

## Network Notification—Humana Healthy Horizons in Kentucky

**Notice date:** March 25, 2026  
**To:** Humana Healthy Horizons in Kentucky provider network  
**From:** Humana Healthy Horizons in Kentucky  
**Subject:** Humana coverage policy updates

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Humana Healthy Horizons® in Kentucky is giving notice of the following clinical coverage policies, updated by Humana’s policy team. These policies have been reviewed and approved by the Kentucky Medicaid Utilization Management Committee.

**Updated Humana coverage policies – Effective date: 5/15/2026**

- Inhaled Nitric Oxide HUM-2236-001

**Newly approved Humana coverage policies – Effective date: Listed**

- Cardiac Devices HUM-KY-2011-000: Effective 5/13/2026
- Lenmeldy (atidarsagene autotemcel) HUM-2266-001: Effective date 5/15/2026
- Tecelra (afamitresgene autoleucel) HUM-2627-001: Effective date 5/20/2026
- Zevaskyn (prademagene zamikeracel) HUM-2630-000: Effective date 6/3/2026

If you have questions about the updated policy list, please email our Provider Relations staff at [KYMCDPR@humana.com](mailto:KYMCDPR@humana.com) or call Provider Services at 800-444-9137, Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

Thank you for the continued care of your Humana Healthy Horizons in Kentucky-covered patients.