Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Preauthorization and Notification List (PAL)

Effective date: Feb. 1, 2024
Revision date: Jan. 8, 2025

Humana Healthy Horizons in Kentucky Medication Preauthorization List **To request preauthorization or provide notification, please click here to access the fax forms**		
Drug Name	**Generic**	**Codes**
Abecma intravenous suspension‡	idecabtagene vicleucel‡	Q2055
Abraxane†	nab-paclitaxel†	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
Aliqopa	copanlisib	J9057
Aloxi	palonosetron HCL	J2469
Alyglo *,†	immune globulin intravenous, human-stwk *,†	C9399, J1599
Alymsys	bevacizumab-maly	Q5126
Amondys-45	casimersen	J1426
Amtagvi *,†,‡	lifileucel *,†,‡	C9399, J3490, J9999
Amvuttra	vutrisiran	J0225
Anktiva *,†	nogapendekin alfa inbakicept-pmln *,†	C9169, J3490, J3590, J9999
Aphexda*,†	motixafortide*,†	C9399, J3490
Aralast NP†	alpha 1-proteinase inhibitor†	J0256

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Aranesp	darbepoetin alfa	J0881, J0882
Arcalyst	rilonacept	J2793
Asceniv	immune globulin	J1554
Asparlas	calaspargase pegol-mknl	J9118
Atgam	lymphocyte immune globulin	J7504
Aucatzyl *, †,‡	obecabtagene autoleucel *, †,‡	C9399, J3490, J9999
Avastin (oncology only)	bevacizumab (oncology only)	C9257, J9035
Aveed	testosterone undecanoate	J3145
Avsola †	infliximab-axxq †	Q5121
Axtle *,†	pemetrexed *, †	C9399, J3490, J9999
Bavencio	avelumab	J9023
Beleodaq	belinostat	J9032
Belrapzo †	bendamustine hydrochloride †	J9036
bendamustine	bendamustine hydrochloride	J9036
bendamustine (Apotex)	bendamustine hydrochloride	J9058
bendamustine (Baxter)	bendamustine hydrochloride	J9059
Bendeka	bendamustine hydrochloride	J9034
Benlysta	belimumab	J0490
Beovu	brolucizumab-dbll	J0179
Berinert	c1 esterase inhibitor	J0597
Besponsa	inotuzumab ozogamicin	J9229
Bivigam	immune globulin	J1556
Bizengri *,†	zenocutuzumab-zbco *, †	C9399, J3490, J3590, J9999
Blenrep †	belantamab mafodotin-blmf †	J9037
Blincyto	blinatumomab	J9039
Blood-clotting factors (See list on pages 18 to 20)		
bortezomib	bortezomib	J9041

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
bortezomib (Dr. Reddy's)	bortezomib	J9046
bortezomib (fresenius kabi)	bortezomib	J9048
bortezomib (Hospira)	bortezomib	J9049
bortezomib (Maia)	bortezomib	J9051
Boruzu *, †	bortezomib *, †	C9399, J3490, J9999
Botox	onabotulinumtoxinA	J0585
Breyanzi‡	lisocabtagene maraleucel‡	Q2054
Brineura	cerliponase alfa	J0567
Briumvi	ublituximab-xiiy	J2329
Brovana	arformoterol tartrate	J7605
Byooviz	ranibizumab-nuna intravitreal solution	Q5124
cabazitaxel (Sandoz)	cabazitaxel	J9064
Carvykti‡	ciltacabtagene autoleucel‡	Q2056
Casgevy*, †,‡	exagamglogene autotemcel*, †,‡	C9399, J3490
Cerezyme	imiglucerase	J1786
Cimerli	ranibizumab-eqrn	Q5128
Cimzia	certolizumab pegol	J0717
Cinqair	reslizumab	J2786
Cinryze	c1 esterase inhibitor	J0598
Cinvanti	aprepitant	C9145, J0185
Coagadex	coagulation factor X [human]	J7175
Columvi	glofitamab-gxbm	J9286
Cortrophin Gel	adrenocorticotropic hormone (ACTH)	J0802
Cosela	trilaciclib	J1448
Cosentyx IV	secukinumab	J3247
Crysvita	burosumab-twza	J0584
Cutaquig	immune globulin	J1551

