We have updated our Preauthorization and Notification list for Humana Medicare Advantage (MA) plans. Please note that precertification, preadmission, preauthorization and notification requirements all refer to the same process of preauthorization. However, for MA Private-Fee-for-Service (PFFS) plans, notification is requested, not required.

The list represents services and medications [1] that are commonly reviewed and may require additional clinical information. Services must be provided according to the Medicare Coverage Guidelines, established by the Centers for Medicare & Medicaid Services (CMS) and, as such, are subject to review. According to the guidelines, all medical care, services, supplies and equipment must be medically necessary. You may review the Medicare Coverage Guidelines online at http://www.medicare.gov/Coverage/Home.asp.

[1] These medications include those that are delivered in the physician’s office, clinic, outpatient or home setting.

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

Important Notes:

- **Humana MA HMO Members**: The full list of preauthorization requirements applies to Humana MA HMO members. For MA HMO plans in Florida, specialists should direct all service and medication administration preauthorization requests to the member’s primary care physician for referral issuance. In addition, certain services outlined in the Medicare Preauthorization and Notification list may not be applicable for Chicago, Nevada or California providers affiliated with an independent physician association (IPA) via a capitated arrangement. Please refer to your provider agreement for clarification.

- **Humana MA PPO Members**: The full list of preauthorization requirements applies to Humana MA PPO members.

- **Humana MA PFFS Members**: For Humana MA PFFS members, notification is requested, but not required, so that members may be referred to appropriate case management and disease management programs. For procedures or services that are investigational, experimental or may have limited benefit coverage, or for any questions about whether Humana will pay for a service, you may request an Advanced Coverage Determination (ACD) on behalf of the member prior to providing the service. You may be contacted if additional information is needed.

  Advanced Coverage Determinations (ACDs) for PFFS members may be initiated by submitting a written request to:
  
  Humana Correspondence
  P.O. Box 14601
  Lexington, KY 40512-4601

- **This list does not apply to members enrolled in a Humana Medicare supplement plan.**

- **Humana Commercial Members**: This list does not affect Humana commercial plans. (See Humana’s Commercial Preauthorization and Notification List.)

- **Exclusions for Pain Management Procedures**: This preauthorization requirement does not apply to Medicare Advantage PFFS members, Medicare Advantage HMO members assigned to independent physician associations (IPAs) that have a capitated or delegated arrangement with Humana, and Medicare Advantage HMO members in Alabama, California, Florida, Georgia, Louisiana, Mississippi, Nevada, South Carolina and Tennessee.

There are exceptions to this list. Not all procedures and medications are covered by all health plans. Since a single document cannot reflect all possible exceptions, individual practitioners making specific requests for services are encouraged to verify benefits and authorization requirements prior to providing services.

Reminder:

Except where noted via a link on the following pages, providers and facilities may submit preauthorization requests via the secure provider area of Humana’s Web site at www.humana.com/providers (registration required), via Availity at http://www.availity.com (select markets only, registration required) or via the interactive voice response (IVR) line at 1-800-523-0023.

This list is subject to change with notification; however, this list may be modified throughout the year for additions of new-to-market medications without notification via U.S. postal mail.
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DETAILS</th>
<th>COMMENTS</th>
<th>HMO</th>
<th>PPO</th>
<th>PFFS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Admissions</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Observation</strong></td>
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<tr>
<td><strong>Durable Medical Equipment (DME)</strong></td>
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<tr>
<td><strong>Plastic Surgery/Cosmetic</strong></td>
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<tr>
<td><strong>Other Services</strong></td>
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</tr>
<tr>
<td><strong>Radiology: Outpatient Imaging</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Outpatient Therapy Services</strong></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Medicare Advantage Preauthorization and Notification List

<table>
<thead>
<tr>
<th>Nonparticipating Providers</th>
<th>Authorization</th>
<th>Notification</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity</td>
<td>Routine Maternity Care</td>
<td>Authorization</td>
<td>Notification</td>
</tr>
<tr>
<td>Clinical Trials</td>
<td>Clinical Trials</td>
<td>***</td>
<td>***</td>
</tr>
</tbody>
</table>

#### Speech Therapy Authorization Notification List

**Preauthorization is required for Humana MA HMO and Humana MA PPO. Notification is requested, not required for Humana MA PFFS** for the following drugs when delivered in the physician’s office, clinic, outpatient or home setting.

To request authorization/notification, please click [here](#) to access the fax forms.

