



Medicaid Preauthorization and Notification List

Effective Date: Jan. 23, 2017

Revision Date: Jan. 18, 2018

We have updated our preauthorization and notification list for Humana Medicaid plans. The list represents services and medications that are commonly reviewed and may require additional clinical information. Medications include those that are delivered in the physician's office, clinic, outpatient or home setting.

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

"Notification" refers to the process of the physician or other health care provider notifying Humana of the intent to provide an item or service. Humana does not require "notification," but requests it so that members may be referred to appropriate case management and disease management programs. This process is distinguished from preauthorization. Humana does not issue an approval or denial related to a notification.

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

Important Notes:

- **Illinois Medicaid Members:** The full list of preauthorization requirements applies to Humana Integrated Care Program of Illinois members.
- **Florida Medicaid Members:**
 - For Medicaid plans in Florida, specialists should ensure referrals are in place before services are provided.
 - In addition to the information noted above, certain services outlined in the

Medicaid Preauthorization and Notification List may not be applicable for practitioners affiliated with an independent practice association (IPA) via a capitated or delegated arrangement. Please refer to your provider agreement for clarification.

- Exclusions may change; refer to <https://www.humana.com/provider/> for the most up-to-date information. Choose “Authorizations/Referrals” and then the appropriate topic.
- **Kentucky Medicaid Members:** This list **does not** affect Medicaid plans in Kentucky. Visit <https://www.caresource.com/providers/kentucky/medicaid/> for information.
- **Humana Medicare Advantage (MA) and dual Medicare-Medicaid plans:** This list **does not** affect Humana MA or dual Medicare-Medicaid plans. For a list of preauthorization and notification requirements, please see our preauthorization page: <https://www.humana.com/provider/medical-providers/education/claims/pre-authorization>
- **Humana Commercial Members:** This list **does not** affect Humana commercial plans. For a list of preauthorization and notification requirements, please see our preauthorization page: <https://www.humana.com/provider/medical-providers/education/claims/pre-authorization>

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

If a health care provider does not obtain preauthorization/notification for a service, it could result in financial penalties for the practice and reduced benefits for the member, based on the health care provider’s contract and the member’s Certificate of Coverage. Services or medications provided without preauthorization 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 preauthorization requirements with Humana prior to providing services.

Reminder:

Except where noted via the links on the following pages, health care providers and facilities may submit preauthorization requests via the secure provider area of Humana’s website at <https://www.humana.com/provider/> (registration required), via Availity® at <http://www.availity.com> (registration required) or via the interactive voice

response (IVR) line, available by calling the phone number on the back of the member's ID card. Online preauthorization requests are encouraged.

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.

| Medicaid Preauthorization and Notification List | | |
|---|---|---|
| Category | Details | Comments |
| Inpatient Admissions | Acute Hospital | Includes Inpatient Hospice |
| | Acute Rehab Facilities | |
| | Long-term Acute Care | |
| | Skilled Nursing Facilities | |
| | Mental Health, Substance Use and Partial Hospital/Residential Treatment | Illinois, North Florida (region 1), Central and South Florida (regions 6, 9, 10, 11) Includes Pet and Art Therapy† |
| Durable Medical Equipment (DME) | Augmentative and Alternative Communicative Systems†† | |
| | Cochlear and Auditory Brainstem Implants | |
| | Cranial Orthotics | |
| | Electric Beds | |
| | Electric Wheelchairs/Scooters | |
| | High Frequency Chest Compression Vests | |
| | Pain Infusion Pump | Illinois |
| | Prosthetics | |
| | Stimulator Devices | Illinois Includes Bone Growth, Neuromuscular and Spinal Cord |
| | Any other DME item greater than \$750 | |
| Plastic Surgery/ Cosmetic | Abdominoplasty | |
| | Blepharoplasty | |
| | Breast Procedures | |
| | Otoplasty | |
| | Rhinoplasty | |
| Other Surgery | Balloon Sinuplasty | |
| | Obesity Surgeries | |
| | Oral, Orthognathic, Temporomandibular Joint Surgeries | |
| | Penile Implant | |
| | Transplant Surgeries | |
| | Surgeries for Obstructive Sleep Apnea | |
| | Varicose Vein: Surgical Treatment and Sclerotherapy | |

