

# Humana Healthy Horizons in Ohio prior authorization and notification List

**Effective date:** 01/01/2026

**Revision date:** 04/29/2026

**Please note:** An authorization is not a guarantee of payment. Please be sure to check all applicable resources.

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

Please note the term prior authorization, also known as precertification and preauthorization, 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 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.

Investigational and experimental procedures usually are not covered benefits. Please contact Humana for confirmation of coverage.

## **Important notes:**

Emergent services do not require a referral or prior authorization.

A provider may request urgent prior authorization in situations where the provider considers a delay in providing services, supplies or medications requiring prior authorization to be detrimental to the health of the consumer.

The absence of prior authorization and/or notification prior to the date of a service could result in financial penalties for the practice and reduced benefits for the member, based on the healthcare 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 individual practitioners making specific requests for services or medications verify benefits and prior authorization requirements with Humana prior to providing services. Providers can request prior authorization to exceed coverage or benefit limits for members under the age of 21.

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

**How to request prior authorization for provider-administered medications:**

Humana handles all prior authorization requests for medications typically received as an injection at a healthcare provider's office. The prior authorization can be initiated by one of the methods below:

- Online: [CoverMyMeds](#)
- Fax: 888-447-3430 (You can find request forms at Humana's [prior authorization for professionally administered drugs website.](#))
- Phone: 866-461-7273 (TTY: 711), Monday – Friday, 8 a.m. – 11 p.m., Eastern time

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

Humana Healthy Horizons® in Ohio prior authorization and notification list		
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
Aldurazyme	laronidase	J1931
Alimta ‡	pemetrexed ‡	J9305
Alyglo	immune globulin intravenous, human-stwk	J1552
Alymsys	bevacizumab-maly	Q5126

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
<b>Amondys-45</b>	casimersen	<b>J1426</b>
<b>Amtagvi †† ‡</b>	lifileucel †† ‡	<b>C9399, J3490, J9999</b>
<b>Amvuttra</b>	vutrisiran	<b>J0225</b>
<b>Anktiva</b>	nogapendekin alfa inbakicept-pmln	<b>J9028</b>
<b>Aphexda</b>	motixafortide	<b>J2277</b>
<b>Aralast NP ‡</b>	alpha 1-proteinase inhibitor ‡	<b>J0256</b>
<b>Aranesp (ESRD)</b>	darbepoetin alfa	<b>J0882</b>
<b>Aranesp (non-ESRD)</b>	darbepoetin alfa	<b>J0881</b>
<b>Arcalyst</b>	rilonacept	<b>J2793</b>
<b>Asceniv</b>	immune globulin	<b>J1554</b>
<b>Asparlas</b>	calaspargase pegol-mknl	<b>J9118</b>
<b>Atgam</b>	lymphocyte immune globulin	<b>J7504</b>
<b>Aucatzyl ††</b>	obecabtagene autoleucel ††	<b>Q2058</b>
<b>Aukelso ‡</b>	denosumab-kyqq ‡	<b>Q5161</b>
<b>Avastin (Auth only required for Oncology/Chemo use)</b>	bevacizumab	<b>J9035, C9257</b>
<b>Aveed</b>	testosterone undecanoate	<b>J3145</b>
<b>Avlayah † ‡</b>	tividenofusp alfa-eknm † ‡	<b>C9399, J3490, J3590</b>
<b>Avsola</b>	infliximab-axxq	<b>Q5121</b>
<b>Avtozma IV ‡</b>	tocilizumab-anoh ‡	<b>Q5156</b>
<b>Axtle ‡</b>	pemetrexed ‡	<b>J9292</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
<b>Bavencio</b>	avelumab	<b>J9023</b>
<b>Beizray</b>	docetaxel-albumin	<b>J9174</b>
<b>Beleodaq</b>	belinostat	<b>J9032</b>
<b>Belrapzo †</b>	bendamustine hydrochloride †	<b>J9036</b>
<b>Bendamustine (Apotex)</b>	bendamustine hydrochloride	<b>J9058</b>
<b>Bendamustine (Baxter)</b>	bendamustine hydrochloride	<b>J9059</b>
<b>Bendamustine †</b>	bendamustine hydrochloride †	<b>J9036</b>
<b>Bendeka</b>	bendamustine hydrochloride	<b>J9034</b>
<b>Benlysta</b>	belimumab	<b>J0490</b>
<b>Beovu</b>	brolocizumab-dbll	<b>J0179</b>
<b>Berinert</b>	C1 esterase inhibitor	<b>J0597</b>
<b>Besponsa</b>	inotuzumab ozogamicin	<b>J9229</b>
<b>Bildyos †</b>	denosumab-nxxp †	<b>Q5162</b>
<b>Bilprevida †</b>	denosumab-nxxp †	<b>Q5162</b>
<b>Bivigam</b>	immune globulin	<b>J1556</b>
<b>Bizengri</b>	zenocutuzumab-zbco	<b>J9382</b>
<b>Bkemv IV</b>	eculizumab-aeab	<b>Q5152</b>
<b>Blenrep †</b>	belantamab mafodotin-blmf †	<b>C9399, J3490, J3590, J9999</b>
<b>Blincyto</b>	blinatumomab	<b>J9039</b>
<b>Bomynta †</b>	denosumab-bnht †	<b>Q5158</b>
<b>bortezomib (Dr. Reddy's)</b>	bortezomib	<b>J9046</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

