

## Humana Dual Integrated South Carolina prior authorization and notification list

**Effective date:** 07/01/2026

**Revision date:**

We have updated our prior authorization and notification list for Humana Dual Integrated (health maintenance organization Dual Eligible Special Needs Plan [HMO D-SNP]) South Carolina plans.

Please note the term “prior authorization” (preauthorization, precertification), when used in this communication, is defined as a process through which the 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 provider’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) 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 prior authorization list (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.

**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 advance coverage determination (ACD) on behalf of the patient prior to providing the service. You may be contacted if additional information is needed.



\* 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](mailto:transplant@humana.com).

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 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



\* 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](mailto:transplant@humana.com).

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 name and phone number and attending provider's phone number
- Relevant clinical information

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 are 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.



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
<b>Abecma intravenous suspension ††</b>	idecabtagene vicleucel ††	<b>Q2055</b>
<b>Abraxane ** ‡</b>	paclitaxel-nab ** ‡	<b>J9264</b>
<b>Actemra IV **</b>	tocilizumab **	<b>J3262</b>
<b>Adakveo</b>	crizanlizumab-tmca	<b>J0791</b>
<b>Adcetris</b>	brentuximab vedotin	<b>J9042</b>
<b>Adstiladrin</b>	nadofaragene firadenovec-vncg	<b>J9029</b>
<b>Aduhelm</b>	aducanumab-avwa	<b>J0172</b>
<b>Adzynma</b>	ADAMTS13, recombinant-krhn	<b>J7171</b>
<b>Akynzeo IV</b>	fosnetupitant and palonosetron	<b>J1454</b>
<b>Aldurazyme</b>	laronidase	<b>J1931</b>
<b>Alimta ‡</b>	pemetrexed ‡	<b>J9305</b>
<b>Alyglo * **</b>	immune globulin intravenous, human-stwk * **	<b>J1552</b>
<b>Alymsys **</b>	bevacizumab-maly **	<b>Q5126</b>
<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 **</b>	darbepoetin alfa **	<b>J0881</b>
<b>Asceniv * **</b>	immune globulin * **	<b>J1554</b>
<b>Asparlas</b>	calaspargase pegol-mknl	<b>J9118</b>
<b>Aucatzyl ††</b>	obecabtagene autoleucel ††	<b>Q2058</b>



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
Aukelso ** ‡	denosumab-kyqq ** ‡	Q5161
Avastin ** (Auth only required for Oncology/Chemo use)	bevacizumab **	J9035, C9257
Aveed	testosterone undecanoate	J3145
Avlayah ‡	tividenofusp alfa-eknm ‡	C9399, J3490, J3590
Avsola **	infliximab-axxq **	Q5121
Avtozma IV ** ‡	tocilizumab-anoh ** ‡	Q5156
Axtle ‡	pemetrexed ‡	J9292
Azedra	ibogenguane l 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 **	brolocizumab-dbli **	J0179
Berinert * **	C1 esterase inhibitor * **	J0597
Besponsa	inotuzumab ozogamicin	J9229
Bildyos ** ‡	denosumab-nxxp ** ‡	Q5162
Bilprevda ** ‡	denosumab-nxxp ** ‡	Q5162
Bivigam * **	immune globulin * **	J1556
Bizengri	zenocutuzumab-zbco	J9382



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
<b>Bkemv IV **</b>	eculizumab-aeeb **	<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>
<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>Casgevvy ††</b>	exagamglogene autotemcel ††	<b>J3392</b>
<b>Cerezyme **</b>	imiglucerase **	<b>J1786</b>
<b>Cimerli *</b>	ranibizumab-eqrn *	<b>Q5128</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>