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Cuvitru	immune globulin	J1555
Cyklokapron†	tranexamic acid†	J3490
Cyramza	ramucirumab	J9308
CytoGam	cytomegalovirus immune globulin	90291, J0850
Danyelza	naxitamab-gqgk	J9348
Darzalex	daratumumab	J9145
Darzalex Faspro†	daratumumab and hyaluronidase-fihj†	J9144
Daxxify	daxibotulinumtoxinA-lanm	J0589
Defitelio†	defibrotide sodium†	C9399, J3490
Docivyx *,†,‡	docetaxel *,†,‡	C9399, J3490, J9999
Doxil	doxorubicin	Q2050
Duopa	carbidopa/levodopa	J7340
Dupixent†	dupilumab†	C9399, J3590
Durolane	hyaluronic acid, stabilized	J7318
Durysta†	bimatoprost implant†	C9399, J3490
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
Elitek	rasburicase	J2783
Elrexfio	elranatamab-bcmm	J1323
Elzonris	tagraxofusp-erzs	J9269
Empaveli†	pegcetacoplan†	C9399, J3490
Empliciti	elotuzumab	J9176

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Enhertu†	fam-trastuzumab deruxtecan-nxki†	J9358
Enjaymo	sutimlimab-jome	J1302
Enspryng†	satralizumab-mwge†	C9155, J3490, J3590
Entyvio IV	vedolizumab	J3380
Epkinly	epcoritamab-bysp	J9321
Epogen†	epoetin alfa†	J0885, Q4081
Erbitux	cetuximab	J9055
Erwinase†	crisantaspase†	J9019
Erwinaze†	asparaginase Erwinia chrysanthemi†	J9019
Eskata†	hydrogen peroxide†	C9399, J3490
Euflexxa	sodium hyaluronate	J7323
Evenity	romosozumab-aqqg	J3111
Evkeeza	evinacumab-dgnb	J1305
Exondys 51	eteplirsen	J1428
Eylea	aflibercept	J0178
Eylea HD	aflibercept	J0177
Fabrazyme	agalsidase beta	J0180
Fasenra	benralizumab	J0517
Faslodex	fulvestrant	J9395
Fensolvi	leuprolide acetate	J1951
Feraheme	ferumoxytol	Q0138, Q0139
Flebogamma†	immune globulin†	J1572
Flebogamma DIF†	immune globulin†	J1572
Firazyr†	icdatibant†	J1744
Flolan†	epoprostenol (injection)†	J1325, J3490, S0155

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Folotyn†	pralatrexate†	J9307
Fulphila	pegfilgrastim-jmdb	Q5108
Fusilev	levoleucovorin	J0641
Fyarro	sirolimus protein-bound particles for injectable suspension	J9331
Fylnetra*	pegfilgrastim-pbbk*	Q5130
Gamastan†	immune globulin†	J1460
Gamastan S/D†	immune globulin†	J1460
Gamifant	emapalumab-lzsg	J9210
Gammagard	immune globulin	J1569
Gammagard S/D	immune globulin	J1566
Gammaked†	immune globulin†	J1561
Gammaplex	immune globulin	J1557
Gamunex-C†	immune globulin†	J1561
Gattex†	teduglutide†	C9399, J3490
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
Granix	tbo-filgrastim	J1447

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Growth hormones: Genotropin, Humatrope, Norditropin FlexPro, Nutropin AQ NuSpin, Omnitrope, Saizen, Serostim, Zomacton, Zorbtive †	somatropin †	J2941
H.P. Acthar Gel	corticotropin	J0801
Haegarda	c1 esterase inhibitor subcutaneous	J0599
Herceptin	trastuzumab	J9355
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356
Hercessi IV *,†	trastuzumab-strf *,†	C9399, J3490, J3590, J9999
Herzuma	trastuzumab-pkrb	Q5113
Hizentra	immune globulin	J1559
Hyalgan †	sodium hyaluronate †	J7321
Hymovis	sodium hyaluronate	J7322
Hyqvia	immune globulin	J1575
iDose TR 75 mcg intracameral implant	travoprost intracameral implant	J7355
Ilaris	canakinumab	J0638
Ilumya	tildrakizumab-asmn	J3245
Iluvien	fluocinolone acetonide	J7313
Imdelltra *,†	tarlatamab-dlle *,†	C9170, J3490, J3590, J9999
Imfinzi	durvalumab	J9173
Imjudo *	tremelimumab-actl *	J9347
Imlygic	talimogene laherparepvec	J9325