**Humana Healthy Horizons® in Ohio prior authorization and notification list**

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

Brand medication name	Generic medication name	Code
<b>bortezomib (Fresenius kabi)</b>	bortezomib	<b>J9048</b>
<b>bortezomib (Hospira)</b>	bortezomib	<b>J9049</b>
<b>bortezomib (Maia)</b>	bortezomib	<b>J9051</b>
<b>bortezomib ‡</b>	bortezomib ‡	<b>J9041</b>
<b>Boruzu</b>	bortezomib	<b>J9054</b>
<b>Bosaya ‡</b>	denosumab-kyqq ‡	<b>Q5161</b>
<b>Botox</b>	onabotulinumtoxinA	<b>J0585</b>
<b>Breyanzi †† ‡</b>	lisocabtagene maraleucel †† ‡	<b>Q2054</b>
<b>Brineura</b>	cerliponase alfa	<b>J0567</b>
<b>Briumvi</b>	ublituximab-xiiy	<b>J2329</b>
<b>Byooviz</b>	ranibizumab-nuna intravitreal solution	<b>Q5124</b>
<b>Carvykti ††</b>	ciltacabtagene autoleucel ††	<b>Q2056</b>
<b>Cerezyme</b>	imiglucerase	<b>J1786</b>
<b>Cimzia</b>	certolizumab pegol	<b>J0717</b>
<b>Cinqair</b>	reslizumab	<b>J2786</b>
<b>Cinryze</b>	C1 esterase inhibitor (human)	<b>J0598</b>
<b>Columvi</b>	glofitamab-gxbm	<b>J9286</b>
<b>Conexence ‡</b>	denosumab-bnht ‡	<b>Q5158</b>
<b>Cosela</b>	trilaciclib	<b>J1448</b>
<b>Cosentyx IV</b>	secukinumab	<b>J3247</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
<b>Crysvita</b>	burosumab-twza	<b>J0584</b>
<b>Cutaquig</b>	immune globulin	<b>J1551</b>
<b>Cuvitru</b>	immune globulin	<b>J1555</b>
<b>Cyklokapron</b>	tranexamic acid	<b>J3290</b>
<b>Cyramza</b>	ramucirumab	<b>J9308</b>
<b>CytoGam</b>	cytomegalovirus immune globulin	<b>J0850</b>
<b>Danyelza</b>	naxitamab-gqgk	<b>J9348</b>
<b>Darzalex</b>	daratumumab	<b>J9145</b>
<b>Darzalex Faspro</b>	daratumumab and hyaluronidase-fihj	<b>J9144</b>
<b>Datroway</b>	datopotamab deruxtecan	<b>J9011</b>
<b>Dawnzera †</b>	donidalorsen †	<b>C9399, J3490</b>
<b>Daxxify</b>	daxibotulinumtoxinA-lanm	<b>J0589</b>
<b>Docivyx</b>	docetaxel	<b>J9172</b>
<b>Doxil</b>	doxorubicin HCL liposome injection	<b>Q2050</b>
<b>Duopa</b>	carbidopa / levodopa	<b>J7340</b>
<b>Dupixent †</b>	dupilumab †	<b>C9399, J3590</b>
<b>Durolane</b>	hyaluronic acid, stabilized	<b>J7318</b>
