Medicare Advantage and Dual Eligible Special Needs Plans prior authorization and notification list

Effective date: 07/01/2026

Revision Date: 10/21/2026

We have updated our prior authorization and notification list for Humana Medicare Advantage and Dual Eligible Special Needs (D-SNP) plans.

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

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

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

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

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

Important notes:

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

Florida MA HMO: The full list of prior authorization requirements applies to Florida MA HMO-covered patients. Healthcare providers should submit requests directly to Humana for medications listed on the MA and D-SNP medication PAL for all patients with Humana MA HMO coverage in Florida. If Humana does not receive a prior authorization request, the claim may be reviewed retrospectively for medical necessity, and the healthcare provider may be contacted for clinical information. See "How to Request

Humana.

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

GNHMWNREN

Prior authorization" for instructions on how to submit prior authorization requests for medications on the MA and D-SNP Medication PAL.

Humana MA private fee-for-service (PFFS): Prior authorization is not required for MA PFFS plans. However, notification is requested because it helps coordinate care for Humana-covered patients. Physicians and healthcare providers can request an advance coverage determination (ACD) for review and determination of coverage in advance of the services being provided (on behalf of the patient for any service not on our PAL). See "Advance Coverage Determinations" for instructions.

Humana MA preferred provider organization (PPO): The full list of prior authorization requirements applies to patients with Humana MA PPO coverage.

Humana Medicare Supplement Insurance Plan: This list does not apply to policyholders of a Humana Medicare Supplement Insurance Plan.

All Humana MA plans: For procedures or services that are investigational or experimental (or that may have limited benefit coverage), or to learn if Humana will pay for a service, you can request an ACD on behalf of the patient prior to providing the service. You may be contacted if additional information is needed.

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

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

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

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

Humana's Part B Step Therapy PDL should be reviewed in conjunction with Humana's coverage policies, which are

Humana.

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

GNHMWNREN

accessible on Humana's Medical and Pharmacy Coverage Policies website.

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

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

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

Please note that urgent/emergent services do not require referrals or prior authorizations.

Not obtaining prior authorization for a service could result in financial penalties for the practice and reduced benefits for the patient based on the healthcare provider's contract and the patient's Evidence of Coverage. Services or medications provided without prior authorization may be subject to retrospective medical necessity review. We recommend that an individual practitioner making a specific request for services or medications verify benefits and prior authorization requirements with Humana prior to providing services.

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

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

Humana.