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Inflectra	infliximab-dyyb	Q5103
Infliximab †	infliximab †	J1745
Injectafer	ferric carboxymaltose	J1439
Istodax	romidepsin	J9319
Ixempra	ixabepilone	J9207
Izervay	avacincaptad pegol intravitreal solution	J2782
Jelmyto †	mitomycin †	J9281
Jemperli	dostarlimab-gxly	J9272
Jevtana	cabazitaxel	J9043
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
Khapzory †	levoleucovorin †	J0642
Kimmtrak	tebentafusp-tebn	J9274
Kisunla *	donanemab-azbt *	J0175
Korsuva †	difelikefalin †	J0879
Krystexxa	pegloticase	J2507
Kymriah‡	tisagenlecleucel‡	Q2042
Kyprolis	carfilzomib	J9047
Lamzede	velmanase alfa-tycv	J0217
lanreotide *, †	lanreotide *, †	J1930
lanreotide (Cipla)	lanreotide	J1932
Lantidra†,‡	donislecel-junjn†,‡	C9399, J3490, J3590

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Lemtrada	alemtuzumab	J0202
Lenmeldy *,†,‡	atidarsagene autotemcel *,†,‡	C9399, J3490
Leqembi	lecanemab-irmb	J0174
Leqvio	inclisiran	J1306
Leukine	sargramostim	J2820
Levoleucovorin	levoleucovorin calcium	J0641
Libtayo	cemiplimab-rwlc	J9119
Loqtorzi	toripalimab-tpzi	J3263
Lucentis	ranibizumab	J2778
Lumizyme	alglucosidase alfa	J0221
Lunsumio*	mosunetuzumab-axgb*	J9350
Lutathera	lutetium Lu 177 dotatate	A9513
Luxturna	voretigene neparvovec-rzyl	J3398
Lyfgenia	lovotibeglogene autotemcel	J3394
Macrilen†	macimorelin†	C9399, J8499
Margenza†	margetuximab-cmkb†	C9399, J3490, J3590, J9999
Mepsevii	vestronidase alfa-vjbk	J3397
Mircera	methoxy polyethylene glycol – epoetin beta	J0887, J0888
Monjuvi†	tafasitamab-cxix†	J9349
Monoferric	ferric derisomaltose	J1437
Monovisc	hyaluronan	J7327
Mozobil†	plerixafor†	J2562
Mvasi	bevacizumab-awwb	Q5107
Mylotarg	gemtuzumab ozogamicin	J9203
Myobloc	rimabotulinumtoxinB	J0587
Naglazyme	galsulfase	J1458

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Neulasta†	pegfilgrastim†	J2506
Neulasta Onpro†	pegfilgrastim†	J2506
Neupogen	filgrastim	J1442
Nexviazyme†	avalglucosidase-ngpt†	J0219
Ngenla†,*	somatrogon-ghla†,*	C9399, J3490, J3590
Nivestym	filgrastim-aafi	Q5110
Nplate	romiplostim	J2796
Nucala	mepolizumab	J2182
Nulibry†	fosdenopterin†	C9399, J3490
Nulojix	belatacept	J0485
Nuwiq	pegfilgrastim-apfg	J7209
Nypozi†,*	filgrastim-txid†,*	C9173, J3490, J3590, J9999
Nyvepria†	pegfilgrastim-apfg†	Q5122
Ocrevus	ocrelizumab	J2350
Ocrevus Zunovo†,*	ocrelizumab and hyaluronidase-acsq†,*	C9399, J3490, J3590
Octagam	immune globulin	J1568
Ogivri	trastuzumab-dkst	Q5114
Ohtuvayre†,*	ensifentrine†,*	J7699
Omisirge†,‡	omidubicel-onlv†,‡	C9399, J3490, J3590
Omvoh IV†	mirikizumab-mrkz†	J2267
Oncaspar	pegaspargase	J9266
Onivyde	irinotecan liposome injection	J9205
Onpattro	patisiran	J0222
Ontruzant	trastuzumab-dttb	Q5112