<b>Durysta</b>	bimatoprost implant	<b>J7351</b>
<b>Dysport</b>	abobotulinumtoxin A	<b>J0586</b>
<b>Elahere</b>	mirvetuximab soravtansine-gynx	<b>J9063</b>
<b>Elaprase</b>	idursulfase	<b>J1743</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
<b>Elelyso</b>	taliglucerase alfa	<b>J3060</b>
<b>Elfabrio IV</b>	pegunigalsidase alfa-iwxj	<b>J2508</b>
<b>Eligard †</b>	leuprolide acetate for depot suspension †	<b>J9217</b>
<b>Elitek</b>	rasburicase	<b>J2783</b>
<b>Elrexio</b>	elranatamab-bcmm	<b>J1323</b>
<b>Elzonris</b>	tagraxofusp-erzs	<b>J9269</b>
<b>Empaveli †</b>	pegcetacoplan †	<b>C9399, J3490</b>
<b>Empliciti</b>	elotuzumab	<b>J9176</b>
<b>Emrelis IV</b>	telisotuzumab vedotin-tllv	<b>J9326</b>
<b>Encelto</b>	revakinagene taroretcel-lwey	<b>J3403</b>
<b>Enhertu</b>	fam-trastuzumab deruxtecan-nxki	<b>J9358</b>
<b>Enjaymo</b>	sutimlimab-jome	<b>J1302</b>
<b>Enoby †</b>	denosumab-qbde †	<b>C9399, J3490, J3590, J9999</b>
<b>Entyvio IV</b>	vedolizumab	<b>J3380</b>
<b>Epkinly</b>	epcoritamab-bysp	<b>J9321</b>
<b>Epogen (ESRD) †</b>	epoetin alfa †	<b>Q4081</b>
<b>Epogen (non-ESRD) †</b>	epoetin alfa †	<b>J0885</b>
<b>Epysqli IV</b>	eculizumab-aagh	<b>Q5151</b>
<b>Erbitux</b>	cetuximab	<b>J9055</b>
<b>Erwinase †</b>	crisantaspase †	<b>J9019</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
Euflexxa	sodium hyaluronate	J7323
Evenity	romosozumab-aqqg	J3111
Evkeeza	evinacumab-dgnb	J1305
Exdensus ‡	depemokimab-ulaa ‡	C9399, J3490, J3590
Exondys 51	eteplirsen	J1428
Eylea	aflibercept	J0178
Eylea HD	aflibercept	J0177
Fabrazyme	agalsidase beta	J0180
Fasenra	benralizumab	J0517
Faslodex	fulvestrant	J9395
Fensolvi	leuprolide acetate	J1951
Feraheme (ESRD)	ferumoxytol	Q0139
Feraheme (non-ESRD)	ferumoxytol	Q0138
Firazyr ‡	icatibant ‡	J1744
Flebogamma DIF ‡	immune globulin ‡	J1572
Folotyng ‡	pralatrexate ‡	J9307
Fulphila	pegfilgrastim-jmdb	Q5108
fulvestrant (Fresenius kabi)	fulvestrant	J9394
fulvestrant (Teva)	fulvestrant	J9393
Fyarro	sirolimus protein-bound particles for injectable suspension	J9331