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

GNHMWNREN

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

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

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

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

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Abecma intravenous suspension ††	idecabtagene vicleucel ††	**Q2055**
Abraxane ** ‡	paclitaxel-nab ** ‡	**J9264**
Actemra IV **	tocilizumab **	**J3262**
Adakveo	crizanlizumab-tmca	**J0791**
Adcetris	brentuximab vedotin	**J9042**
Adstiladrin	nadofaragene firadenovec-vncg	**J9029**
Aduhelm	aducanumab-avwa	**J0172**
Adzynma	ADAMTS13, recombinant-krhn	**J7171**
Akynzeo IV	fosnetupitant and palonosetron	**J1454**
Aldurazyme	laronidase	**J1931**
Alimta ‡	pemetrexed ‡	**J9305**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Alyglo **	immune globulin intravenous, human-stwk **	**J1552**
Alymsys **	bevacizumab-maly **	**Q5126**
Amondys-45	casimersen	**J1426**
Amtagvi †† ‡	lifileucel †† ‡	**C9399, J3490, J9999**
Amvuttra	vutrisiran	**J0225**
Anktiva	nogapendekin alfa inbakicept-pmln	**J9028**
Aphexda	motixafortide	**J2277**
Aralast NP ** ‡	alpha 1-proteinase inhibitor ** ‡	**J0256**
Aranesp **	darbepoetin alfa **	**J0881**
Armlupeg **	pegfilgratim-unne **	**Q5169**
Asceniv **	immune globulin **	**J1554**
Asparlas	calaspargase pegol-mknl	**J9118**
Aucatzyl ††	obecabtagene autoleucel ††	**Q2058**
Aukelso ** ‡	denosumab-kyqq ** ‡	**Q5161**
Avastin ** (Auth only required for Oncology/Chemo use)	bevacizumab **	**J9035, C9257**
Aveed	testosterone undecanoate	**J3145**
Avlayah *	tividenofusp alfa-eknm *	**J1757**
Avopef	etoposide	**J9186**
Avsola **	infliximab-axxq **	**Q5121**
Avtozma IV ** ‡	tocilizumab-anoh ** ‡	**Q5156**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Axtle ‡	pemetrexed ‡	**J9292**
Azedra	ibogenguane I 131	**A9590**
Bavencio	avelumab	**J9023**
Beizray	docetaxel-albumin	**J9174**
Beleodaq	belinostat	**J9032**
Belrapzo ‡	bendamustine hydrochloride ‡	**J9036**
Bendamustine (Apotex)	bendamustine hydrochloride	**J9058**
Bendamustine (Baxter)	bendamustine hydrochloride	**J9059**
Bendamustine ‡	bendamustine hydrochloride ‡	**J9036**
Bendeka	bendamustine hydrochloride	**J9034**
Benlysta	belimumab	**J0490**
Beovu **	brolucizumab-dbll **	**J0179**
Berinert **	C1 esterase inhibitor **	**J0597**
Besponsa	inotuzumab ozogamicin	**J9229**
Bexlutry ‡	lutetium Lu 177 dotatate ‡	**A9699, J3490**
Bildyos ** ‡	denosumab-nxxp ** ‡	**Q5162**
Bilprevda ** ‡	denosumab-nxxp ** ‡	**Q5162**
Bivigam **	immune globulin **	**J1556**
Bizengri	zenocutuzumab-zbco	**J9382**
Bkemv IV **	eculizumab-aeeb **	**Q5152**
Blenrep	belantamab mafodotin-blmf	**J9053**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Blincyto	blinatumomab	**J9039**
Bomyntra ** ‡	denosumab-bnht ** ‡	**Q5158**
bortezomib (Dr. Reddy's)	bortezomib	**J9046**
bortezomib (Fresenius kabi)	bortezomib	**J9048**
bortezomib (Hospira)	bortezomib	**J9049**
bortezomib (Maia)	bortezomib	**J9051**
bortezomib ‡	bortezomib ‡	**J9041**
Boruzu	bortezomib	**J9054**
Bosaya ** ‡	denosumab-kyqq ** ‡	**Q5161**
Botox	onabotulinumtoxinA	**J0585**
Breyanzi †† ‡	lisocabtagene maraleucel †† ‡	**Q2054**
Brineura	cerliponase alfa	**J0567**
Briumvi **	ublituximab-xiiy **	**J2329**
Byooviz **	ranibizumab-nuna intravitreal solution **	**Q5124**