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
Conexence ** ‡	denosumab-bnht ** ‡	Q5158
Cosela	trilaciclib	J1448
Cosentyx IV **	secukinumab **	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
Defitelio ‡	defibrotide sodium ‡	C9399, J3490
Docivyx	docetaxel	J9172
Doxil	doxorubicin HCL liposome injection	Q2050
Durysta	bimatoprost implant	J7351
Dysport	abobotulinumtoxin A	J0586
Elahere	mirvetuximab soravtansine-gynx	J9063
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



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
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
Enby ** ‡	denosumab-qbde ** ‡	C9399, J3490, J3590, J9999
Enspryng ‡	satralizumab-mwge ‡	C9399, J3590, J3490
Entyvio IV **	vedolizumab **	J3380
Epkinly	epcoritamab-bysp	J9321
Epogen ** ‡	epoetin alfa ** ‡	J0885
Epysqli IV **	eculizumab-aagh **	Q5151
Erbix	cetuximab	J9055
Erwinase ‡	crisantaspase ‡	J9019
Euflexxa **	sodium hyaluronate **	J7323
Evenity **	romosozumab-aqqg **	J3111
Evkeeza **	evinacumab-dgnb **	J1305
Exdensur ** ‡	depemokimab-ulaa ** ‡	C9399, J3490, J3590
Exondys 51	eteplirsen	J1428
Eylea **	aflibercept **	J0178
Eylea HD **	aflibercept **	J0177
Fabrazyme	agalsidase beta	J0180
Fasenra	benralizumab	J0517
Faslodex	fulvestrant	J9395
Feraheme **	ferumoxytol **	Q0138



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
Filkri * ** † ‡	filgrastim-laha * ** † ‡	C9399, J3490, J3590, J9999
Firazyr ** ‡	icatibant ** ‡	J1744
Flebogamma DIF ‡	immune globulin ‡	J1572
Folotyn ‡	pralatrexate ‡	J9307
Fulphila	pegfilgrastim-jmdb	Q5108
fulvestrant (Fresenius kabi)	fulvestrant	J9394
fulvestrant (Teva)	fulvestrant	J9393
Fyarro	sirolimus protein-bound particles for injectable suspension	J9331
Fylnetra **	pegfilgrastim-pbbk **	Q5130
GamaSTAN ‡	immune globulin ‡	J1460, J1560
GamaSTAN S/D ‡	immune globulin ‡	J1460, J1560
Gamifant	emapalumab-lzsg	J9210
Gammagard ‡	immune globulin ‡	J1569
Gammagard ERC ‡	immune globulin, human ‡	J1566, J1569
Gammagard S/D ‡	immune globulin ‡	J1566
Gammaked ‡	immune globulin ‡	J1561
Gammaplex * **	immune globulin * **	J1557
Gamunex-C ‡	immune globulin ‡	J1561
Gazyva	obinutuzumab	J9301
Gel-One **	sodium hyaluronate **	J7326
Gelsyn-3 **	sodium hyaluronate **	J7328
Genvisc 850 **	sodium hyaluronate **	J7320
Givlaari	givosiran	J0223
Glassia **	alpha 1-proteinase inhibitor **	J0257



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
<b>Granix **</b>	tbo-filgrastim **	<b>J1447</b>
<b>Haegarda</b>	c1 esterase inhibitor subcutaneous	<b>J0599</b>
<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>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>Imdelltra</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>
<b>Inflectra</b>	infliximab-dyyb	<b>Q5103</b>
<b>Infliximab</b>	infliximab	<b>J1745</b>



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
<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>Itvisma ‡</b>	onasemnogene abeparvovec-brve ‡	<b>C9309, J3490, J3590</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>Kebilidi †† ‡</b>	eladocagene exuparvovec-tneq †† ‡	<b>C9399, J3490, J3590</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>Kimmtrak</b>	tebentafusp-tebn	<b>J9274</b>
<b>Kisunla</b>	donanemab-azbt	<b>J0175</b>
<b>Korsuva</b>	difelikefalin	<b>J0879</b>
<b>Krystexxa</b>	peglicase	<b>J2507</b>



