat	**J9032**
Belrapzo ‡	bendamustine hydrochloride ‡	**J9036**
Bendamustine (Apotex)	bendamustine hydrochloride	**J9058**
Bendamustine (Baxter)	bendamustine hydrochloride	**J9059**
Bendamustine ‡	bendamustine hydrochloride ‡	**J9036**
Bendeka	bendamustine hydrochloride	**J9034**
Benlysta	belimumab	**J0490**
Beovu **	brolucizumab-dbll **	**J0179**

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Brand medication name	**Generic medication name**	**Billing codes**
Berinert **	C1 esterase inhibitor **	**J0597**
Besponsa	inotuzumab ozogamicin	**J9229**
Bildyos ** ‡	denosumab-nxxp ** ‡	**Q5162**
Bilprevda ** ‡	denosumab-nxxp ** ‡	**Q5162**
Bivigam **	immune globulin **	**J1556**
Bizengri	zenocutuzumab-zbco	**J9382**
Bkemv IV **	eculizumab-aeeb **	**Q5152**
Blenrep	belantamab mafodotin-blmf	**J9053**
Blincyto	blinatumomab	**J9039**
Bomyntra ** ‡	denosumab-bnht ** ‡	**Q5158**
bortezomib (Dr. Reddy's)	bortezomib	**J9046**
bortezomib (Fresenius kabi)	bortezomib	**J9048**
bortezomib (Hospira)	bortezomib	**J9049**
bortezomib (Maia)	bortezomib	**J9051**
bortezomib ‡	bortezomib ‡	**J9041**
Boruzu	bortezomib	**J9054**
Bosaya ** ‡	denosumab-kyqq ** ‡	**Q5161**
Botox	onabotulinumtoxinA	**J0585**
Breyanzi †† ‡	lisocabtagene maraleucel †† ‡	**Q2054**
Brineura	cerliponase alfa	**J0567**
Briumvi **	ublituximab-xiiy **	**J2329**

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Byooviz **	ranibizumab-nuna intravitreal solution **	**Q5124**
Carvykti ††	ciltacabtagene autoleucel ††	**Q2056**
Casgevy ††	exagamglogene autotemcel ††	**J3392**
Cerezyme **	imiglucerase **	**J1786**
Cimerli * **	ranibizumab-eqrn * **	**Q5128**
Cimzia **	certolizumab pegol **	**J0717**
Cinqair	reslizumab	**J2786**
Cinryze **	C1 esterase inhibitor (human) **	**J0598**
Columvi	glofitamab-gxbm	**J9286**
Conexxence ** ‡	denosumab-bnht ** ‡	**Q5158**
Cosela	trilaciclib	**J1448**
Cosentyx IV **	secukinumab **	**J3247**
Crysvita	burosumab-twza	**J0584**
Cutaquig **	immune globulin **	**J1551**
Cuvitru **	immune globulin **	**J1555**
Cyramza	ramucirumab	**J9308**
Danyelza	naxitamab-gqgk	**J9348**
Darzalex	daratumumab	**J9145**
Darzalex Faspro	daratumumab and hyaluronidase-fihj	**J9144**
Datroway	datopotamab deruxtecan	**J9011**
Dawnzera ** ‡	donidalorsen ** ‡	**C9399, J3490**

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Daxxify	daxibotulinumtoxinA-lanm	**J0589**
Decnupaz ‡	pivekimab sunirine-pvzy ‡	**C9399, J3490, J3590, J9999**
Defitelio ‡	defibrotide sodium ‡	**C9399, J3490**
Docivyx	docetaxel	**J9172**
Doxil	doxorubicin HCL liposome injection	**Q2050**
Dysport	abobotulinumtoxin A	**J0586**
Elahere	mirvetuximab soravtansine-gynx	**J9063**
Elaprase	idursulfase	**J1743**
Elelyso	taliglucerase alfa	**J3060**
Elevidys	delandistrogene moxeparvovec-rokl	**J1413**
Elfabrio IV	pegunigalsidase alfa-iwxj	**J2508**
Elrexfio	elranatamab-bcmm	**J1323**
Elzonris	tagraxofusp-erzs	**J9269**
Empaveli ‡	pegcetacoplan ‡	**C9399, J3490**
Empliciti	elotuzumab	**J9176**
Emrelis IV	telisotuzumab vedotin-tllv	**J9326**
Encelto	revakinagene taroretcel-lwey	**J3403**
Enhertu	fam-trastuzumab deruxtecan-nxki	**J9358**
Enjaymo	sutimlimab-jome	**J1302**
Enspryng ‡	satralizumab-mwge ‡	**C9399, J3590, J3490**
Entyvio IV **	vedolizumab **	**J3380**