†Not applicable to Florida

††Not applicable to Illinois

| Medicaid Preauthorization and Notification List | | |
|--|--------------------------------------|---|
| Category | Details | Comments |
| Outpatient Diagnostic Testing | Facility-based Sleep Studies (PSG) | Illinois, Florida |
| | Infertility Testing and Treatment | |
| | Molecular Diagnostic/Genetic Testing | |
| Cardiology | Cardiac Diagnostic Testing | Nuclear Stress Test (Illinois) and Outpatient Transthoracic Echocardiogram (TTE) (Illinois) |
| | Cardiac Procedures/Surgeries | Outpatient Coronary Angioplasty/Stent (Illinois) |
| | Cardiac Devices | Illinois Includes Pacemakers, Defibrillators, Cardiac Resynchronization Therapy and Wearable Cardiac Devices (e.g., LifeVest®) |
| Screening/Diagnostic Imaging | Cardiac Catheterizations | Illinois |
| | CT Scan | Illinois |
| | MRA | Illinois |
| | MRI | Illinois |
| | PET Scan | Illinois |
| | SPECT Scan | Illinois |
| Outpatient Therapy Services | Physical Therapy | Illinois |
| | Occupational Therapy | Illinois |
| | Speech Therapy | Illinois |
| | Chiropractic Therapy† | |
| | Hyperbaric Therapy | |
| Maternity | Routine Maternity Care | Notification requested |

†Not applicable to Florida

††Not applicable to Illinois

| | | |
|-----------------------|--------------------------------|---|
| Oncology | Chemotherapy Agents† | Illinois |
| | Supportive Drugs† | Please note: Chimeric antigen receptor-T cell therapy (CAR-T) preauthorization requests will be reviewed by Humana National Transplant Network. <ul style="list-style-type: none"> • Submit by fax to 1-502-508-9300 • Submit by telephone to 1-866-421-5663 • Submit by email to transplant@humana.com |
| | Symptom Management Drugs† | |
| | Radiation Therapy | Illinois |
| Other Services | Home Health Care/Home Infusion | |
| | Pain Management Procedures | Illinois Includes Spinal Fusion, Other Decompression Surgeries, Facet Injections, Epidural Injections (health care provider office and outpatient only), Kyphoplasty, Vertebroplasty, Pain Infusion Pump (back and neck pain only) and Spinal Cord Stimulator |
| | Ventricular Assist Devices | |

†Not applicable to Florida

††Not applicable to Illinois

| Illinois Medicaid Preauthorization Drug List | |
|---|---|
| Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting. | |
| To request preauthorization or provide notification, please click here to access the fax forms. | |
| Brand | Generic |
| Abraxane | paclitaxel-nab |
| Actemra IV | tocilizumab |
| Acthar Gel | corticotropin |
| Adcetris | brentuximab vedotin |
| Aldurazyme | laronidase |
| Alimta | pemetrexed |
| Aliqopa^{▲,1} | copanlisib ^{▲,1} |
| Aloxi | palonosetron HCL |
| Aralast NP¹ | alpha 1-proteinase inhibitor ¹ |
| Aranesp | darbepoetin alfa |
| Arcalyst | rilonacept |
| Arzerra | ofatumumab |
| Atgam | lymphocyte immune globulin |
| Avastin | bevacizumab |
| Aveed | testosterone undecanoate |
| Bavencio | avelumab |
| Beleodaq | belinostat |
| Bendeka | bendamustine hydrochloride |
| Benlysta | belimumab |
| Berinert | c1 esterase inhibitor |
| Besponsa^{▲,1} | inotuzumab ozogamicin ^{▲,1} |
| Blincyto | blinatumomab |
| Blood-clotting factors* (See list on pages 13 and 14.) | |
| Boniva | ibandronate sodium |
| Bortezomib^{▲,1} | bortezomib ^{▲,1} |
| Botox | onabotulinumtoxinA |
| Brineura[▲] | cerliponase alfa [▲] |
| Cerezyme | imiglucerase |
| Chemotherapy (e.g., chemotherapy agents, supportive drugs and symptom management drugs) | |
| Cimzia | certolizumab pegol |
| Cinqair | reslizumab |

*New preauthorization requirement

▲ New-to-market drug addition

¹All shared Healthcare Common Procedure Coding System (HCPCS) codes and Not Otherwise Classified (NOC) codes will require a corresponding National Drug Code (NDC) to be billed on all claims.