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
<b>Fylnetra</b>	pegfilgrastim-pbbk	<b>Q5130</b>
<b>GamaSTAN †</b>	immune globulin †	<b>J1460, J1560</b>
<b>GamaSTAN S/D †</b>	immune globulin †	<b>J1460, J1560</b>
<b>Gamifant</b>	emapalumab-lzsg	<b>J9210</b>
<b>Gammagard †</b>	immune globulin †	<b>J1569</b>
<b>Gammagard ERC †</b>	immune globulin, human †	<b>J1566, J1569</b>
<b>Gammagard S/D †</b>	immune globulin †	<b>J1566</b>
<b>Gammaked †</b>	immune globulin †	<b>J1561</b>
<b>Gammaplex</b>	immune globulin	<b>J1557</b>
<b>Gamunex-C †</b>	immune globulin †	<b>J1561</b>
<b>Gazyva</b>	obinutuzumab	<b>J9301</b>
<b>Gel-One</b>	sodium hyaluronate	<b>J7326</b>
<b>Gelsyn-3</b>	sodium hyaluronate	<b>J7328</b>
<b>Genvisc 850</b>	sodium hyaluronate	<b>J7320</b>
<b>Givlaari</b>	givosiran	<b>J0223</b>
<b>Glassia</b>	alpha 1-proteinase inhibitor	<b>J0257</b>
<b>Granix</b>	tbo-filgrastim	<b>J1447</b>
<b>Growth Hormones: Genotropin, Humatrope, Norditropin FlexPro, Nutropin AQ NuSpin, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive †</b>	somatropin †	<b>J2941</b>
<b>Haegarda</b>	c1 esterase inhibitor subcutaneous	<b>J0599</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
<b>Herceptin (IV)</b>	trastuzumab	<b>J9355</b>
<b>Herceptin Hylecta</b>	trastuzumab and hyaluronidase-oysk	<b>J9356</b>
<b>Hercessi IV</b>	trastuzumab-strf	<b>Q5146</b>
<b>Herzuma</b>	trastuzumab-pkrb	<b>Q5113</b>
<b>Hizentra</b>	immune globulin	<b>J1559</b>
<b>Hyalgan †</b>	sodium hyaluronate †	<b>J7321</b>
<b>Hymovis †</b>	sodium hyaluronate †	<b>J7322</b>
<b>Hymovis ONE †</b>	HYALURONATE †	<b>C9399, J3490</b>
<b>Hyqvia</b>	immune globulin	<b>J1575</b>
<b>icatibant †</b>	icatibant †	<b>J1744</b>
<b>iDose TR 75mcg intracameral implant</b>	travoprost intracameral implant	<b>J7355</b>
<b>Ilaris</b>	canakinumab	<b>J0638</b>
<b>Ilumya</b>	tildrakizumab-asmn	<b>J3245</b>
<b>Iluvien</b>	fluocinolone acetonide	<b>J7313</b>
<b>Imaavy</b>	nipocalimab-aahu	<b>J9256</b>
<b>Imdeltra</b>	tarlatamab-dlle	<b>J9026</b>
<b>Imfinzi</b>	durvalumab	<b>J9173</b>
<b>Imjudo</b>	tremelimumab-actl	<b>J9347</b>
<b>Imlygic</b>	talimogene laherparepvec	<b>J9325</b>
<b>Imuldosa IV †</b>	ustekinumab-srlf †	<b>Q5098</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
<b>Inflectra</b>	infliximab-dyyb	<b>Q5103</b>
<b>Infliximab</b>	infliximab	<b>J1745</b>
<b>Injectafer</b>	ferric carboxymaltose	<b>J1439</b>
<b>Inlexzo intravesical system</b>	gemcitabine	<b>J9183</b>
<b>Istodax</b>	romidepsin	<b>J9319</b>
<b>Ixempra</b>	ixabepilone	<b>J9207</b>