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
<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>J3391</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>
<b>Lucentis **</b>	ranibizumab **	<b>J2778</b>
<b>Lumizyme</b>	alglucosidase alfa	<b>J0221</b>
<b>Lunsumio ‡</b>	mosunetuzumab-axgb ‡	<b>J9350</b>
<b>Lunsumio Velo ‡</b>	mosunetuzumab-axgb ‡	<b>J9350</b>
<b>Lutathera **</b>	lutetium Lu 177 dotatate **	<b>A9513</b>
<b>Luxturna</b>	voretigene neparvovec-rzyl	<b>J3398</b>
<b>Lyfgenia ††</b>	lovotibeglogene autotemcel ††	<b>J3394</b>
<b>Lymphir</b>	denileukin diftitox-cxdl	<b>J9161</b>



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
<b>Lynozytic</b>	linvoseltamab-gcpt	<b>J9601</b>
<b>Margenza</b>	margetuximab-cmkb	<b>J9353</b>
<b>Mepsevii</b>	vestronidase alfa-vjvk	<b>J3397</b>
<b>Mircera</b>	methoxy polyethylene glycol - epoetin beta	<b>J0888</b>
<b>Monjuvi</b>	tafasitamab-cxix	<b>J9349</b>
<b>Monoferic **</b>	ferric derisomaltose **	<b>J1437</b>
<b>Mozobil ‡</b>	plerixafor ‡	<b>J2562</b>
<b>Mvasi</b>	bevacizumab-awwb	<b>Q5107</b>
<b>Mylotarg</b>	gemtuzumab ozogamicin	<b>J9203</b>
<b>Myobloc</b>	rimabotulinumtoxinB	<b>J0587</b>
<b>Naglazyme</b>	galsulfase	<b>J1458</b>
<b>Neulasta ‡</b>	pegfilgrastim ‡	<b>J2506</b>
<b>Neulasta Onpro ‡</b>	pegfilgrastim ‡	<b>J2506</b>
<b>Neupogen **</b>	filgrastim **	<b>J1442</b>
<b>Nexvazyme</b>	avalglucosidase alfa-ngpt	<b>J0219</b>
<b>Ngenla ‡</b>	somatrogon-ghla ‡	<b>C9399, J3490, J3590</b>
<b>Niktimvo IV</b>	axatilimab-csfr	<b>J9038</b>
<b>Nivestym **</b>	filgrastim-aafi **	<b>Q5110</b>
<b>Nplate</b>	romiplostim	<b>J2802</b>
<b>Nucala</b>	mepolizumab	<b>J2182</b>
<b>Nulibry</b>	fosdenopterin	<b>J1809</b>
<b>Nypozi **</b>	filgrastim-txid **	<b>Q5148</b>
<b>Nyvepria **</b>	pegfilgrastim-apgf **	<b>Q5122</b>
<b>Ocrevus</b>	ocrelizumab	<b>J2350</b>



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
Ocrevus Zunovo	ocrelizumab and hyaluronidase-oscq	J2351
Octagam *	immune globulin *	J1568
Ogivri **	trastuzumab-dkst **	Q5114
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
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
Otarmeni * † ‡	lunsotogene parvec-cwha * † ‡	C9399, J3490, J3590
Otulfi IV	ustekinumab-aaaz	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



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
Panzyga * **	immune globulin * **	J1576
Papzimeos	zopapogene imadenovec-drba	J3404
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	cipaglucoisidase alfa-atga	J1203
Portrazza	necitumumab	J9295
Poteligeo	mogamulizumab-kpkc	J9204
pralatrexate IV ‡	pralatrexate ‡	J9307
Prevymis IV ‡	letermovir ‡	C9399, J3490



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
Prialt	ziconotide	J2278
Privigen	immune globulin	J1459
Procrit ‡	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	epoetin alfa-epbx	Q5106
Rethymic †† ‡	allogeneic processed thymus tissue- agdc †† ‡	C9399, J3490, J3590
Riabni **	rituximab-arrx **	Q5123
Rituxan Hycela **	rituximab; hyaluronidase human **	J9311
Rituxan IV **	rituximab **	J9312
Rolvedon **	eflapegrastim-xnst **	J1449
romidepsin	romidepsin	J9318



\* 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.