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Opdualag	nivolumab and relatlimab-rmbw injection	J9298
Opdivo	nivolumab	J9299
Orencia IV	abatacept	J0129
Orthovisc	hyaluronan	J7324
Oxlumo	lumasiran	J0224
Ozurdex	dexamethasone intravitreal implant	J7312
paclitaxel protein-bound	paclitaxel protein-bound	J9258
Padcev †	enfortumab vedotin-ejfv †	J9177
Palynziq †	pegvaliase-pqpz †	C9399, J3490, J3590
Panzyga	immune globulin	J1576
Parsabiv	etelcalcetide	J0606
Pavblu *, †	aflibercept-ayyh *, †	C9399, J3490, J3590
Pedmark IV solution *	sodium thiosulfate *	J0208
Pemetrexed	pemetrexed	J9305
pemetrexed (Accord)	pemetrexed	J9296
pemetrexed (Bluepoint)	pemetrexed	J9322
pemetrexed (Hospira)	pemetrexed	J9294, J9323
pemetrexed (Sandoz)	pemetrexed	J9297
Pemfexy	pemetrexed injection	J9304
Pemrydi RTU	pemetrexed	J9324
Perjeta	pertuzumab	J9306
Phesgo †	pertuzumab, trastuzumab, and hyaluronidase-zzxf †	J9316
Piasky *, †	crovalimab-akkz *, †	C9399, J3490, J3590
plerixafor †	plerixafor †	J2562
Pluvicto	lutetium lu 177 vipivotide tetraxetan	A9607

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Polivy	polatuzumab vedotin-piiq	J9309
Pombiliti[*,†]	cipaglucosidase alfa-atga[*,†]	J1203
Portrazza	necitumumab	J9295
Poteligeo	mogamulizumab-kpkc	J9204
pralatrexate IV[†]	pralatrexate[†]	J9307
Prevymis IV[†]	letermovir[†]	C9399, J3490
Prialt	ziconotide	J2278
Privigen	immune globulin	J1459
Procrit[†]	epoetin alfa[†]	J0885, Q4081
Prolastin-C[†]	alpha 1-proteinase inhibitor[†]	J0256
Prolia[†]	denosumab[†]	J0897
Provenge	sipuleucel-T	Q2043
Qalsody	tofersen	J1304
Qutenza	capsaicin/skin cleanser	J7336
Radicava	edaravone	J1301
Reblozyl[†]	luspatercept-aamt[†]	J0896
Releuko	filgrastim-ayow injection	Q5125
Remicade	infliximab	J1745
Remodulin[†]	treprostinil (injection)[†]	J3285, J3490
Renflexis	infliximab-abda	Q5104
Retacrit	epoetin alfa-epbx	Q5105, Q5106
Rethymic[†,‡]	allogeneic processed thymus tissue-agdc[†,‡]	
Retisert	fluocinolone acetonide	J7311
Revatio[†]	sildenafil citrate (injection)[†]	J3490, J8499
Riabni	rituximab-arrx	Q5123

[*]New-to-market drug addition

[†]All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

[‡]Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Rituxan	rituximab	J9312
Rituxan Hycela	rituximab/hyaluronidase human	J9311
Roctavian*	valoctocogene roxaparvovec-rvox*	J1412
Rolvedon*	eflapegrastim-xnst*	J1449
Romidepsin†	romidepsin†	J9318, J9319
Ruconest	c1 esterase inhibitor	J0596
Ruxience†	rituximab-pvvr†	Q5119
Rybrevant IV	amivantamab-vmjw	J9061
Rylaze	asparaginase erwinia chrysanthemi (recombinant)-rywn	J9021
Ryplazim	plasminogin, human-tvmh	J2998
Rystiggo	rozanolixizumab-noli	J9333
Rytelo IV *,†	imetelstat *,†	C9399, J3490
Sajazir†	icatibant†	J1744
Sandostatin LAR	octreotide	J2353
Saphnelo intravenous solution†	anifrolumab-fnia†	J0491
Sarclisa†	isatuximab-irfc†	C9399, J9999
Scenesse†	afamelanotide†	J7352
Signifor LAR	pasireotide	J2502
Simponi ARIA	golimumab	J1602
Sinuva	mometasone furoate	J7402
Skysona†,‡	elivaldogene autotemcel†,‡	C9399, J3490, J3590
sodium hyaluronate†	sodium hyaluronate†	C9399, J3490
sodium thiosulfate (Hope)	sodium thiosulfate	J0209
Skyrizi IV†	risankizumab-rzaa†	J2327