<b>Izervay</b>	avacincaptad pegol intravitreal solution	<b>J2782</b>
<b>Jelmyto †</b>	mitomycin †	<b>J9281</b>
<b>Jemperli</b>	dostarlimab-gxly	<b>J9272</b>
<b>Jevtana</b>	cabazitaxel	<b>J9043</b>
<b>Jobevne</b>	bevacizumab-nwgd	<b>Q5160</b>
<b>Jubbonti †</b>	denosumab-bbdz †	<b>Q5136</b>
<b>Kadcyla</b>	ado-trastuzumab emtansine	<b>J9354</b>
<b>Kalbitor</b>	ecallantide	<b>J1290</b>
<b>Kanjinti</b>	trastuzumab-anns	<b>Q5117</b>
<b>Kanuma</b>	sebelipase alfa	<b>J2840</b>
<b>Keytruda</b>	pembrolizumab	<b>J9271</b>
<b>Keytruda Qlex</b>	pembrolizumab and berahyaluronidase alfa-pmph	<b>J9277</b>
<b>Khapzory</b>	levoleucovorin	<b>J0642</b>
<b>Kimtrak</b>	tebentafusp-tebn	<b>J9274</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
<b>Kineret †</b>	anakinra †	<b>J3490, J3590</b>
<b>Kisunla</b>	donanemab-azbt	<b>J0175</b>
<b>Korsuva</b>	difelikefalin	<b>J0879</b>
<b>Krystexxa</b>	pegloticase	<b>J2507</b>
<b>Kymriah ††</b>	tisagenlecleucel ††	<b>Q2042</b>
<b>Kyprolis</b>	carfilzomib	<b>J9047</b>
<b>Kyxata</b>	carboplatin	<b>J9278</b>
<b>Lamzede</b>	velmanase alfa-tycv	<b>J0217</b>
<b>Ianreotide (Cipla)</b>	lanreotide	<b>J1932</b>
<b>Ianreotide †</b>	lanreotide †	<b>J1930</b>
<b>Lantidra †† †</b>	donislecel-jujn †† †	<b>C9399, J3490, J3590</b>
<b>Lemtrada</b>	alemtuzumab	<b>J0202</b>
<b>Lenmeldy †† †</b>	atidarsagene autotemcel †† †	<b>C9399, J3490</b>
<b>Leqembi</b>	lecanemab-irmb	<b>J0174</b>
<b>Leqembi Iqlik †</b>	lecanemab-irmb †	<b>C9399, J3490, J3590</b>
<b>Leqvio</b>	inclisiran	<b>J1306</b>
<b>Leukine</b>	sargramostim	<b>J2820</b>
<b>Levoleucovorin †</b>	levoleucovorin calcium †	<b>J0641</b>
<b>Libtayo</b>	cemiplimab-rwlc	<b>J9119</b>
<b>Loargys †</b>	pegzilarginase-nbln †	<b>C9399, J3490, J3590</b>
<b>Loqtorzi</b>	toripalimab-tpzi	<b>J3263</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
Lucentis	ranibizumab	J2778
Lumizyme	alglucosidase alfa	J0221
Lunsumio ‡	mosunetuzumab-axgb ‡	J9350
Lunsumio Velo ‡	mosunetuzumab-axgb ‡	J9350
Luxturna	voretigene neparvovec-rzyl	J3398
Lyfgenia ††	lovotibeglogene autotemcel ††	J3394
Lymphir	denileukin diftiox-cxdl	J9161
Lynozytic	linvoseltamab-gcpt	J9601
Margenza	margetuximab-cmkb	J9353
Mepsevii	vestronidase alfa-vjbn	J3397
Mircera (ESRD)	methoxy polyethylene glycol - epoetin beta	J0887
Mircera (non-ESRD)	methoxy polyethylene glycol - epoetin beta	J0888
Monjuvi	tafasitamab-cxix	J9349
Monoferic	ferric derisomaltose	J1437
Monovisc	hyaluronan	J7327
Mozobil ‡	plerixafor ‡	J2562
Mvasi	bevacizumab-awwb	Q5107
Mylotarg	gemtuzumab ozogamicin	J9203
Myobloc	rimabotulinumtoxinB	J0587
Naglazyme	galsulfase	J1458