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Epkinly	epcoritamab-bysp	**J9321**
Epogen ** ‡	epoetin alfa ** ‡	**J0885**
Epysqli IV **	eculizumab-aagh **	**Q5151**
Erbitux	cetuximab	**J9055**
Erwinase ‡	crisantaspase ‡	**J9019**
Euflexxa **	sodium hyaluronate **	**J7323**
Evdi ‡	trabectedin ‡	**C9399, J3490, J9999**
Evenity **	romosozumab-aqqg **	**J3111**
Evkeeza **	evinacumab-dgnb **	**J1305**
Exdensur * **	depemokimab-ulaa * **	**J2361**
Exondys 51	eteplirsen	**J1428**
Eylea **	aflibercept **	**J0178**
Eylea HD **	aflibercept **	**J0177**
Fabrazyme	agalsidase beta	**J0180**
Fasenra	benralizumab	**J0517**
Faslodex	fulvestrant	**J9395**
Favlyxa ‡	fluorouracil ‡	**C9399, J3490, J9999**
Feraheme **	ferumoxytol **	**Q0138**
Filkri ** ‡	filgrastim-laha ** ‡	**C9399, J3490, J3590, J9999**
Firazyr ** ‡	icatibant ** ‡	**J1744**
Flebogamma DIF ‡	immune globulin ‡	**J1572**

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Folotyn ‡	pralatrexate ‡	**J9307**
Fulphila	pegfilgrastim-jmdb	**Q5108**
fulvestrant (Fresenius kabi)	fulvestrant	**J9394**
fulvestrant (Teva)	fulvestrant	**J9393**
Fyarro	sirolimus protein-bound particles for injectable suspension	**J9331**
Fylnetra **	pegfilgrastim-pbbk **	**Q5130**
GamaSTAN ‡	immune globulin ‡	**J1460, J1560**
GamaSTAN S/D ‡	immune globulin ‡	**J1460, J1560**
Gamifant	emapalumab-lzsg	**J9210**
Gammagard ‡	immune globulin ‡	**J1569**
Gammagard ERC ‡	immune globulin, human ‡	**J1566, 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**

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Granix **	tbo-filgrastim **	**J1447**
Haegarda	c1 esterase inhibitor subcutaneous	**J0599**
Herceptin (IV) **	trastuzumab **	**J9355**
Herceptin Hylecta **	trastuzumab and hyaluronidase-oysk **	**J9356**
Hercessi IV **	trastuzumab-strf **	**Q5146**
Herzuma **	trastuzumab-pkrb **	**Q5113**
Hizentra	immune globulin	**J1559**
Hyalgan ** ‡	sodium hyaluronate ** ‡	**J7321**
Hymovis ** ‡	sodium hyaluronate ** ‡	**J7322**
Hymovis ONE ** ‡	HYALURONATE ** ‡	**C9399, J3490**
Hyqvia **	immune globulin **	**J1575**
Ilaris	canakinumab	**J0638**
Ilumya **	tildrakizumab-asmn **	**J3245**
Iluvien	fluocinolone acetonide	**J7313**
Imaavy **	nipocalimab-aahu **	**J9256**
Imdelltra	tarlatamab-dlle	**J9026**
Imfinzi **	durvalumab **	**J9173**
Imjudo **	tremelimumab-actl **	**J9347**
Imlygic	talimogene laherparepvec	**J9325**
Imuldosa IV ** ‡	ustekinumab-srlf ** ‡	**Q5098**
Inflectra	infliximab-dyyb	**Q5103**