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
<b>Ruconest * **</b>	C1 esterase inhibitor * **	<b>J0596</b>
<b>Ruxience **</b>	rituximab-pvvr **	<b>Q5119</b>
<b>Rybrevant Faspro ‡</b>	amivantamab and hyaluronidase-lpuj ‡	<b>C9399, J3490, J3590, J9999</b>
<b>Rybrevant IV</b>	amivantamab-vmjw	<b>J9061</b>
<b>Rylaze</b>	asparaginase erwinia chrysanthemi (recombinant)-rywn	<b>J9021</b>
<b>Ryoncil ††</b>	remestemcel-L-rknd ††	<b>J3402</b>
<b>Ryplazim</b>	plasminogen, human-tvmh	<b>J2998</b>
<b>Rystiggo **</b>	rozanolixizumab-noli **	<b>J9333</b>
<b>Rytelo IV</b>	imetelstat	<b>J0870</b>
<b>Ryzneuta **</b>	efbemalenograstim alfa-VUXW **	<b>J9361</b>
<b>Sajazir ‡</b>	icatibant ‡	<b>J1744</b>
<b>Sandostatin LAR</b>	octreotide	<b>J2353</b>
<b>Saphnelo intravenous solution</b>	anifrolumab-fnia	<b>J0491</b>
<b>Sarclisa</b>	isatuximab-irfc	<b>J9227</b>
<b>Scenesse</b>	afamelanotide	<b>J7352</b>
<b>Selarsdi IV ** ‡</b>	ustekinumab-aekn ** ‡	<b>Q9998</b>
<b>Signifor LAR</b>	pasireotide	<b>J2502</b>
<b>Simponi ARIA</b>	golimumab	<b>J1602</b>
<b>Sinuva</b>	mometasone furoate	<b>J7402</b>
<b>Skyrizi IV</b>	risankizumab-rzaa	<b>J2327</b>
<b>Skysona ††</b>	elivaldogene autotemcel ††	<b>J3387</b>
<b>Soliris **</b>	eculizumab **	<b>J1299</b>
<b>Somatuline Depot ‡</b>	lanreotide ‡	<b>J1930</b>



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
Spevigo IV	spesolimab-sbzo	J1747
Spinraza	nusinersen	J2326
Starjemza IV ** ‡	ustekinumab-hmny ** ‡	C9399, J3490, J3590
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
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



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
Tezspire subcutaneous pen injector ‡	tezepelumab-ekko ‡	J2356
Thrombate III	antithrombin III	J7197
Tivdak **	tisotumab vedotin-tftv **	J9273
Tofidence IV **	tocilizumab-bavi **	Q5133
Trazimera	trastuzumab-qyyp	Q5116
Treanda	bendamustine hydrochloride	J9033
Tremfya IV ‡	guselkumab ‡	J1628
Triluron **	sodium hyaluronate **	J7332
Trisenox	arsenic trioxide	J9017
TriVisc **	sodium hyaluronate **	J7329
Trodelyv	sacituzumab govitecan-hziy	J9317
Truxima **	rituximab-abbs **	Q5115
Tyenne IV **	tocilizumab-aazg **	Q5135
Tyruko	natalizumab-sztn	Q5134
Tysabri **	natalizumab **	J2323
Tyvaso	treprostinil (inhaled)	J7686
Tzield	teplizumab-mzww	J9381
Udenyca ‡	pegfilgrastim-cbqv ‡	Q5111
Udenyca Autoinjector ‡	pegfilgrastim-cbqv ‡	Q5111
Udenyca Onbody ‡	pegfilgrastim-cbqv ‡	Q5111
Ultomiris	ravulizumab-cwvz	J1303
Unituxin ‡	dinutuximab ‡	C9399, J3490
Unloxcyt	cosibelimab-ipdl	J9275
Uplizna **	inebilizumab-cdon **	J1823