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
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
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-only †† †	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 Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
<b>Onpattro</b>	patisiran	<b>J0222</b>
<b>Ontruzant</b>	trastuzumab-dttb	<b>Q5112</b>
<b>Opdivo</b>	nivolumab	<b>J9299</b>
<b>Opdivo Qvantig</b>	nivolumab hyaluronidase-nvhy	<b>J9289</b>
<b>Opdualag</b>	nivolumab and relatlimab-rmbw injection	<b>J9298</b>
<b>Orencia IV</b>	abatacept	<b>J0129</b>
<b>Orthovisc</b>	hyaluronan	<b>J7324</b>
<b>Osenvelt †</b>	denosumab-bmwo †	<b>Q5157</b>
<b>Ospomyv †</b>	denosumab-dssb †	<b>Q5159</b>
<b>Otulfi IV</b>	ustekinumab-aaaz	<b>Q9999</b>
<b>Oxlumo</b>	lumasiran	<b>J0224</b>
<b>Ozurdex</b>	dexamethasone intravitreal implant	<b>J7312</b>
<b>paclitaxel protein-bound †</b>	paclitaxel protein-bound †	<b>J9264</b>
<b>Padcev</b>	enfortumab vedotin-ejfv	<b>J9177</b>
<b>palonosetron HCL</b>	palonosetron HCL	<b>J2469</b>
<b>Panhematin</b>	hemin	<b>J1640</b>
<b>Panzyga</b>	immune globulin	<b>J1576</b>
<b>Papzimeos</b>	zopapogene imadenovec-drba	<b>J3404</b>
<b>Pavblu</b>	aflibercept-ayyh	<b>Q5147</b>
<b>Pedmark IV solution</b>	sodium thiosulfate	<b>J0208</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