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Infliximab	infliximab	**J1745**
Injectafer **	ferric carboxymaltose **	**J1439**
Inlexzo intravesical system	gemcitabine	**J9183**
Istodax	romidepsin	**J9319**
Itvisma	onasemnogene abeparvovec-brve	**J3405**
Ixempra	ixabepilone	**J9207**
Izervay	avacincaptad pegol intravitreal solution	**J2782**
Jelmyto ‡	mitomycin ‡	**J9281**
Jemperli	dostarlimab-gxly	**J9272**
Jevtana	cabazitaxel	**J9043**
Jobevne **	bevacizumab-nwgd **	**Q5160**
Jubbonti ** ‡	denosumab-bbdz ** ‡	**Q5136**
Jubereq * ** ‡	denosumab-desu * ** ‡	**Q5166**
Kadcyla	ado-trastuzumab emtansine	**J9354**
Kalbitor **	ecallantide **	**J1290**
Kanjinti	trastuzumab-anns	**Q5117**
Kanuma	sebelipase alfa	**J2840**
Kebilidi †† ‡	eladocagene exuparvovec-tneq †† ‡	**C9399, J3490, J3590**
Keytruda **	pembrolizumab **	**J9271**
Keytruda Qlex **	pembrolizumab and berahyaluronidase alfa-pmph **	**J9277**

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Humana Dual Fully Integrated (HMO D-SNP) Virginia prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing codes**
Khapzory	levoleucovorin	**J0642**
Kimmtrak	tebentafusp-tebn	**J9274**
Kisunla	donanemab-azbt	**J0175**
Korsuva	difelikefalin	**J0879**
Krystexxa	pegloticase	**J2507**
Kymriah ††	tisagenlecleucel ††	**Q2042**
Kyprolis	carfilzomib	**J9047**
Kyxata	carboplatin	**J9278**
Lamzede	velmanase alfa-tycv	**J0217**
lanreotide (Cipla)	lanreotide	**J1932**
lanreotide ‡	lanreotide ‡	**J1930**
Lantidra †† ‡	donislecel-jujn †† ‡	**C9399, J3490, J3590**
Lemtrada **	alemtuzumab **	**J0202**
Lenmeldy ††	atidarsagene autotemcel ††	**J3391**
Leqembi	lecanemab-irmb	**J0174**
Leqembi Iqlik ‡	lecanemab-irmb ‡	**C9399, J3490, J3590**
Leqvio **	inclisiran **	**J1306**
Leukine	sargramostim	**J2820**
Levoleucovorin ‡	levoleucovorin calcium ‡	**J0641**
Libtayo	cemiplimab-rwlc	**J9119**
Loargys ‡	pegzilarginase-nbln ‡	**C9399, J3490, J3590**

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Brand medication name	**Generic medication name**	**Billing codes**
Loqtorzi	toripalimab-tpzi	**J3263**
Lucentis **	ranibizumab **	**J2778**
Lumizyme	alglucosidase alfa	**J0221**
Lunsumio ‡	mosunetuzumab-axgb ‡	**J9350**
Lunsumio Velo ‡	mosunetuzumab-axgb ‡	**J9350**
Lutathera **	lutetium Lu 177 dotatate **	**A9513**
Luxturna	voretigene neparvovec-rzyl	**J3398**
Lyfgenia ††	lovotibeglogene autotemcel ††	**J3394**
Lymphir	denileukin diftitox-cxdl	**J9161**
Lynozyfic	linvoseltamab-gcpt	**J9601**
Margenza	margetuximab-cmkb	**J9353**
Mepsevii	vestronidase alfa-vjbk	**J3397**
Mircera	methoxy polyethylene glycol - epoetin beta	**J0888**
Monjuvi	tafasitamab-cxix	**J9349**
Monoferric **	ferric derisomaltose **	**J1437**
Mozobil ‡	plerixafor ‡	**J2562**
Mvasi	bevacizumab-awwb	**Q5107**
Mylotarg	gemtuzumab ozogamicin	**J9203**
Myobloc	rimabotulinumtoxinB	**J0587**
Naglazyme	galsulfase	**J1458**
Neulasta ‡	pegfilgrastim ‡	**J2506**

