

Humana Healthy Horizons in Kentucky Prior Authorization and Notification List

Effective date: 01/01/2026

Revision date: 05/27/2026

The following list describes medications that are commonly reviewed and may require additional clinical information. Listed medications include those that are delivered in the provider's office, a clinic, or an outpatient or home setting.

Please note that the term "prior authorization," also known as preauthorization, precertification and preadmission, refers to a process that requires healthcare providers to obtain advance approval from the plan as to whether an item or service may be covered.

"Notification" refers to the process through which a healthcare provider notifies Humana of the intent to provide an item or service. Humana requests notification to help coordinate care for Humana-covered patients. This process differs from prior authorization. Humana does not issue an approval or denial related to a notification.

Important notes:

Humana Healthy Horizons® in Kentucky members:

In addition to the information noted above, certain services outlined in the Humana Healthy Horizons PAL may not apply for providers affiliated with an independent practice association via a capitated or delegated arrangement. Please refer to your provider agreement for clarification.

The enclosed PAL applies only to Humana Healthy Horizons in Kentucky. This list does not apply to Humana commercial, Medicare or other state Medicaid plans. Urgent/emergent services do not require a referral or prior authorization.

The absence of authorization and/or notification prior to the date of service could result in financial penalties for the practice and reduced benefits for the member, based on the provider's contract and the member's Certificate of Coverage. Services or medications provided without prior authorization may be subject to retrospective medical necessity review. We recommend that an individual provider making a specific request for services or medications verify benefits and prior authorization requirements with Humana prior to providing services.

Prior authorization requests for provider-administered medications

Except where noted below for adult oncology reviews, healthcare providers can request prior authorization by web, phone or fax:

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

820606KY0825 KYHMDPXEN_0825

- CoverMyMeds (preferred) requests can be submitted on the [CoverMyMeds](#) website.
- You can fax requests to 888-447-3430 (Request forms are available on [Humana's prior authorization for professionally administered drugs](#) website.)
- You can call 866-461-7273 (TTY: 711), Monday – Friday, 8 a.m. – 11 p.m., Eastern time.

For patients 18 years old and older, Humana partners with Evolent Health for the prior authorization request of chemotherapy agents and supportive and system management drugs.

Choose from the following options to submit a request for prior authorization to Evolent Health:

- Online (preferred): [Evolent Provider Portal](#)
- Phone number: 844-926-4528, option 3, Monday – Friday, 8 a.m. – 8 p.m., Eastern time
- Fax number: 877-624-0611

This list is subject to change. A summary of changes can be found on [Humana's provider prior authorization notification lists](#) website. New-to-market medications may be added throughout the year without notification.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL		
You can access the fax forms to request prior authorization or provide notification.		
Brand medication name	Generic medication name	Code
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

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
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 (ESRD)	darbepoetin alfa	J0882
Aranesp (non-ESRD)	darbepoetin alfa	J0881
Arcalyst	rilonacept	J2793
Asceniv	immune globulin	J1554
Asparlas	calaspargase pegol-mknl	J9118
Atgam	lymphocyte immune globulin	J7504
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
Avsola	infliximab-axxq	Q5121
Avtozma IV ‡	tocilizumab-anoh ‡	Q5156
Axtle ‡	pemetrexed ‡	J9292
Bavencio	avelumab	J9023

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
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	brolocizumab-dbll	J0179
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 †	C9399, J3490, J3590, J9999
Blincyto	blinatumomab	J9039
Bomynta †	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

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
Boruzu	bortezomib	J9054
Bosaya ‡	denosumab-kyqq ‡	Q5161
Botox	onabotulinumtoxinA	J0585
Breyanzi †† ‡	lisocabtagene maraleucel †† ‡	Q2054
Brineura	cerliponase alfa	J0567
Briumvi	ublituximab-xiiy	J2329
Brovana	arformoterol tartrate	J7605
Byooviz	ranibizumab-nuna intravitreal solution	Q5124
Cabenuva	cabotegravir and rilpivirine	J0741
Carvykti ††	ciltacabtagene autoleucel ††	Q2056
Casgevy ††	exagamglogene autotemcel ††	J3392
Cerezyme	imiglucerase	J1786
Cimzia	certolizumab pegol	J0717
Cinqair	reslizumab	J2786
Cinryze	C1 esterase inhibitor (human)	J0598
Cinvanti	aprepitant	J0185
Columvi	glofitamab-gxbm	J9286
Conexence ‡	denosumab-bnht ‡	Q5158
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