⁺⁺ Preauthorization will be managed by **Humana National Transplant Network** and can be submitted by fax to 1-502-508-9300, by telephone to 1-866-421-5663 or by email to transplant@humana.com.

Illinois Medicaid Preauthorization Drug List

Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.

To request preauthorization or provide notification, please click [here](#) to access the fax forms.

| Brand | Generic |
|-------------------------|--|
| Cinryze | c1 esterase inhibitor |
| Cinvanti ^{▲,1} | aprepitant ^{▲,1} |
| Cyklokapron | tranexamic acid |
| Cyramza | ramucirumab |
| CytoGam | cytomegalovirus immune globulin |
| Dacogen | decitabine |
| Darzalex | daratumumab |
| Defitelio | defibrotide sodium |
| Doxil | doxorubicin |
| Duopa | carbidopa / levodopa |
| Dupixent [▲] | dupilumab [▲] |
| Durolane ^{▲,1} | hyaluronic acid, stabilized ^{▲,1} |
| Dysport | abobotulinumtoxin A |
| Elaprase | idursulfase |
| Elelyso | taliglucerase alfa |
| Elitek | rasburicase |
| Empliciti | elotuzumab |
| Entyvio | vedolizumab |
| Epogen ¹ | epoetin alfa ¹ |
| Erbitux | cetuximab |
| Erwinaze | asparaginase erwinia chrysanthemi |
| Evomela | melphalan |
| Exondys 51 | eteplirsen |
| Eylea | aflibercept |
| Fabrazyme | agalsidase beta |
| Fasenra ^{▲,1} | benralizumab ^{▲,1} |
| Firazyr | icatibant |
| Flolan ¹ | epoprostenol (injection) ¹ |
| Folotyng | pralatrexate |
| Fusilev | levoleucovorin calcium |
| Gattex | teduglutide |

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|--|------------------------------------|
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| To request preauthorization or provide notification, please click here to access the fax forms. | |
| Brand | Generic |
| Gazyva | obinutuzumab |
| Gel-One | sodium hyaluronate |
| Gelsyn-3* | sodium hyaluronate* |
| Genvisc 850 | sodium hyaluronate |
| Glassia | alpha 1-proteinase inhibitor |
| Granix | tbo-filgrastim |
| Growth hormones: Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive | somatropin |
| Halaven | eribulin mesylate |
| Herceptin | trastuzumab |
| Hyalgan ¹ | sodium hyaluronate ¹ |
| Hymovis | sodium hyaluronate |
| Ilaris | canakinumab |
| Iluvien | fluocinolone acetonide |
| Imfinzi [▲] | durvalumab [▲] |
| Imlygic | |
| Immune Globulin ¹ : Bivigam, Carimune NF, Cuvitru, Flebogamma 5%, Gamastan, Gammagard S/D, Gammagard Liquid, Gammaked, Gammaplex, Gamunex, Hizentra, Hyqvia, Octagam, Privilgen, Vivaglobin | immune globulin ¹ |
| Inflectra [▲] | infliximab-dyyb [▲] |
| Istodax ¹ | romidespin ¹ |
| Ixempra | ixabepilone |
| Jetrea | ocriplasmin |
| Jevtana | ixabepilone |
| Kadcyla | ado-trastuzumab emtansine |
| Kalbitor | ecallantide |
| Keytruda | pembrolizumab |
| Krystexxa | pegloticase |
| Kymriah ^{▲,1,++} | tisagenlecleucel ^{▲,1,++} |

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Illinois Medicaid Preauthorization Drug List

Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting.