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Humana Dual Fully Integrated (HMO D-SNP) Virginia prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing codes**
Neulasta Onpro ‡	pegfilgrastim ‡	**J2506**
Neupogen **	filgrastim **	**J1442**
Nexviazyme	avalglucosidase alfa-ngpt	**J0219**
Ngenla ‡	somatrogon-ghla ‡	**C9399, J3490, J3590**
Niktimvo IV	axatilimab-csfr	**J9038**
Nivestym **	filgrastim-aafi **	**Q5110**
Nplate	romiplostim	**J2802**
Nucala	mepolizumab	**J2182**
Nufymco * ** †	ranibizumab-leyk * ** †	**Q5168**
Nulibry	fosdenopterin	**J1809**
Nypozi **	filgrastim-txid **	**Q5148**
Nyvepria * **	pegfilgrastim-apgf * **	**Q5122**
Ocrevus	ocrelizumab	**J2350**
Ocrevus Zunovo	ocrelizumab and hyaluronidase-oscq	**J2351**
Octagam	immune globulin	**J1568**
Ogivri **	trastuzumab-dkst **	**Q5114**
Omisirge †† ‡	omidubicel-onlv †† ‡	**C9399, J3490, J3590**
Omvoh IV ** ‡	mirikizumab-mrkz ** ‡	**J2267**
Onapgo SQ Cartridge ‡	apomorphine hydrochloride ‡	**C9399, J3490**
Oncaspar	pegaspargase	**J9266**
Onivyde	irinotecan liposome injection	**J9205**

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Humana Dual Fully Integrated (HMO D-SNP) Virginia prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing codes**
Onpattro	patisiran	**J0222**
Ontruzant **	trastuzumab-dttb **	**Q5112**
Opdivo **	nivolumab **	**J9299**
Opdivo Qvantig	nivolumab hyaluronidase-nvhy	**J9289**
Opdualag	nivolumab and relatlimab-rmbw injection	**J9298**
Orencia IV **	abatacept **	**J0129**
Osenvelt ** ‡	denosumab-bmwo ** ‡	**Q5157**
Ospomyv ** ‡	denosumab-dssb ** ‡	**Q5159**
Osvyrti * ** ‡	denosumab-desu * ** ‡	**Q5166**
Otarmeni ‡	lunsotogene parvec-cwha ‡	**C9399, J3490, J3590**
Otulfi IV	ustekinumab-aauz	**Q9999**
Oxlumo	lumasiran	**J0224**
Ozurdex	dexamethasone intravitreal implant	**J7312**
paclitaxel protein-bound ** ‡	paclitaxel protein-bound ** ‡	**J9264**
Padcev	enfortumab vedotin-ejfv	**J9177**
Palynziq ‡	pegvaliase-pqpz ‡	**C9399, J3490, J3590**
Panhematin	hemin	**J1640**
Panzyga **	immune globulin **	**J1576**
Papzimeos	zopapogene imadenovec-drba	**J3404**
Pavblu **	aflibercept-ayyh **	**Q5147**
Pedmark IV solution	sodium thiosulfate	**J0208**

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Brand medication name	**Generic medication name**	**Billing codes**
Pemetrexed	premetrexed	**J9305**
Pemetrexed (Accord)	pemetrexed	**J9296**
Pemetrexed (Bluepoint)	pemetrexed	**J9322**
Pemetrexed (Sandoz)	pemetrexed	**J9297**
Pemetrexed (Teva)	pemetrexed	**J9314**
pemetrexed disodium (Hospira)	pemetrexed disodium	**J9294**
pemetrexed ditromethamine	pemetrexed ditromethamine	**J9323**
Pemfexy	pemetrexed injection	**J9304**
Pemrydi RTU	pemetrexed	**J9324**
Perjeta	pertuzumab	**J9306**
Phesgo	pertuzumab, trastuzumab, and hyaluronidase-zzxf	**J9316**
Piasky **	crovalimab-akkz **	**J1307**
plerixafor ‡	plerixafor ‡	**J2562**
Pluvicto	lutetium Lu 177 vipivotide tetraxetan	**A9607**
Polivy	polatuzumab vedotin-piiq	**J9309**
Pombiliti	cipaglucosidase alfa-atga	**J1203**
Portrazza	necitumumab	**J9295**
Poteligeo	mogamulizumab-kpkc	**J9204**
pralatrexate IV ‡	pralatrexate ‡	**J9307**
Prevymis IV ‡	letermovir ‡	**C9399, J3490**
Prialt	ziconotide	**J2278**