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
Cyklokapron	tranexamic acid	J3290
Cyramza	ramucirumab	J9308
CytoGam	cytomegalovirus immune globulin	J0850
Danyelza	naxitamab-gqgk	J9348
Darzalex	daratumumab	J9145
Darzalex Faspro	daratumumab and hyaluronidase-fihj	J9144
Datroway	datopotamab deruxtecan	J9011
Dawnzera †	donidalorsen †	C9399, J3490
Daxxify	daxibotulinumtoxinA-lanm	J0589
Defitelio †	defibrotide sodium †	C9399, J3490
Docivyx	docetaxel	J9172
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 soravtansine-gynx	J9063
Elaprase	idursulfase	J1743
Ellyso	taliglucerase alfa	J3060
Elevidys	delandistrogene moxeparvovec-rokl	J1413
Elfabrio IV	pegunigalsidase alfa-iwxj	J2508
Elitek	rasburicase	J2783
Elrexio	elranatamab-bcmm	J1323

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
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
Enoby †	denosumab-qbde †	C9399, J3490, J3590, J9999
Enspryng †	satralizumab-mwge †	C9399, J3590, J3490
Entyvio IV	vedolizumab	J3380
Epkinly	epcoritamab-bysp	J9321
Epogen (ESRD) †	epoetin alfa †	Q4081
Epogen (non-ESRD) †	epoetin alfa †	J0885
Epysqli IV	eculizumab-aagh	Q5151
Erbix	cetuximab	J9055
Erwinase †	crisantaspase †	J9019
Euflexxa	sodium hyaluronate	J7323
Evenity	romosozumab-aqqg	J3111
Evkeeza	evinacumab-dgnb	J1305
Exdensur †	depemokimab-ulaa †	C9399, J3490, J3590
Exondys 51	eteplirsen	J1428
Eylea	aflibercept	J0178
Eylea HD	aflibercept	J0177
Fabrazyme	agalsidase beta	J0180

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
Fasenra	benralizumab	J0517
Faslodex	fulvestrant	J9395
Fensolvi	leuprolide acetate	J1951
Feraheme (ESRD)	ferumoxytol	Q0139
Feraheme (non-ESRD)	ferumoxytol	Q0138
Filkri † ‡	filgrastim-laha † ‡	C9399, J3490, J3590, J9999
Firazyr ‡	icatibant ‡	J1744
Flebogamma DIF ‡	immune globulin ‡	J1572
Flolan ‡	epoprostenol ‡	J1325
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
Gattex ‡	teduglutide ‡	C9399, J3490

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
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 FlexPro, Nutropin AQ NuSpin, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive ‡	somatropin ‡	J2941
H.P. Acthar Gel	corticotropin	J0801
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
iDose TR 75mcg intracameral implant	travoprost intracameral implant	J7355
Ilaris	canakinumab	J0638
Ilumya	tildrakizumab-asmn	J3245

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
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
Infliximab	infliximab	J1745
Injectafer	ferric carboxymaltose	J1439
Inlexzo intravesical system	gemcitabine	J9183
Istodax	romidepsin	J9319
Itvisma ‡	onasemnogene abeparvovec-brve ‡	C9309, J3490, J3590
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
Kadcyla	ado-trastuzumab emtansine	J9354
Kalbitor	ecallantide	J1290
Kanjinti	trastuzumab-anns	Q5117
Kanuma	sebelipase alfa	J2840

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
Kebilidi †† ‡	eladocagene exuparvovec-tneq †† ‡	C9399, J3490, J3590
Keytruda	pembrolizumab	J9271
Keytruda Qlex	pembrolizumab and berahyaluronidase alfa-pmph	J9277
Khapzory	levoleucovorin	J0642
Kimmtrak	tebentafusp-tebn	J9274
Kineret ‡	anakinra ‡	J3490, J3590
Kisunla	donanemab-azbt	J0175
Korsuva	difelikefalin	J0879
Krystexxa	pegloticase	J2507
Kymriah ††	tisagenlecleucel ††	Q2042
Kyprolis	carfilzomib	J9047
Kyxata	carboplatin	J9278
Lamzedo	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

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
Loargys ‡	pegzilarginase-nbln ‡	C9399, J3490, J3590
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
Lynozytic	linvoseltamab-gcpt	J9601
Macrilen ‡	macimorelin ‡	C9399, J8499
Margenza	margetuximab-cmkb	J9353
Mepsevii	vestronidase alfa-vjbc	J3397
Mircera (ESRD)	methoxy polyethylene glycol - epoetin beta	J0887
Mircera (non-ESRD)	methoxy polyethylene glycol - epoetin beta	J0888
Monjuvi	tafasitamab-cxix	J9349
Monoferric	ferric derisomaltose	J1437
Monovisc	hyaluronan	J7327
Mozobil ‡	plerixafor ‡	J2562
Mvasi	bevacizumab-awwb	Q5107
Mylotarg	gemtuzumab ozogamicin	J9203
Myobloc	rimabotulinumtoxinB	J0587

