

Humana Healthy Horizons® in Oklahoma Provider-Administered Drug Preauthorization List Changes

This document was updated on **06/25/2025**.

To view the full preauthorization list, click **here**.

The provider-administered drug preauthorization list (PAL) for Humana Healthy Horizons[®] in Oklahoma may change during the year. These changes could mean your drug needs preauthorization, or approval, before you can get it. Below is a list of drugs that will require approval.

Drug(s) requiring approval

Drug name	Billing code(s)	Date of change
Kebilidi	C9399, J3490, J3590	6/25/2025
Aucatzyl	C9301	04/30/2025
Axtle	J9292	04/30/2025
Bkemv	Q5152	04/30/2025
Boruzu	J9054	04/30/2025
Empaveli	C9399, J3490	04/30/2025
Hympavzi	C9304	04/30/2025
Niktimvo	J9038	04/30/2025
Ocrevus Zunovo	J2351	04/30/2025
Otulfi	Q9999	04/30/2025
Pavblu	Q5147	04/30/2025
Piasky	J1307	04/30/2025
Pyzchiva IV	Q9997	04/30/2025
Selarsdi	Q9998	04/30/2025
Tecentriq Hybreza	J9024	04/30/2025
Vyloy	C9303	04/30/2025
Ziihera	C9302	04/30/2025

Your next steps

- Talk to your healthcare provider soon. You should share this list with your provider. They can help you choose what to do next.
- **Request approval**. If other drugs do not work for you, your provider must tell Humana Healthy Horizons[®] why you need that drug. Your provider can find the steps to request approval at **Humana.com/MedPA**.
- Learn more. Get information about our provider-administered drug preauthorization list at Humana.com/PAL.





Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **855-223-9868 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 5 p.m., Central time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance: Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
 If you need help filing a grievance, call 855-223-9868 or if you use a TTY, call 711.
- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through their Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at https://www.hhs.gov/sites/default/files/ocr-cr-complaintform-package.pdf.

Auxiliary aids and services, free of charge, are available to you. **855-223-9868 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Humana Healthy Horizons in Oklahoma is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

Language assistance services, free of charge, are available to you. **855-223-9868 (TTY: 711)**

English Call the number above to receive free language assistance services.

Español (Spanish) Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

Tiếng Việt (Vietnamese) Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

繁體中文 (Chinese) 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

□□□ (Korean) □□ □□ □□ □□□□ □□□□□ □□□□□□□.

Deutsch (German) Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

(Arabic) ماير قلماتف المحصول المحدمة المحادية

မြန်မာိန်ူင်ငံ (Burmese) အခဲ့မ ဘာ သာ စက း အဂူာအညီ ဝန်ဆော် ဌမများ ရယူရန် အထက်ပါ ဖုန်းနံပါတ်ကု ဆီ ခိုာပါ။

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Français (French) Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

ພາສາລາວ (Lao): ໂທຫາເບີໂທລະສັບຂ້າງເທິງ ເພື່ອຮັບບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ.

ภาษาไทย (Thai): โทรไปที่หมายเลงด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี

ودرا (Urdu) مفت لسانی اعانت کی خدمات موصول کرنے کے لیے درج باال نمبر پر کال کریں۔

tsalagi gawonihisdi (Cherokee) OBLE Gอy รูJWJC J4อ L GT D4C รูOLAอJ OGLอราJ TGGLoาJT.

س فر (Farsi) بگیرید تماس فوق در شما با رایگان تربصو زبانی تسهیلات دریافت یبرا

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