Carvykti ††	ciltacabtagene autoleucel ††	**Q2056**
Casgevy ††	exagamglogene autotemcel ††	**J3392**
Cerezyme **	imiglucerase **	**J1786**
Cimerli **	ranibizumab-eqrn **	**Q5128**
Cimzia **	certolizumab pegol **	**J0717**
Cinqair	reslizumab	**J2786**
Cinryze **	C1 esterase inhibitor (human) **	**J0598**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Cligavyx ‡	fulvestrant ‡	**C9399, J3490, J9999**
Columvi	glofitamab-gxbm	**J9286**
Conexxence ** ‡	denosumab-bnht ** ‡	**Q5158**
Cosela	trilaciclib	**J1448**
Cosentyx IV **	secukinumab **	**C9166, J3247**
Crysvita	burosumab-twza	**J0584**
Cutaquig **	immune globulin **	**J1551**
Cuvitru **	immune globulin **	**J1555**
Cyramza	ramucirumab	**J9308**
Danyelza	naxitamab-gqgk	**J9348**
Darzalex	daratumumab	**J9145**
Darzalex Faspro	daratumumab and hyaluronidase-fihj	**J9144**
Datroway	datopotamab deruxtecan	**J9011**
Dawnzera ** ‡	donidalorsen ** ‡	**C9399, J3490**
Daxxify	daxibotulinumtoxinA-lanm	**J0589**
Decnupaz * ‡	pivekimab sunirine-pvzy * ‡	**C9313, J3490, J3590, J9999**
Defitelio ‡	defibrotide sodium ‡	**C9399, J3490**
Docivyx	docetaxel	**J9172**
Doxil	doxorubicin HCL liposome injection	**Q2050**
Dysport	abobotulinumtoxin A	**J0586**
Elahere	mirvetuximab soravtansine-gynx	**J9063**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Elaprase	idursulfase	**J1743**
Elelyso	taliglucerase alfa	**J3060**
Elevidys	delandistrogene moxeparvovec-rokl	**J1413**
Elfabrio IV	pegunigalsidase alfa-iwxj	**J2508**
Elrexfio	elranatamab-bcmm	**J1323**
Elzonris	tagraxofusp-erzs	**J9269**
Empaveli ‡	pegcetacoplan ‡	**C9399, J3490**
Empliciti	elotuzumab	**J9176**
Emrelis IV	telisotuzumab vedotin-tllv	**J9326**
Encelto	revakinagene taroretcel-lwey	**J3403**
Enhertu	fam-trastuzumab deruxtecan-nxki	**J9358**
Enjaymo	sutimlimab-jome	**J1302**
Enspryng ‡	satralizumab-mwge ‡	**C9399, J3590, J3490**
Entyvio IV **	vedolizumab **	**J3380**
Enzeevu **	aflibercept-abzv **	**Q5149**
Epkinly	epcoritamab-bysp	**J9321**
Epogen ** ‡	epoetin alfa ** ‡	**J0885**
Epysqli IV **	eculizumab-aagh **	**Q5151**
Erbitux	cetuximab	**J9055**
Erwinase ‡	crisantaspase ‡	**J9019**
Euflexxa **	sodium hyaluronate **	**J7323**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Evdi ‡	trabectedin ‡	**C9312, J3490, J9999**
Evenity **	romosozumab-aqqg **	**J3111**
Evkeeza **	evinacumab-dgnb **	**J1305**
Exdensur * **	depemokimab-ulaa * **	**J2361**
Exondys 51	eteplirsen	**J1428**
Eylea **	aflibercept **	**J0178**
Eylea HD **	aflibercept **	**J0177**
Fabrazyme	agalsidase beta	**J0180**
Fasenra	benralizumab	**J0517**
Faslodex	fulvestrant	**J9395**
Favlyxa *	fluorouracil *	**J9191**
Fayuvi * † ‡	rebisufligene etisparvovec-hopf * † ‡	**C9399, J3490, J3590**
Feraheme **	ferumoxytol **	**Q0138**
Filkri * **	filgrastim-laha * **	**Q5172**
Firazyr ** ‡	icatibant ** ‡	**J1744**
Flebogamma DIF ‡	immune globulin ‡	**J1572**
Folotyn ‡	pralatrexate ‡	**J9307**
Fulphila	pegfilgrastim-jmdb	**Q5108**
fulvestrant (Fresenius kabi)	fulvestrant	**J9394**
fulvestrant (Teva)	fulvestrant	**J9393**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Fyarro	sirolimus protein-bound particles for injectable suspension	**J9331**
Fylnetra **	pegfilgrastim-pbbk **	**Q5130**
GamaSTAN ‡	immune globulin ‡	**J1460, J1560**
GamaSTAN S/D ‡	immune globulin ‡	**J1460, J1560**
Gamifant	emapalumab-lzsg	**J9210**