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
Naglazyme	galsulfase	J1458
Neulasta ‡	pegfilgrastim ‡	J2506
Neulasta Onpro ‡	pegfilgrastim ‡	J2506
Neupogen	filgrastim	J1442
Nexvazyme	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
Nulibry	fosdenopterin	J1809
Nulojix	belatacept	J0485
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
Ohtuvayre	ensifentrine	J7601
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

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
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
Orthovisc	hyaluronan	J7324
Osenvelt †	denosumab-bmwo †	Q5157
Ospomyv †	denosumab-dssb †	Q5159
Otarmeni † ‡	lunsotogene parvec-cwha † ‡	C9399, J3490, J3590
Otulfu IV	ustekinumab-aaaz	Q9999
Oxlumo	lumasiran	J0224
Ozurdex	dexamethasone intravitreal implant	J7312
paclitaxel protein-bound †	paclitaxel protein-bound †	J9264
Padcev	enfortumab vedotin-ejfv	J9177
Palyzinq †	pegvaliase-pqpz †	C9399, J3490, J3590
Panhematin	hemin	J1640
Panzyga	immune globulin	J1576
Papzimeos	zopapogene imadenovec-drba	J3404
Parsabiv	etelcalcetide	J0606
Pavblu	aflibercept-ayyh	Q5147
Pedmark IV solution	sodium thiosulfate	J0208
Pemetrexed	pemetrexed	J9305
Pemetrexed (Accord)	pemetrexed	J9296

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
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
Prevymis IV ‡	letermovir ‡	C9399, J3490
Prialt	ziconotide	J2278
Privigen	immune globulin	J1459
Procrit (ESRD) ‡	epoetin alfa ‡	Q4081
Procrit (non-ESRD) ‡	epoetin alfa ‡	J0885
Prolastin-C ‡	alpha 1-proteinase inhibitor ‡	J0256
Prolia	denosumab	J0897
Provenge	sipuleucel-T	Q2043

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
Pyzchiva IV	ustekinumab-ttwe	Q9997
Qalsody	tofersen	J1304
Qivigy ‡	immune globulin intravenous, human-kthm ‡	C9399, J3490, J3590, 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 (ESRD)	epoetin alfa-epbx	Q5105
Retacrit (non-ESRD)	epoetin alfa-epbx	Q5106
Rethymic †† ‡	allogeneic processed thymus tissue-agdc †† ‡	C9399, J3490, J3590
Retisert	fluocinolone acetonide	J7311
Revatio ‡	sildenafil citrate ‡	J3490, J8499
Riabni	rituximab-arrx	Q5123
Rituxan Hycela	rituximab; hyaluronidase human	J9311
Rituxan IV	rituximab	J9312
Rolvedon	eflapegrastim-xnst	J1449
romidepsin	romidepsin	J9318
Ruconest	C1 esterase inhibitor	J0596
Ruxience	rituximab-pvvr	Q5119

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
Rybrevant Faspro †	amivantamab and hyaluronidase-lpuj †	C9399, J3490, J3590, J9999
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
Skysona ††	elivaldogene autotemcel ††	J3387
Sogroya †	somapacitan - beco †	C9399, J3590
Soliris	eculizumab	J1299
Somatuline Depot †	lanreotide †	J1930
Spevigo IV	spesolimab-sbzo	J1747

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
Spinraza	nusinersen	J2326
Starjemza IV ‡	ustekinumab-hmny ‡	C9399, J3490, J3590
Stelara IV ‡	ustekinumab ‡	J3358
Stelara SQ	ustekinumab	J3357
Steqeyma IV	ustekinumab-stba	Q5099
Stimufend	pegfilgrastim-fpgk	Q5127
Stoboclo ‡	denosumab-bmwo ‡	Q5157
Strengiq ‡	asfotase alfa ‡	C9399, J3590
Sunlenca	lenacapavir	J1961
Supartz FX	sodium hyaluronate	J7321
Sustol	granisetron	J1627
Susvimo	ranibizumab	J2779
Syfovre	pegcetacoplan	J2781
Sylvant	siltuximab	J2860
Synagis	palivizumab	90378
SynoJoynt	1% sodium hyaluronate	J7331
Synvisc ‡	hylan G-F 20 ‡	J7325
Synvisc One ‡	hylan G-F 20 ‡	J7325
Takhzyro	lanadelumab-flyo	J0593
Talvey	talquetamab-tgvs	J3055
Tecartus ††	brexucabtagene autoeucel ††	Q2053
Tecelra ††	afamitresgene autoleucel ††	Q2057
Tecentriq	atezolizumab	J9022
Tecentriq Hybreza	atezolizumab and hyaluronidase-tqjs	J9024