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Brand medication name	**Generic medication name**	**Billing codes**
Privigen	immune globulin	**J1459**
Procrit ‡	epoetin alfa ‡	**J0885**
Prolastin-C ** ‡	alpha 1-proteinase inhibitor ** ‡	**J0256**
Provenge	sipuleucel-T	**Q2043**
Pyzchiva IV **	ustekinumab-ttwe **	**Q9997**
Qalsody	tofersen	**J1304**
Qivigy * **	immune globulin intravenous, human-kthm * **	**J1577, J1599**
Qutenza	capsaicin/skin cleanser	**J7336**
Radicava	edaravone	**J1301**
Reblozyl **	luspatercept-aamt **	**J0896**
Releuko **	filgrastim-ayow injection **	**Q5125**
Remicade	infliximab	**J1745**
Remodulin ‡	treprostinil (injection) ‡	**J3285**
Renflexis **	infliximab-abda **	**Q5104**
Retacrit	epoetin alfa-epbx	**Q5106**
Rethymic †† ‡	allogeneic processed thymus tissue-agdc †† ‡	**C9399, J3490, J3590**
Riabni **	rituximab-arrx **	**Q5123**
Rituxan Hycela **	rituximab; hyaluronidase human **	**J9311**
Rituxan IV **	rituximab **	**J9312**
Rolvedon **	eflapegrastim-xnst **	**J1449**

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Brand medication name	**Generic medication name**	**Billing codes**
romidepsin	romidepsin	**J9318**
Ruconest **	C1 esterase inhibitor **	**J0596**
Ruxience **	rituximab-pvvr **	**Q5119**
Rybrevant Faspro	amivantamab and hyaluronidase-lpuj	**J9062**
Rybrevant IV	amivantamab-vmjw	**J9061**
Rylaze	asparaginase erwinia chrysanthemi (recombinant)-rywn	**J9021**
Ryoncil ††	remestemcel-L-rknd ††	**J3402**
Ryplazim	plasminogen, human-tvmh	**J2998**
Rystiggo **	rozanolixizumab-noli **	**J9333**
Rytelo IV	imetelstat	**J0870**
Ryzneuta **	efbemalenograstim alfa-VUXW **	**J9361**
Sajazir ‡	icatibant ‡	**J1744**
Sandostatin LAR	octreotide	**J2353**
Saphnelo intravenous solution	anifrolumab-fnia	**J0491**
Sarclisa	isatuximab-irfc	**J9227**
Scenesse	afamelanotide	**J7352**
Selarsdi IV ** ‡	ustekinumab-aekn ** ‡	**Q9998**
Signifor LAR	pasireotide	**J2502**
Simponi ARIA	golimumab	**J1602**
Sinuva	mometasone furoate	**J7402**
Skyrizi IV	risankizumab-rzaa	**J2327**

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Brand medication name	**Generic medication name**	**Billing codes**
Skysona ††	elivaldogene autotemcel ††	**J3387**
Soliris **	eculizumab **	**J1299**
Somatuline Depot ‡	lanreotide ‡	**J1930**
Spevigo IV	spesolimab-sbzo	**J1747**
Spinraza	nusinersen	**J2326**
Starjemza IV * ** ‡	ustekinumab-hmny * ** ‡	**Q5164**
Stelara IV ‡	ustekinumab ‡	**J3358**
Steqeyma IV **	ustekinumab-stba **	**Q5099**
Stimufend **	pegfilgrastim-fpgk **	**Q5127**
Stoboclo ** ‡	denosumab-bmwo ** ‡	**Q5157**
Sustol	granisetron	**J1627**
Susvimo **	ranibizumab **	**J2779**
Syfovre	pegcetacoplan	**J2781**
SynoJoynt **	1% sodium hyaluronate **	**J7331**
Synribo	omacetaxine mepesuccinate	**J9262**
Synvisc ** ‡	hylan G-F 20 ** ‡	**J7325**
Takhzyro **	lanadelumab-flyo **	**J0593**
Talvey	talquetamab-tgvs	**J3055**
Tecartus ††	brexucabtagene autoeucel ††	**Q2053**
Tecelra ††	afamitresgene autoleucel ††	**Q2057**
Tecentriq **	atezolizumab **	**J9022**