Gammagard ‡	immune globulin ‡	**J1569**
Gammagard ERC ‡	immune globulin, human ‡	**J1566, J1569**
Gammagard S/D ‡	immune globulin ‡	**J1566**
Gammaked ‡	immune globulin ‡	**J1561**
Gammaplex **	immune globulin **	**J1557**
Gamunex-C ‡	immune globulin ‡	**J1561**
Gazyva	obinutuzumab	**J9301**
Gel-One **	sodium hyaluronate **	**J7326**
Gelsyn-3 **	sodium hyaluronate **	**J7328**
Genglycos ‡	pariglasgene brecaparvovec-opnr ‡	**C9399, J3490, J3590**
Genvisc 850 **	sodium hyaluronate **	**J7320**
Givlaari	givosiran	**J0223**
Glassia **	alpha 1-proteinase inhibitor **	**J0257**
Granix **	tbo-filgrastim **	**J1447**
Haegarda	c1 esterase inhibitor subcutaneous	**J0599**
Herceptin (IV) **	trastuzumab **	**J9355**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Herceptin Hylecta **	trastuzumab and hyaluronidase-oysk **	**J9356**
Hercessi IV **	trastuzumab-strf **	**Q5146**
Herzuma **	trastuzumab-pkrb **	**Q5113**
Hizentra	immune globulin	**J1559**
Hyalgan ** ‡	sodium hyaluronate ** ‡	**J7321**
Hymovis ** ‡	sodium hyaluronate ** ‡	**J7322**
Hymovis ONE ** ‡	HYALURONATE ** ‡	**C9399, J3490**
Hyqvia **	immune globulin **	**J1575**
Ilaris	canakinumab	**J0638**
Ilumya **	tildrakizumab-asmn **	**J3245**
Iluvien	fluocinolone acetonide	**J7313**
Imaavy **	nipocalimab-aahu **	**J9256**
Imdelltra	tarlatamab-dlle	**J9026**
Imfinzi **	durvalumab **	**J9173**
Imjudo **	tremelimumab-actl **	**J9347**
Imlygic	talimogene laherparepvec	**J9325**
Imuldosa IV ** ‡	ustekinumab-srlf ** ‡	**Q5098**
Inflectra	infliximab-dyyb	**Q5103**
Infliximab	infliximab	**J1745**
Injectafer **	ferric carboxymaltose **	**J1439**
Inlexzo intravesical system	gemcitabine	**J9183**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Isembyld ‡	apitegromab-mstn ‡	**C9399, J3490, J3590**
Istodax	romidepsin	**J9319**
Itvisma	onasemnogene abeparvovec-brve	**J3405**
Ixempra	ixabepilone	**J9207**
Izervay	avacincaptad pegol intravitreal solution	**J2782**
Jelmyto ‡	mitomycin ‡	**J9281**
Jemperli	dostarlimab-gxly	**J9272**
Jevtana	cabazitaxel	**J9043**
Jobevne **	bevacizumab-nwgd **	**Q5160**
Jubbonti ** ‡	denosumab-bbdz ** ‡	**Q5136**
Jubereq * ** ‡	denosumab-desu * ** ‡	**Q5166**
Kadcyla	ado-trastuzumab emtansine	**J9354**
Kalbitor **	ecallantide **	**J1290**
Kanjinti **	trastuzumab-anns **	**Q5117**
Kanuma	sebelipase alfa	**J2840**
Kebilidi †† ‡	eladocagene exuparvovec-tneq †† ‡	**C9399, J3490, J3590**
Keytruda **	pembrolizumab **	**J9271**
Keytruda Qlex **	pembrolizumab and berahyaluronidase alfa-pmph **	**J9277**
Khapzory	levoleucovorin	**J0642**
Kimmtrak	tebentafusp-tebn	**J9274**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Kisunla	donanemab-azbt	**J0175**
Korsuva	difelikefalin	**J0879**
Kresladi †† ‡	marnetegragene autotemcel †† ‡	**C9399, J3490, J3590**
Krystexxa	pegloticase	**J2507**
Kymriah ††	tisagenlecleucel ††	**Q2042**
Kyprolis	carfilzomib	**J9047**
Kyxata	carboplatin	**J9278**
Lamzede	velmanase alfa-tycv	**J0217**
lanreotide (Cipla)	lanreotide	**J1932**
lanreotide ‡	lanreotide ‡	**J1930**
Lantidra †† ‡	donislecel-jujn †† ‡	**C9399, J3490, J3590**
Lemtrada **	alemtuzumab **	**J0202**
Lenmeldy ††	atidarsagene autotemcel ††	**J3391**
Leqembi	lecanemab-irmb	**J0174**
Leqembi Iqlik ‡	lecanemab-irmb ‡	**C9399, J3490, J3590**
Leqvio **	inclisiran **	**J1306**
Leukine	sargramostim	**J2820**
Levoleucovorin ‡	levoleucovorin calcium ‡	**J0641**