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
Ustekinumab IV ** ‡	ustekinumab ** ‡	J3358
Vabysmo **	faricimab-svoa injection **	J2777
Valstar	valrubicin	J9357
Vectibix	panitumumab	J9303
Vegzelma **	bevacizumab-adcd **	Q5129
Velcade ‡	bortezomib ‡	J9041
Veopoz	pozelimab-bbfg	J9376
Viltepro	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 ‡	C9399, J3490
Wezlana IV **	ustekinumab-auub **	Q5138
Wyost ** ‡	denosumab-bbdz ** ‡	Q5136
Xembify *	immune globulin *	J1558
Xenpozyme	olipudase alfa-rpcp	J0218



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
[Access the fax forms](#) to request preauthorization or provide notification.

Brand medication name	Generic medication name	Billing Codes
Xeomin	incobotulinumtoxinA	J0588
Xgeva ** ‡	denosumab ** ‡	J0897
Xipere	triamcinolone acetonide	J3299
Xofigo	radium Ra 223 dichloride	A9606
Xolair	omalizumab	J2357
Xtrenbo ** ‡	denosumab-qbde ** ‡	C9399, J3490, J3590, J9999
Yartemlea ‡	narsoplimab-wuug ‡	C9399, J3490, J3590
Yervoy **	ipilimumab **	J9228
Yescarta ††	axicabtagene ciloleucel ††	Q2041
Yesintek IV ‡	ustekinumab-kfce ‡	Q5100
Yimmugo **	immune globulin intravenous, human - dira **	J1553
Yondelis	trabectedin	J9352
Zaltrap	ziv-aflibercept	J9400
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
Zilretta **	triamcinolone acetonide **	J3304
Zirabev	bevacizumab-bvzr	Q5118
Zoladex	goserelin acetate	J9202
Zolgensma	onasemnogene abeparvovec-xioi	J3399



\* 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](mailto:transplant@humana.com).

**Humana Dual Integrated (HMO D-SNP) South Carolina prior authorization and notification list**  
**[Access the fax forms](#) to request preauthorization or provide notification.**

<b>Brand medication name</b>	<b>Generic medication name</b>	<b>Billing Codes</b>
<b>Zusduri</b>	mitomycin	<b>J9282</b>
<b>Zynlonta</b>	loncastuximab tesirine-lpyl	<b>J9359</b>
<b>Zynteglo ††</b>	betibeglogene autotemcel ††	<b>J3393</b>
<b>Zynyz</b>	retifanlimab-dlwr	<b>J9345</b>



\* 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](mailto:transplant@humana.com).

<b>Blood-clotting Factors</b>		
<b>Brand medication name</b>	<b>Generic medication name</b>	<b>Billing Codes</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>Beqvez</b>	fidanacogene elaparvovec-dzkt	<b>J1414</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>Hemgenix</b>	etranacogene dezaparvovec-drlb	<b>J1411</b>
<b>Hemlibra **</b>	emicizumab-kxwh **	<b>J7170</b>
<b>Hemofil M ‡</b>	antihemophilic factor [human] ‡	<b>J7190</b>



\* 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](mailto:transplant@humana.com).

<b>Blood-clotting Factors</b>		
<b>Brand medication name</b>	<b>Generic medication name</b>	<b>Billing Codes</b>
<b>Humate-P</b>	antihemophilic factor/von Willebrand factor complex [human]	<b>J7187</b>
<b>Hypnavzi **</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>
<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>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>Roctavian</b>	valoctocogene roxaparvovec-rvox	<b>J1412</b>



\* 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](mailto:transplant@humana.com).

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



\* 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](mailto:transplant@humana.com).