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Humana Dual Fully Integrated (HMO D-SNP) Virginia prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing codes**
Tecentriq Hybreza **	atezolizumab and hyaluronidase-tqjs **	**J9024**
Tecvayli	teclistamab-cqyv	**J9380**
Tepezza	teprotumumab-trbw	**J3241**
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**
Triluron **	sodium hyaluronate **	**J7332**
Trisenox	arsenic trioxide	**J9017**
TriVisc **	sodium hyaluronate **	**J7329**
Trodelvy	sacituzumab govitecan-hziy	**J9317**
Truxima **	rituximab-abbs **	**Q5115**
Tyenne IV **	tocilizumab-aazg **	**Q5135**
Tyruko	natalizumab-sztn	**Q5134**
Tysabri **	natalizumab **	**J2323**

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Brand medication name	**Generic medication name**	**Billing codes**
Tyvaso	treprostinil (inhaled)	**J7686**
Tzield	teplizumab-mzwv	**J9381**
Udenyca ‡	pegfilgrastim-cbqv ‡	**Q5111**
Udenyca Autoinjector ‡	pegfilgrastim-cbqv ‡	**Q5111**
Udenyca Onbody ‡	pegfilgrastim-cbqv ‡	**Q5111**
Ultomiris	ravulizumab-cwvz	**J1303**
Unituxin ‡	dinutuximab ‡	**C9399, J3490**
Unloxcyt	cosibelimab-ipdl	**J9275**
Uplizna **	inebilizumab-cdon **	**J1823**
Ustekinumab IV ** ‡	ustekinumab ** ‡	**J3358**
Vabysmo **	faricimab-svoa injection **	**J2777**
Valstar	valrubicin	**J9357**
Vectibix	panitumumab	**J9303**
Vegzelma **	bevacizumab-adcd **	**Q5129**
Velcade ‡	bortezomib ‡	**J9041**
Veopoz	pozelimab-bbfg	**J9376**
Viltepso	viltolarsen	**J1427**
Vimizim	elosulfase alfa	**J1322**
Visco-3 ** ‡	sodium hyaluronate ** ‡	**J7321**
Vivimusta	bendamustine hydrochloride	**J9056**
Vpriv **	velaglucerase alfa **	**J3385**

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Brand medication name	**Generic medication name**	**Billing codes**
Vyepti **	eptinezumab-jjmr **	**J3032**
Vyjuvek	beremagene geperpavec-svdt	**J3401**
Vyloy	zolbetuximab-clzb	**J1326**
Vyondys 53	golodirsen	**J1429**
Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	**J9334**
Vyvgart IV	efgartigimod alfa-fcab	**J9332**
Vyxeos	daunorubicin/cytarabine	**J9153**
Wainua ‡	eplontersen injection ‡	**C9399, J3490**
Wezlana IV **	ustekinumab-auub **	**Q5138**
Wyost ** ‡	denosumab-bbdz ** ‡	**Q5136**
Xembify	immune globulin	**J1558**
Xenpozyme	olipudase alfa-rpcp	**J0218**
Xeomin	incobotulinumtoxinA	**J0588**
Xgeva ** ‡	denosumab ** ‡	**J0897**
Xipere	triamcinolone acetonide	**J3299**
Xofigo	radium Ra 223 dichloride	**A9606**
Xolair	omalizumab	**J2357**
Xtrenbo ** ‡	denosumab-qbde ** ‡	**Q5167**
Yartemlea *	narsoplimab-wuug *	**J1289**
Yervoy **	ipilimumab **	**J9228**
Yescarta ††	axicabtagene ciloleucel ††	**Q2041**

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Brand medication name	**Generic medication name**	**Billing codes**
Yesintek IV ‡	ustekinumab-kfce ‡	**Q5100**
Yimmugo **	immune globulin intravenous, human - dira **	**J1553**
Yondelis	trabectedin	**J9352**
Zaltrap	ziv-aflibercept	**J9400**
Zarxio	filgrastim-sndz	**Q5101**
Zemaira ‡	alpha 1-proteinase inhibitor ‡	**J0256**
Zepzelca	lurbinectedin	**J9223**
Zevalin	ibritumomab tiuxetan	**A9543**
Zevaskyn ††	prademagene zamikeracel ††	**J3389**
Ziextenzo **	pegfilgrastim-bmez **	**Q5120**
Ziihera	zanidatamab-hrii	**J9276**
Zilretta **	triamcinolone acetonide **	**J3304**
Zirabev	bevacizumab-bvzr	**Q5118**
Zoladex	goserelin acetate	**J9202**
Zolgensma	onasemnogene abeparvovec-xioi	**J3399**
Zusduri	mitomycin	**J9282**
Zynlonta	loncastuximab tesirine-lpyl	**J9359**
Zynteglo ††	betibeglogene autotemcel ††	**J3393**
Zynyz	retifanlimab-dlwr	**J9345**