Libtayo	cemiplimab-rwlc	**J9119**
Loargys *	pegzilarginase-nbln *	**J1818**
Loqtorzi	toripalimab-tpzi	**J3263**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Lucentis **	ranibizumab **	**J2778**
Lumizyme	alglucosidase alfa	**J0221**
Lumvoa ‡	veligrotug-vvze ‡	**C9399, J3490, J3590**
Lunsumio ‡	mosunetuzumab-axgb ‡	**J9350**
Lunsumio Velo ‡	mosunetuzumab-axgb ‡	**J9350**
Lutathera **	lutetium Lu 177 dotatate **	**A9513**
Luxturna	voretigene neparvovec-rzyl	**J3398**
Lyfgenia ††	lovotibeglogene autotemcel ††	**J3394**
Lymphir	denileukin diftitox-cxdl	**J9161**
Lynozyfic	linvoseltamab-gcpt	**J9601**
Lytenava * ** † ‡	bevacizumab-vikg * ** † ‡	**C9399, J3490, J3590**
Margenza	margetuximab-cmkb	**J9353**
Mepsevii	vestronidase alfa-vjbk	**J3397**
Mircera	methoxy polyethylene glycol - epoetin beta	**J0888**
Monjuvi	tafasitamab-cxix	**J9349**
Monoferric **	ferric derisomaltose **	**J1437**
Mozobil ‡	plerixafor ‡	**J2562**
Mvasi	bevacizumab-awwb	**Q5107**
Mylotarg	gemtuzumab ozogamicin	**J9203**
Myobloc	rimabotulinumtoxinB	**J0587**
Naglazyme	galsulfase	**J1458**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Neulasta ‡	pegfilgrastim ‡	**J2506**
Neulasta Onpro ‡	pegfilgrastim ‡	**J2506**
Neupogen **	filgrastim **	**J1442**
Nexviazyme	avalglucosidase alfa-ngpt	**J0219**
Ngenla ‡	somatrogon-ghla ‡	**C9399, J3490, J3590**
Niktimvo IV	axatilimab-csfr	**J9038**
Nivestym **	filgrastim-aafi **	**Q5110**
Nplate	romiplostim	**J2802**
Nucala	mepolizumab	**J2182**
Nufymco * **	ranibizumab-leyk * **	**Q5168**
Nulibry	fosdenopterin	**J1809**
Nypozi **	filgrastim-txid **	**Q5148**
Nyvepria * **	pegfilgrastim-apgf * **	**Q5122**
Ocrevus	ocrelizumab	**J2350**
Ocrevus Zunovo	ocrelizumab and hyaluronidase-oscq	**J2351**
Octagam	immune globulin	**J1568**
Ogivri	trastuzumab-dkst	**Q5114**
Omisirge ††	omidubicel-onlv ††	**J3406**
Omvoh IV ** ‡	mirikizumab-mrkz ** ‡	**J2267**
Onapgo SQ Cartridge ‡	apomorphine hydrochloride ‡	**C9399, J3490**
Oncaspar	pegaspargase	**J9266**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Onivyde	irinotecan liposome injection	**J9205**
Onpattro	patisiran	**J0222**
Ontruzant **	trastuzumab-dttb **	**Q5112**
Opdivo **	nivolumab **	**J9299**
Opdivo Qvantig	nivolumab hyaluronidase-nvhy	**J9289**
Opdualag	nivolumab and relatlimab-rmbw injection	**J9298**
Orencia IV **	abatacept **	**J0129**
Osenvelt ** ‡	denosumab-bmwo ** ‡	**Q5157**
Ospomyv ** ‡	denosumab-dssb ** ‡	**Q5159**
Osvyrti * ** ‡	denosumab-desu * ** ‡	**Q5166**
Otarmeni ‡	lunsotogene parvec-cwha ‡	**C9399, J3490, J3590**
Otulfi IV	ustekinumab-aauz	**Q9999**
Oxlumo	lumasiran	**J0224**
Ozurdex	dexamethasone intravitreal implant	**J7312**
paclitaxel protein-bound ** ‡	paclitaxel protein-bound ** ‡	**J9264**
Padcev	enfortumab vedotin-ejfv	**J9177**
Palynziq ‡	pegvaliase-pqpz ‡	**C9399, J3490, J3590**
Panhematin	hemin	**J1640**
Panzyga **	immune globulin **	**J1576**
Papzimeos	zopapogene imadenovec-drba	**J3404**
Pasatru ‡	garetosmab-grts ‡	**C9399, J3490, J3590**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Pavblu **	aflibercept-ayyh **	**Q5147**
Pedmark IV solution	sodium thiosulfate	**J0208**
Pemetrexed	premetrexed	**J9305**
Pemetrexed (Accord)	pemetrexed	**J9296**
Pemetrexed (Bluepoint)	pemetrexed	**J9322**
Pemetrexed (Sandoz)	pemetrexed	**J9297**
Pemetrexed (Teva)	pemetrexed	**J9314**