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Soliris	eculizumab	J1300
Sogroya†	somapacitan-beco†	C9399, J3490, J3590
Somatuline Depot†	lanreotide†	J1930
Spevigo IV	spesolimab-sbzo	J1747
Spinraza	nusinersen	J2326
Stelara (IV only)	ustekinumab (IV only)	J3358
Stelara (Subcutaneous)	ustekinumab	J3357
Stimufend*	pegfilgrastim-fpgk*	Q5127
Strensiq†	asfotase alfa†	C9399, J3590
Sunlenca*	lenacapavir*	J1961
Supartz FX†	sodium hyaluronate†	J7321
Sustol	granisetron	J1627
Susvimo	ranibizumab	J2779
Syfovre	pegcetacoplan	J2781
Sylvant	siltuximab	J2860
Synagis	palivizumab	90378
SynoJoynt	1% sodium hyaluronate	J7331
Synribo	omacetaxine mepesuccinate	J9262
Synvisc†	hylan G-F 20†	J7325
Synvisc-One†	hyaluronan†	J7325
Takhzyro	lanadelumab-flyo	J0593
Takhzyro subcutaneous	lanadelumab-flyo	J0593
Talvey	talquetamab-ghla	J3055
Tecartus‡	brexucabtagene autoeucel‡	Q2053
Tecelra*,†,‡	afamitresgene autoleucel*,†,‡	C9399, J3490, J9999
Tecentriq	atezolizumab	J9022

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Tecentriq Hybreza SQ *, †	atezolizumab and hyaluronidase-tqjs *, †	C9399, J3490, J3590, J9999
Tecvayli *	teclistamab-cqyv *	J9380
Tegsedi †	inotersen †	C9399, J3940
Tepezza †	teprotumumab-trbw †	C9061, J3590
Testopel †	testosterone pellet †	J3490, S0189
Tevimbra *	tislelizumab-jsgr *	J9329
Tezspire	tezepelumab-ekko	J2356
Thrombate III	antithrombin III [human]	J7197
Tivdak †	tisotumab vedotin-tftv †	J9273
Tofidence IV *	tocilizumab-bavi *	Q5133
Trazimera	trastuzumab-qyyp	Q5116
Treanda	bendamustine hydrochloride	J9033
Tremfya IV *, †	guselkumab *, †	J1628
Triluron	hyaluronate sodium	J7332
Triptodur	triptorelin	J3316
Trisenox	arsenic trioxide	J9017
TriVisc	sodium hyaluronate	J7329
Trodelvy †	sacituzumab govitecan-hziy †	J9317
Trogarzo	ibalizumab-uiyk	J1746
Truxima	rituximab-abbs	Q5115
Tyenne IV	tocilizumab-aazg	Q5135
Tysabri	natalizumab	J2323
Tyvaso	treprostinil (inhaled)	J7686
Tzield*	teplizumab-mzwv*	J9381

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Udenyca †	pegfilgrastim-cbqv †	Q5111
Udenyca Autoinjector *,†	pegfilgrastim-cbqv *,†	Q5111
Udenyca Onbody *,†	pegfilgrastim-cbqv *,†	Q5111
Ultomiris	ravulizumab-cwvz	J1303
Unituxin	dinutuximab	J1246
Uplizna †	inebilizumab-cdon †	J1823
Uptravi †	selexipag †	C9399, J3490
Vabysmo	faricimab-svoa injection	J2777
Valstar	valrubicin	J9357
Vegzelma	bevacizumab-adcd	Q5129
Velcade	bortezomib	J9041
Veletri †	epoprostenol †	J1325
Vectibix	panitumumab	J9303
Ventavis	iloprost	Q4074, J1749
Veopoz †,*	pozelimab-bbfg †,*	C9399, J3490, J3590
Viltepso	viltolarsen	J1427
Vimizim	elosulfase alfa	J1322
Visco-3 †	sodium hyaluronate †	J7321
Visudyne	verteporfin	J3396
Vivimusta*	bendamustine hydrochloride*	J9056
Vpriv	velaglucerase alfa	J3385
Vyepti †	eptinezumab-jjmr †	C9063, J3590
Vyjuvek	beremagene geperpavec-svdt	J3401
Vyloy *, †	zolbetuximab-clzb *, †	C9399, J3490, J3590, J9999
Vyondys 53	golodirsen	J1429