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
Tecvayli	teclistamab-cqyv	J9380
Tepezza	teprotumumab-trbw	J3241
Testopel (75mg)	testosterone pellet (75mg)	J1073
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
Triptodur	triptorelin	J3316
Trisenox	arsenic trioxide	J9017
TriVisc	sodium hyaluronate	J7329
Trodelvy	sacituzumab govitecan-hziy	J9317
Trogarzo	ibalizumab-uiyk	J1746
Truxima	rituximab-abbs	Q5115
Tyenne IV	tocilizumab-aazg	Q5135
Tyruko	natalizumab-sztn	Q5134
Tysabri	natalizumab	J2323
Tyvaso	treprostinil (inhaled)	J7686
Tzield	teplizumab-mzww	J9381

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
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
Upravi †	selexipag †	C9399, J3490
Ustekinumab IV †	ustekinumab †	J3358
Vabysmo	faricimab-svoa injection	J2777
Valstar	valrubicin	J9357
Vectibix	panitumumab	J9303
Vegzelma	bevacizumab-adcd	Q5129
Velcade †	bortezomib †	J9041
Veletri †	epoprostenol †	J1325
Venofer	iron sucrose	J1756
Ventavis	iloprost	Q4074
Veopoz	pozelimab-bbfg	J9376
Viltepso	viltolarsen	J1427
Vimizim	elosulfase alfa	J1322
Visco-3 †	sodium hyaluronate †	J7321
Visudyne	verteporfin	J3396
Vivimusta	bendamustine hydrochloride	J9056
Vpriv	velaglucerase alfa	J3385

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
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 †	C9399, J3490, J3590, J9999
Yartemlea †	narsoplimab-wuug †	C9399, J3490, J3590
Yervoy	ipilimumab	J9228
Yescarta ††	axicabtagene ciloleucel ††	Q2041
Yesintek IV †	ustekinumab-kfce †	Q5100
Yimmugo	immune globulin intravenous, human - dira	J1553

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Humana Healthy Horizons in Kentucky Professionally Administered Medication PAL

You can access the fax forms to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
Yondelis	trabectedin	J9352
Zaltrap	ziv-aflibercept	J9400
Zarxio	filgrastim-sndz	Q5101
Zemaira ‡	alpha 1-proteinase inhibitor ‡	J0256
Zepzelca	lurbinectedin	J9223
Zevaskyn ††	prademagene zamikeracel ††	J3389
Ziextenzo	pegfilgrastim-bmez	Q5120
Ziihera	zanidatamab-hrii	J9276
Zilretta	triamcinolone acetate	J3304
Zirabev	bevacizumab-bvzr	Q5118
Zoladex	goserelin acetate	J9202
Zusduri	mitomycin	J9282
Zycubo ‡	copper histidinate ‡	C9399, J3490
Zynlonta	loncastuximab tesirine-lpyl	J9359
Zynteglo ††	betibeglogene autotemcel ††	J3393
Zynyz	retifanlimab-dlwr	J9345

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Blood-clotting Factors		
Brand medication name	Brand medication name	Code
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
Altuviiiio	efanesoctocog alfa	J7214
Benefix †	coagulation factor IX [recombinant] †	J7195
Beqvez	fidanacogene elaparovec-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 dezaparovec-drlb	J1411
Hemlibra	emicizumab-kxwh	J7170
Hemofil M †	antihemophilic factor [human] †	J7190
Humate-P	antihemophilic factor/von Willebrand factor complex [human]	J7187
Hypnavzi	marstacimab-hncq	J7172

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Blood-clotting Factors		
Brand medication name	Brand medication name	Code
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
Mononine	coagulation factor IX [human]	J7193
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
Wilate	von Willebrand factor / coagulation factor VIII complex [human]	J7183

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.

Blood-clotting Factors		
Brand medication name	Brand medication name	Code
Xyntha †	antihemophilic factor [recombinant] ‡	J7185
Xyntha Solofuse †	antihemophilic factor [recombinant] ‡	J7185

Humana Healthy Horizons. in Kentucky

† 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 at 866-421-5663, Monday – Friday, 7 a.m. – 7 p.m., Central time, or by email to transplant@humana.com.

Humana Healthy Horizons in Kentucky is a Medicaid product of Humana Health Plan, Inc.