pemetrexed disodium (Hospira)	pemetrexed disodium	**J9294**
pemetrexed ditromethamine	pemetrexed ditromethamine	**J9323**
Pemfexy	pemetrexed injection	**J9304**
Pemrydi RTU	pemetrexed	**J9324**
Perjeta	pertuzumab	**J9306**
Phesgo	pertuzumab, trastuzumab, and hyaluronidase-zzxf	**J9316**
Piasky **	crovalimab-akkz **	**J1307**
plerixafor ‡	plerixafor ‡	**J2562**
Pluvicto	lutetium Lu 177 vipivotide tetraxetan	**A9607**
Polivy	polatuzumab vedotin-piiq	**J9309**
Pombiliti	cipaglucosidase alfa-atga	**J1203**
Portrazza	necitumumab	**J9295**
Poteligeo	mogamulizumab-kpkc	**J9204**
pralatrexate IV ‡	pralatrexate ‡	**J9307**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Prevymis IV ‡	letermovir ‡	**C9399, J3490**
Prialt	ziconotide	**J2278**
Privigen	immune globulin	**J1459**
Procrit ‡	epoetin alfa ‡	**J0885**
Prolastin-C ** ‡	alpha 1-proteinase inhibitor ** ‡	**J0256**
Provenge	sipuleucel-T	**Q2043**
Pyzchiva IV **	ustekinumab-ttwe **	**Q9997**
Qalsody	tofersen	**J1304**
Qivigy * **	immune globulin intravenous, human-kthm * **	**J1577, J1599**
Qutenza	capsaicin/skin cleanser	**J7336**
Radicava	edaravone	**J1301**
Reblozyl **	luspatercept-aamt **	**J0896**
Releuko **	filgrastim-ayow injection **	**Q5125**
Remicade	infliximab	**J1745**
Remodulin ‡	treprostinil (injection) ‡	**J3285**
Renflexis **	infliximab-abda **	**Q5104**
Retacrit	epoetin alfa-epbx	**Q5106**
Rethymic †† ‡	allogeneic processed thymus tissue-agdc †† ‡	**C9399, J3490, J3590**
Revtorpyk ‡	gedatolisib ‡	**C9399, J3490, J9999**
Riabni **	rituximab-arrx **	**Q5123**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
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**
Rybrevant Faspro	amivantamab and hyaluronidase-lpuj	**J9062**
Rybrevant IV	amivantamab-vmjw	**J9061**
Rylaze	asparaginase erwinia chrysanthemi (recombinant)-rywn	**J9021**
Ryoncil ††	remestemcel-L-rknd ††	**J3402**
Ryplazim	plasminogen, human-tvmh	**J2998**
Rystiggo **	rozanolixizumab-noli **	**J9333**
Rytelo IV	imetelstat	**J0870**
Ryzneuta **	efbemalenograstim alfa-VUXW **	**J9361**
Sajazir ‡	icatibant ‡	**J1744**
Sandostatin LAR	octreotide	**J2353**
Saphnelo intravenous solution	anifrolumab-fnia	**J0491**
Sarclisa	isatuximab-irfc	**J9227**
Sarclisa Escena ‡	isatuximab-irfc ‡	**C9399, J3490, J3590, J9999**
Scenesse	afamelanotide	**J7352**
Selarsdi IV ** ‡	ustekinumab-aekn ** ‡	**Q9998**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Signifor LAR	pasireotide	**J2502**
Simponi ARIA	golimumab	**J1602**
Sinuva	mometasone furoate	**J7402**
Skyrizi IV	risankizumab-rzaa	**J2327**
Skysona ††	elivaldogene autotemcel ††	**J3387**
Soliris **	eculizumab **	**J1299**
Somatuline Depot ‡	lanreotide ‡	**J1930**
Spevigo IV	spesolimab-sbzo	**J1747**
Spinraza	nusinersen	**J2326**
Starjemza IV * ** ‡	ustekinumab-hmny * ** ‡	**Q5164**
Stelara IV ‡	ustekinumab ‡	**J3358**
Steqeyma IV **	ustekinumab-stba **	**Q5099**
Stimufend **	pegfilgrastim-fpgk **	**Q5127**
Stoboclo ** ‡	denosumab-bmwo ** ‡	**Q5157**
Sustol	granisetron	**J1627**
Susvimo **	ranibizumab **	**J2779**
Syfovre	pegcetacoplan	**J2781**
SynoJoynt **	1% sodium hyaluronate **	**J7331**
Synribo	omacetaxine mepesuccinate	**J9262**
Synvisc ** ‡	hylan G-F 20 ** ‡	**J7325**
Takhzyro **	lanadelumab-flyo **	**J0593**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Talvey	talquetamab-tgvs	**J3055**
Tecartus ††	brexucabtagene autoeucel ††	**Q2053**