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	J9334
Vyvgart intravenous solution	efgartigimod alfa-fcab	J9332
Vyxeos	daunorubicin/cytarabine	J9153
Wainua †,*	eplontersen injection †,*	C9399, J3490
Wezlana IV *	ustekinumab-auub *	Q5138
Xembify	immune globulin	J1558
Xenpozyme	olipudase alfa	J0218
Xeomin	incobotulinumtoxin A	J0588
Xgeva †	denosumab †	J0897
Xipere	triamcinolone acetonide	J3299
Xofigo	radium RA 223 dichloride	A9606,
Xolair	omalizumab	J2357
Yervoy	ipilimumab	J9228
Yescarta‡	axicabtagene ciloleucel‡	Q2041
Yondelis	trabectedin	J9352
Yutiq	fluocinolone acetonide intravitreal implant	J7314
Zaltrap	ziv-aflibercept	J9400
Zarxio	filgrastim-sndz	Q5101
Zemaira †	alpha 1-proteinase inhibitor †	J0256
Zepzelca †	lurbinectedin †	J9223
Ziextenzo	pegfilgrastim-bmez	Q5120
Ziihera *,†	zanidatamab-hrii *,†	C9399, J3490, J3590, J9999
Zilretta	triamcinolone acetonide	J3304

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Zinplava	bezlotoxumab	J0565
Zirabev†	bevacizumab-bvzr†	Q5118
Zoladex	gosrelin acetate	J9202
Zolgensma†	onasemnogene abeparvovec-xioi†	J3399
Zynlonta	loncastuximab tesirine-lpyl	J9359
Zynteglo‡	betibeglogene autotemcel‡	J3393
Zynyz	retifanlimab-dlwr	J9345
Blood-clotting Factors		
Advate†	antihemophilic factor [recombinant]†	J7192
Adynovate	antihemophilic factor [recombinant], PEGylated	J7207
Afstyla	antihemophilic factor (recombinant) single chain	J7210
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*, †	C9172, J3490, J3590, J7199
Corifact	factor XIII concentrate [human]	J7180
Eloctate	antihemophilic factor [recombinant], Fc fusion protein	J7205
Esperoct	antihemophilic factor (recombinant), glycopegylated-exei	J7204

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Feiba NF	anti-inhibitor coagulant complex	J7198
Hemgenix[*]	etranacogene dezaparvovec-drlb[*]	J1411
Hemlibra	emicizumab-kxwh	J7170
Hemofil M[†]	antihemophilic factor [human][†]	J7190
Humate-P	antihemophilic factor/Von Willebrand factor complex [human]	J7187
Hympavzi[*,†]	marstacimab-hncq[*,†]	C9399, J3490, J3590, J7199
Idelvion	antihemophilic factor [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
Monoclate-P[†]	antihemophilic factor [human][†]	J7190
Mononine[†]	coagulation factor IX [human][†]	J7193
NovoEight	turoctocog alfa	J7182
NovoSeven RT	coagulation factor VIIa [recombinant]	J7189
Nuwiq	simoctocog alfa	J7209
Obizur	antihemophilic factor [recombinant], porcine sequence	J7188
Profilnine[†]	factor IX complex[†]	J7194
Rebinyn	coagulation factor IX [recombinant], GlycoPEGylated	J7203
Recombinate[†]	antihemophilic factor [recombinant][†]	J7192

[*]New-to-market drug addition

[†]All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

[‡]Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.

Humana

Healthy Horizons™ in Kentucky

Humana Healthy Horizons in Kentucky Medication Preauthorization List To request preauthorization or provide notification, please click here to access the fax forms		
Drug Name	**Generic**	**Codes**
Rixubis	coagulation factor IX [recombinant]	J7200
Roctavian†,*	valoctocogene roxaparvovec-rvox†,*	C9399, J3490, J3590, J7190
SevenFact intravenous solution†	coagulation factor VII [recombiant]-jncw†	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

*New-to-market drug addition

†All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes require a corresponding National Drug Code (NDC) to be billed on all claims.

‡Preauthorization requests will be reviewed by **Humana National Transplant Network** and can be submitted by fax to 502-508-9300, by telephone at 866-421-5663 or by email to transplant@humana.com.