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

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
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
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

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
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
Rybrevent Faspro ‡	amivantamab and hyaluronidase-lpuj ‡	C9399, J3490, J3590, J9999
Rybrevent 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

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
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
Sogroya †	somapacitan - beco †	C9399, J3590
Soliris	eculizumab	J1299
Somatuline Depot †	lanreotide †	J1930
Spevigo IV	spesolimab-sbzo	J1747
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
Sunlenca	lenacapavir	J1961
Supartz FX	sodium hyaluronate	J7321
Susvimo	ranibizumab	J2779

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
<b>Syfovre</b>	pegcetacoplan	<b>J2781</b>
<b>Sylvant</b>	siltuximab	<b>J2860</b>
<b>Synagis</b>	palivizumab	<b>90378</b>
<b>SynoJoynt</b>	1% sodium hyaluronate	<b>J7331</b>
<b>Synvisc ‡</b>	hylan G-F 20 ‡	<b>J7325</b>
<b>Synvisc One ‡</b>	hylan G-F 20 ‡	<b>J7325</b>
<b>Takhzyro</b>	lanadelumab-flyo	<b>J0593</b>
<b>Talvey</b>	talquetamab-tgvs	<b>J3055</b>
<b>Tecartus ††</b>	brexucabtagene autoeucel ††	<b>Q2053</b>
<b>Tecelra ††</b>	afamitresgene autoleucel ††	<b>Q2057</b>
<b>Tecentriq</b>	atezolizumab	<b>J9022</b>
<b>Tecentriq Hybreza</b>	atezolizumab and hyaluronidase-tqjs	<b>J9024</b>
<b>Tecvayli</b>	teclistamab-cqyv	<b>J9380</b>
<b>Tepezza</b>	teprotumumab-trbw	<b>J3241</b>
<b>Testopel (75mg)</b>	testosterone pellet (75mg)	<b>J1073</b>
<b>Tevimbra</b>	tislelizumab-jsgr	<b>J9329</b>
<b>Tezspire ‡</b>	tezepelumab-ekko ‡	<b>J2356</b>
<b>Tezspire subcutaneous pen injector ‡</b>	tezepelumab-ekko ‡	<b>J2356</b>
<b>Thrombate III</b>	antithrombin III	<b>J7197</b>
<b>Tivdak</b>	tisotumab vedotin-tftv	<b>J9273</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
<b>Tofidence IV</b>	tocilizumab-bavi	<b>Q5133</b>
<b>Trazimera</b>	trastuzumab-qyyp	<b>Q5116</b>
<b>Treanda</b>	bendamustine hydrochloride	<b>J9033</b>
<b>Tremfya IV †</b>	guselkumab †	<b>J1628</b>
<b>Triluron</b>	sodium hyaluronate	<b>J7332</b>
<b>Triptodur</b>	triptorelin	<b>J3316</b>
<b>TriVisc</b>	sodium hyaluronate	<b>J7329</b>
<b>Trodelyv</b>	sacituzumab govitecan-hziy	<b>J9317</b>
<b>Trogarzo</b>	ibalizumab-uiyk	<b>J1746</b>
<b>Truxima</b>	rituximab-abbs	<b>Q5115</b>
<b>Tyenne IV</b>	tocilizumab-aazg	<b>Q5135</b>
<b>Tyruko</b>	natalizumab-sztn	<b>Q5134</b>
<b>Tysabri</b>	natalizumab	<b>J2323</b>
<b>Tyvaso</b>	treprostinil (inhaled)	<b>J7686</b>
<b>Tzield</b>	teplizumab-mzwv	<b>J9381</b>
<b>Udenyca †</b>	pegfilgrastim-cbqv †	<b>Q5111</b>
<b>Udenyca Autoinjector †</b>	pegfilgrastim-cbqv †	<b>Q5111</b>
<b>Udenyca Onbody †</b>	pegfilgrastim-cbqv †	<b>Q5111</b>
<b>Ultomiris</b>	ravulizumab-cwvz	<b>J1303</b>
<b>Unloxcyt</b>	cosibelimab-ipdl	<b>J9275</b>
<b>Uplizna</b>	inebilizumab-cdon	<b>J1823</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
Uptravi †	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
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
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

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

You can access the [fax forms](#) to request prior authorization or provide notification.

Brand medication name	Generic medication name	Code
Vygart 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
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
Yondelis	trabectedin	J9352
Zaltrap	ziv-aflibercept	J9400
Zarxio	filgrastim-sndz	Q5101

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

## Humana Healthy Horizons® in Ohio prior authorization and notification list

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

Brand medication name	Generic medication name	Code
<b>Zemaira †</b>	alpha 1-proteinase inhibitor †	<b>J0256</b>
<b>Zepzelca</b>	lurbinectedin	<b>J9223</b>
<b>Zevaskyn ††</b>	prademagene zamikeracel ††	<b>J3389</b>
<b>Ziextenzo</b>	pegfilgrastim-bmez	<b>Q5120</b>
<b>Ziihera</b>	zanidatamab-hrii	<b>J9276</b>
<b>Zilretta</b>	triamcinolone acetonide	<b>J3304</b>
<b>Zirabev</b>	bevacizumab-bvzr	<b>Q5118</b>
<b>Zoladex</b>	goserelin acetate	<b>J9202</b>
<b>Zusduri</b>	mitomycin	<b>J9282</b>
<b>Zycubo †</b>	copper histidinate †	<b>C9399, J3490</b>
<b>Zynlonta</b>	loncastuximab tesirine-lpyl	<b>J9359</b>
<b>Zynyz</b>	retifanlimab-dlwr	<b>J9345</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