Tecelra ††	afamitresgene autoleucel ††	**Q2057**
Tecentriq **	atezolizumab **	**J9022**
Tecentriq Hybreza **	atezolizumab and hyaluronidase-tqjs **	**J9024**
Tecvayli	teclistamab-cqyv	**J9380**
Tepezza	teprotumumab-trbw	**J3241**
Tevimbra	tislelizumab-jsgr	**J9329**
Tezspire ‡	tezepelumab-ekko ‡	**J2356**
Tezspire subcutaneous pen injector ‡	tezepelumab-ekko ‡	**J2356**
Thrombate III	antithrombin III	**J7197**
Tivdak **	tisotumab vedotin-tftv **	**J9273**
Tofidence IV **	tocilizumab-bavi **	**Q5133**
Trazimera	trastuzumab-qyyp	**Q5116**
Treanda	bendamustine hydrochloride	**J9033**
Tregzi †† ‡	allogeneic regulatory T cell immunotherapy with HSPC and T cells-vldq †† ‡	**C9399, J3490, J3590, J9999**
Tremfya IV ‡	guselkumab ‡	**J1628**
Triluron **	sodium hyaluronate **	**J7332**
Trisenox	arsenic trioxide	**J9017**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
TriVisc **	sodium hyaluronate **	**J7329**
Trodelvy	sacituzumab govitecan-hziy	**J9317**
Truxima **	rituximab-abbs **	**Q5115**
Tudriqev ‡	vusolimogene oderparepvec-wtpg ‡	**C9399, J3490, J3590, J9999**
Tyenne IV **	tocilizumab-aazg **	**Q5135**
Tyruko **	natalizumab-sztn **	**Q5134**
Tysabri **	natalizumab **	**J2323**
Tyvaso	treprostinil (inhaled)	**J7686**
Tzield	teplizumab-mzwv	**J9381**
Udenyca ‡	pegfilgrastim-cbqv ‡	**Q5111**
Udenyca Autoinjector ‡	pegfilgrastim-cbqv ‡	**Q5111**
Udenyca Onbody ‡	pegfilgrastim-cbqv ‡	**Q5111**
Ultomiris	ravulizumab-cwvz	**J1303**
Unituxin ‡	dinutuximab ‡	**C9399, J3490, J9999**
Unloxcyt	cosibelimab-ipdl	**J9275**
Uplizna **	inebilizumab-cdon **	**J1823**
Ustekinumab IV ** ‡	ustekinumab ** ‡	**J3358**
Vabysmo **	faricimab-svoa injection **	**J2777**
Valstar	valrubicin	**J9357**
Vectibix	panitumumab	**J9303**
Vegzelma **	bevacizumab-adcd **	**Q5129**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Velcade ‡	bortezomib ‡	**J9041**
Veopoz	pozelimab-bbfg	**J9376**
Viltepso ††	viltolarsen ††	**J1427**
Vimizim	elosulfase alfa	**J1322**
Visco-3 ** ‡	sodium hyaluronate ** ‡	**J7321**
Vivimusta	bendamustine hydrochloride	**J9056**
Vpriv **	velaglucerase alfa **	**J3385**
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 ‡	**C9311, J3490**
Waskyra ††	etuvetidigene autotemcel ††	**J3386**
Wezlana IV **	ustekinumab-auub **	**Q5138**
Wyost ** ‡	denosumab-bbdz ** ‡	**Q5136**
Xembify	immune globulin	**J1558**
Xenpozyme	olipudase alfa-rpcp	**J0218**
Xeomin	incobotulinumtoxinA	**J0588**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Xgeva ** ‡	denosumab ** ‡	**J0897**
Xipere	triamcinolone acetonide	**J3299**
Xofigo	radium Ra 223 dichloride	**A9606**
Xolair	omalizumab	**J2357**
Xtrenbo ** ‡	denosumab-qbde ** ‡	**Q5167**
Yartemlea *	narsoplimab-wuug *	**J1289**
Yervoy **	ipilimumab **	**J9228**
Yesafili * **	aflibercept-jbvf * **	**Q5155**
Yescarta ††	axicabtagene ciloleucel ††	**Q2041**
Yesintek IV ‡	ustekinumab-kfce ‡	**Q5100**
Yimmugo **	immune globulin intravenous, human - dira **	**J1553**
Yondelis *	trabectedin *	**J9352, J9362**
Zaltrap	ziv-aflibercept	**J9400**
Zanvastro ‡	zilganersen ‡	**C9399, J3490**
Zarxio	filgrastim-sndz	**Q5101**
Zemaira ‡	alpha 1-proteinase inhibitor ‡	**J0256**
Zepzelca	lurbinectedin	**J9223**
Zevalin	ibritumomab tiuxetan	**A9543**
Zevaskyn ††	prademagene zamikeracel ††	**J3389**
Ziextenzo **	pegfilgrastim-bmez **	**Q5120**
Ziihera	zanidatamab-hrii	**J9276**