### Medication Preauthorization List

<table>
<thead>
<tr>
<th>Brand</th>
<th>Generic</th>
<th>Brand</th>
<th>Generic</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Actemra</em></td>
<td><em>tocilizumab</em></td>
<td>Inrelex</td>
<td>mecasermin</td>
</tr>
<tr>
<td>Aloxi</td>
<td>palonosetron HCl</td>
<td><em>Istodax</em></td>
<td><em>romidiposin</em></td>
</tr>
<tr>
<td>Aranesp</td>
<td>darbepoetin alfa</td>
<td>Ixempra</td>
<td>ixabepolone</td>
</tr>
<tr>
<td>Arcalyst</td>
<td>rilonacept</td>
<td><em>Jevtana</em></td>
<td><em>cabazitaxel</em></td>
</tr>
<tr>
<td>Avastin</td>
<td>bevacinumab</td>
<td>Kineret</td>
<td>anakinra</td>
</tr>
<tr>
<td>Avonex</td>
<td>interferon beta-1a</td>
<td><em>Krystexxa</em></td>
<td><em>peglotinase</em></td>
</tr>
<tr>
<td><em>Azerrra</em></td>
<td><em>ofatumumab</em></td>
<td>Lucentis</td>
<td>ranibizumab</td>
</tr>
<tr>
<td><em>Berinert</em></td>
<td><em>c1 esterase inhibitor</em></td>
<td><em>Mozobil</em></td>
<td><em>plerixafor</em></td>
</tr>
<tr>
<td>Betaseron</td>
<td>interferon beta-1b</td>
<td>Myobloc</td>
<td>rimabutoniumtoxinB</td>
</tr>
<tr>
<td><em>Boniva</em></td>
<td><em>ibandronate sodium</em></td>
<td>Neulasta</td>
<td>pegfilgrastim</td>
</tr>
<tr>
<td>Botox</td>
<td>onabotulinumtoxinA</td>
<td><em>Nplate</em></td>
<td><em>romiposin</em></td>
</tr>
<tr>
<td><em>Cerezyme</em></td>
<td><em>imiglucerase</em></td>
<td>Orenicia</td>
<td>abatacept</td>
</tr>
<tr>
<td>Cimzia</td>
<td>certolizumab pegol</td>
<td><em>Ozurdex</em></td>
<td><em>dexamethasone intravitreal implant</em></td>
</tr>
<tr>
<td><em>Cinryze</em></td>
<td><em>c1 esterase inhibitor</em></td>
<td>Pegasys</td>
<td>peginterferon alfa-2a</td>
</tr>
<tr>
<td>Copaxone</td>
<td>glatiramer acetate</td>
<td>PegIntron</td>
<td>peginterferon alfa-2b</td>
</tr>
<tr>
<td>Dacogen</td>
<td>decitabine</td>
<td>Procrit</td>
<td>epoetin alfa</td>
</tr>
<tr>
<td><em>Dysport</em></td>
<td><em>abotulinumtoxin A</em></td>
<td><em>Prolia</em></td>
<td><em>denosumab</em></td>
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<tr>
<td>Emend IV</td>
<td>aprotitant</td>
<td><em>Provenge</em></td>
<td><em>sipuleucel-T</em></td>
</tr>
<tr>
<td>Enbrel</td>
<td>etanercept</td>
<td><em>Qutenza</em></td>
<td><em>capsaicin/skin cleanser</em></td>
</tr>
<tr>
<td>Epogen</td>
<td>epoetin alfa</td>
<td>Rebif</td>
<td>interferon beta-1a</td>
</tr>
<tr>
<td>Erbitux</td>
<td>cetuximab</td>
<td>Reclast</td>
<td>zoledronic acid</td>
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<tr>
<td><em>Extavia</em></td>
<td><em>interferon beta-1b</em></td>
<td>Relistor</td>
<td>methylaltrexone bromide</td>
</tr>
<tr>
<td><em>Fiolan</em></td>
<td><em>epoprostenol (injection)</em></td>
<td>Remicade</td>
<td>infliximab</td>
</tr>
<tr>
<td>Forteo</td>
<td>teriparatide</td>
<td><em>Remodulin</em></td>
<td><em>treprostiln (injection)</em></td>
</tr>
<tr>
<td><em>Fototyn</em></td>
<td><em>pralatrexate</em></td>
<td><em>Revatio</em></td>
<td><em>sildenafil citrate (injection)</em></td>
</tr>
<tr>
<td>Fusilev</td>
<td>levoeleucovorin</td>
<td>Rituxan</td>
<td>rituximab</td>
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<tr>
<td><em>Gilenya</em></td>
<td><em>lingolimod</em></td>
<td><em>Sandostatin LAR</em></td>
<td><em>octreotide</em></td>
</tr>
<tr>
<td>Growth Hormones: Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zortbive</td>
<td>somatropin</td>
<td><em>Simponi</em></td>
<td><em>golimumab</em></td>
</tr>
<tr>
<td><em>Halaven</em></td>
<td><em>eribulin mesylate</em></td>
<td>Soliris</td>
<td>eculizumab</td>
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<tr>
<td>Herceptin</td>
<td>trastuzumab</td>
<td>Somavert</td>
<td>pegvisomant</td>
</tr>
<tr>
<td>Humira</td>
<td>adalimumab</td>
<td><em>Stelara</em></td>
<td><em>ustekinumab</em></td>
</tr>
<tr>
<td><em>Ilaris</em></td>
<td><em>canakinumab</em></td>
<td>Synagis</td>
<td>palivizumab</td>
</tr>
<tr>
<td><em>Halaven</em></td>
<td><em>eribulin mesylate</em></td>
<td>Treanda</td>
<td>bendamustine HCl</td>
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<tr>
<td><em>Tyvaso</em></td>
<td><em>treprostiln (inhaled)</em></td>
<td>Vectibix</td>
<td>panitumumab</td>
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<tr>
<td>Velcade</td>
<td>bortezomib</td>
<td><em>Ventavis</em></td>
<td><em>lloprost (inhaled)</em></td>
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<tr>
<td>Vidaza</td>
<td>azacitidine</td>
<td><em>Vpiv</em></td>
<td><em>velaglucerase alfa</em></td>
</tr>
<tr>
<td><em>Xeomin</em></td>
<td><em>incobotulinumtoxinA</em></td>
<td><em>Xgeva</em></td>
<td><em>denosumab</em></td>
</tr>
<tr>
<td>Xolair</td>
<td>omalizumab</td>
<td>Zometa</td>
<td>zoledronic acid</td>
</tr>
</tbody>
</table>

Find precertification request forms for the medications listed above [here](#). Find Medicare Part D prescription drug authorization requirements [here](#).

*New preauthorization requirement*
**New preauthorization process**

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