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Blood-clotting Factors		
Brand medication name	**Generic medication name**	**Billing codes**
Advate ‡	antihemophilic factor, human recombinant ‡	**J7192**
Adynovate	antihemophilic factor [recombinant], PEGylated	**J7207**
Afstyla	antihemophilic factor (recombinant) single chain	**J7210**
Alhemo **	concizumab-mtci **	**J7173**
Alphanate	antihemophilic factor/von Willebrand factor complex [human]	**J7186**
AlphaNine SD	coagulation factor IX [human]	**J7193**
Alprolix	coagulation factor IX [recombinant]	**J7201**
Altuviiio	efanesoctocog alfa	**J7214**
Benefix ‡	coagulation factor IX [recombinant] ‡	**J7195**
Beqvez	fidanacogene elaparvovec-dzkt	**J1414**
Coagadex	coagulation factor X [human]	**J7175**
Corifact	factor XIII concentrate [human]	**J7180**
Eloctate	antihemophilic factor [recombinant], Fc fusion protein	**J7205**
Esperoct	antihemophilic factor (recombinant), glycopegylated-exei	**J7204**
Feiba NF	anti-inhibitor coagulant complex	**J7198**
Hemgenix	etranacogene dezaparvovec-drlb	**J1411**
Hemlibra **	emicizumab-kxwh **	**J7170**
Hemofil M ‡	antihemophilic factor [human] ‡	**J7190**
Humate-P	antihemophilic factor/von Willebrand factor complex [human]	**J7187**

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† New-to-market drug addition
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****** Step therapy required through a Humana-preferred drug as part of preauthorization.
†† Preauthorization requests will be reviewed by the Humana National Transplant Network and can be submitted by fax to 502-508-9300, by phone at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Blood-clotting Factors		
Brand medication name	**Generic medication name**	**Billing codes**
Hympavzi **	marstacimab-hncq **	**J7172**
Idelvion	coagulation factor IX (recombinant)	**J7202**
Ixinity	coagulation factor IX [recombinant]	**J7213**
Jivi	antihemophilic factor (recombinant), PEGylated-aucl	**J7208**
Koate-DVI ‡	antihemophilic factor [human] ‡	**J7190**
Kogenate FS ‡	antihemophilic factor [recombinant] ‡	**J7192**
Kovaltry	antihemophilic factor [recombinant]	**J7211**
NovoEight	turoctocog alfa	**J7182**
NovoSeven RT	coagulation Factor VIIa, recombinant; eptacog alfa	**J7189**
Nuwiq	simoctocog alfa	**J7209**
Obizur	antihemophilic factor [recombinant], porcine sequence	**J7188**
Profilnine	factor IX complex	**J7194**
Qfitlia ** ‡	fitusiran ** ‡	**J7174**
Rebinyn	Coagulation Factor IX [Recombinant], GlycoPEGylated	**J7203**
Recombinate ‡	antihemophilic factor [recombinant] ‡	**J7192**
Rixubis	coagulation factor IX [recombinant]	**J7200**
Roctavian	valoctocogene roxaparvovec-rvox	**J1412**
SevenFact intravenous solution	coagulation factor VIIa (recombinant)-jncw; eptacog beta	**J7212**
Tretten	coagulation factor XIII A-subunit [recombinant]	**J7181**
Vonvendi	von Willebrand factor [recombinant]	**J7179**

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Blood-clotting Factors		
Brand medication name	**Generic medication name**	**Billing codes**
Wilate	von Willebrand factor / coagulation factor VIII complex [human]	**J7183**
Xyntha ‡	antihemophilic factor [recombinant] ‡	**J7185**
Xyntha Solofuse ‡	antihemophilic factor [recombinant] ‡	**J7185**

Humana.

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