Humana.

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

GNHMWNREN

MA and D-SNP prior authorization and notification list Access the fax forms to request preauthorization or provide notification.		
Brand medication name	**Generic medication name**	**Billing Codes**
Zilretta **	triamcinolone acetonide **	**J3304**
Zirabev	bevacizumab-bvzr	**Q5118**
Zoladex	goserelin acetate	**J9202**
Zolgensma	onasemnogene abeparvovec-xioi	**J3399**
Zusduri	mitomycin	**J9282**
Zynlonta	loncastuximab tesirine-lpyl	**J9359**
Zynteglo ††	betibeglogene autotemcel ††	**J3393**
Zynyz	retifanlimab-dlwr	**J9345**

Humana.

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

GNHMWNREN

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

Humana.

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

GNHMWNREN

Blood-clotting Factors		
Brand medication name	**Generic medication name**	**Billing Codes**
Humate-P	antihemophilic factor/von Willebrand factor complex [human]	**J7187**
Hympavzi **	marstacimab-hncq **	**J7172**
Idelvion	coagulation factor IX (recombinant)	**J7202**
Ixinity	coagulation factor IX [recombinant]	**J7213**
Jivi	antihemophilic factor (recombinant), PEGylated-aucl	**J7208**
Koate-DVI ‡	antihemophilic factor [human] ‡	**J7190**
Kogenate FS ‡	antihemophilic factor [recombinant] ‡	**J7192**
Kovaltry	antihemophilic factor [recombinant]	**J7211**
NovoEight	turoctocog alfa	**J7182**
NovoSeven RT	coagulation Factor VIIa, recombinant; eptacog alfa	**J7189**
Nuwiq	simoctocog alfa	**J7209**
Obizur	antihemophilic factor [recombinant], porcine sequence	**J7188**
Profilnine	factor IX complex	**J7194**
Qfitlia ** ‡	fitusiran ** ‡	**J7174**
Rebinyn	Coagulation Factor IX [Recombinant], GlycoPEGylated	**J7203**
Recombinate ‡	antihemophilic factor [recombinant] ‡	**J7192**
Rixubis	coagulation factor IX [recombinant]	**J7200**
Roctavian	valoctocogene roxaparvovec-rvox	**J1412**

Humana.

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

GNHMWNREN

Blood-clotting Factors		
Brand medication name	**Generic medication name**	**Billing Codes**
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**
Xyntha ‡	antihemophilic factor [recombinant] ‡	**J7185**
Xyntha Solofuse ‡	antihemophilic factor [recombinant] ‡	**J7185**

Humana.

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

GNHMWNREN