<b>Blood-clotting Factors</b>		
<b>Brand medication name</b>	<b>Generic medication name</b>	<b>Code</b>
<b>Advate †</b>	antihemophilic factor, human recombinant ‡	<b>J7192</b>
<b>Adynovate</b>	antihemophilic factor [recombinant], PEGylated	<b>J7207</b>
<b>Afstyla</b>	antihemophilic factor (recombinant) single chain	<b>J7210</b>
<b>Alhemo</b>	concizumab-mtci	<b>J7173</b>
<b>Alphanate</b>	antihemophilic factor/von Willebrand factor complex [human]	<b>J7186</b>
<b>AlphaNine SD</b>	coagulation factor IX [human]	<b>J7193</b>
<b>Alprolix</b>	coagulation factor IX [recombinant]	<b>J7201</b>
<b>Altuviio</b>	efanesoctocog alfa	<b>J7214</b>
<b>Benefix †</b>	coagulation factor IX [recombinant] ‡	<b>J7195</b>
<b>Coagadex</b>	coagulation factor X [human]	<b>J7175</b>
<b>Corifact</b>	factor XIII concentrate [human]	<b>J7180</b>
<b>Eloctate</b>	antihemophilic factor [recombinant], Fc fusion protein	<b>J7205</b>
<b>Esperoct</b>	antihemophilic factor (recombinant), glycopegylated-exei	<b>J7204</b>
<b>Feiba NF</b>	anti-inhibitor coagulant complex	<b>J7198</b>
<b>Hemlibra</b>	emicizumab-kxwh	<b>J7170</b>
<b>Hemofil M †</b>	antihemophilic factor [human] ‡	<b>J7190</b>
<b>Humate-P</b>	antihemophilic factor/von Willebrand factor complex [human]	<b>J7187</b>
<b>Hympavzi</b>	marstacimab-hncq	<b>J7172</b>
<b>Idelvion</b>	coagulation factor IX (recombinant)	<b>J7202</b>
<b>Ixinity</b>	coagulation factor IX [recombinant]	<b>J7213</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

<b>Blood-clotting Factors</b>		
<b>Brand medication name</b>	<b>Generic medication name</b>	<b>Code</b>
<b>Jivi</b>	antihemophilic factor (recombinant), PEGylated-aucl	<b>J7208</b>
<b>Koate-DVI ‡</b>	antihemophilic factor [human] ‡	<b>J7190</b>
<b>Kogenate FS ‡</b>	antihemophilic factor [recombinant] ‡	<b>J7192</b>
<b>Kovaltry</b>	antihemophilic factor [recombinant]	<b>J7211</b>
<b>Mononine</b>	coagulation factor IX [human]	<b>J7193</b>
<b>NovoEight</b>	turoctocog alfa	<b>J7182</b>
<b>NovoSeven RT</b>	coagulation Factor VIIa, recombinant; eptacog alfa	<b>J7189</b>
<b>Nuwiq</b>	simoctocog alfa	<b>J7209</b>
<b>Obizur</b>	antihemophilic factor [recombinant], porcine sequence	<b>J7188</b>
<b>Profilnine</b>	factor IX complex	<b>J7194</b>
<b>Qfitlia ‡</b>	fitusiran ‡	<b>J7174</b>
<b>Rebinyn</b>	Coagulation Factor IX [Recombinant], GlycoPEGylated	<b>J7203</b>
<b>Recombinate ‡</b>	antihemophilic factor [recombinant] ‡	<b>J7192</b>
<b>Rixubis</b>	coagulation factor IX [recombinant]	<b>J7200</b>
<b>SevenFact intravenous solution</b>	coagulation factor VIIa (recombinant)-jncw; eptacog beta	<b>J7212</b>
<b>Tretten</b>	coagulation factor XIII A-subunit [recombinant]	<b>J7181</b>
<b>Vonvendi</b>	von Willebrand factor [recombinant]	<b>J7179</b>
<b>Wilate</b>	von Willebrand factor / coagulation factor VIII complex [human]	<b>J7183</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

Blood-clotting Factors		
Brand medication name	Generic medication name	Code
<b>Xyntha †</b>	antihemophilic factor [recombinant] ‡	<b>J7185</b>
<b>Xyntha Solofuse †</b>	antihemophilic factor [recombinant] ‡	<b>J7185</b>

## Humana Healthy Horizons® in Ohio

† 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](mailto:transplant@humana.com).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.