To request preauthorization or provide notification, please click [here](#) to access the fax forms.

| Brand | Generic |
|-------------------------|--|
| Kynamro | mipomersen sodium |
| Kyprolis | carfilzomib |
| Lartruvo | olaratumab |
| Lemtrada | alemtuzumab |
| Levoleucovorin | levoleucovorin calcium |
| Lucentis | ranibizumab |
| Lumizyme | alglucosidase alfa |
| Luxturna ^{▲,1} | voretigene neparvovec-rzyl ^{▲,1} |
| Macugen | pegaptanib sodium |
| Makena | hydroxyprogesterone caproate |
| Marqibo | vincristine sulfate |
| Mepsevii ^{▲,1} | vestronidase alfa-vjvk ^{▲,1} |
| Mircera | methoxy polyethylene glycol – epoetin beta |
| Mozobil | plerixafor |
| Mylotarg ^{▲,1} | gemtuzumab ozogamicin ^{▲,1} |
| Myobloc | rimabotulinumtoxinB |
| Myozyme | alglucosidase alfa |
| Naglazyme | galsulfase |
| Neulasta | pegfilgrastim |
| Neulasta Onpro | pegfilgrastim |
| Nplate | romiplostim |
| Nulojix | belatacept |
| Ocrevus [▲] | ocrelizumab [▲] |
| Onivyde | Irinotecan liposome injection |
| Opdivo | nivolumab |
| Orencia IV | abatacept |
| Ozurdex | dexamethasone intravitreal implant |
| Parsabiv ^{▲,1} | etelcalcetide ^{▲,1} |
| Perjeta | pertuzumab |
| Portrazza | necitumumab |
| Prevymis ^{▲,1} | letermovir ^{▲,1} |

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| Illinois Medicaid Preauthorization Drug List | |
|--|---|
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| To request preauthorization or provide notification, please click here to access the fax forms. | |
| Brand | Generic |
| Prialt | ziconotide |
| Procrit ¹ | epoetin alfa ¹ |
| Prolastin-C ¹ | alpha 1-proteinase inhibitor ¹ |
| Prolia ¹ | denosumab ¹ |
| Provenge | sipuleucel-T |
| Qutenza | capsaicin/skin cleanser |
| Radicava | edaravone |
| Remicade | infliximab |
| Remodulin | treprostinil (injection) |
| Renflexis ^{▲,1} | infliximab-abda ^{▲,1} |
| Revatio | sildenafil citrate (injection) |
| Rituxan | rituximab |
| Rituxan Hycela [▲] | rituximab/hyaluronidase human [▲] |
| Ruconest | c1 esterase inhibitor |
| Sandostatin LAR | octreotide |
| Signifor LAR | pasireotide |
| Simponi ARIA | golimumab |
| Soliris | eculizumab |
| Somatuline Depot | lanreotide |
| Spinraza [▲] | nusinersen [▲] |
| Stelara | Ustekinumab |
| Sublocade ^{▲,1} | buprenorphine extended-release ^{▲,1} |
| Supartz ¹ | sodium hyaluronate ¹ |
| Supartz FX | sodium hyaluronate |
| Sustol | granisetron |
| Sylatron | peginterferon alfa-2b |
| Sylvant | siltuximab |
| Synagis | palivizumab |
| Synribo | omacetaxine mepesuccinate |
| Synvisc | hylan G-F 20 |
| Synvisc One | hyaluronan |

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|--|---|
| Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting. | |
| To request preauthorization or provide notification, please click here to access the fax forms. | |
| Brand | Generic |
| Tecentriq | atezolizumab |
| Temodar | temozolomide |
| Testopel | testosterone pellet |
| Torisel | temsirolimus |
| Treanda | bendamustine hydrochloride |
| Triptodur ^{▲,1} | triptorelin ^{▲,1} |
| Tysabri | natalizumab |
| Tyvaso | treprostinil (inhaled) |
| Unituxin | bendamustine hydrochloride |
| Valstar | valrubicin |
| Varizig | varicella zoster immune globulin |
| Varubi IV ^{▲,1} | rolapitant ^{▲,1} |
| Vectibix | panitumumab |
| Velcade | bortezomib |
| Veletri ¹ | epoprostenol ¹ |
| Ventavis | iloprost (inhaled) |
| Vidaza | azacitidine |
| Vimizim | elosulfase alfa |
| Visco-3 ^{▲,1} | sodium hyaluronate ^{▲,1} |
| Visudyne | verteporfin |
| Vpriv | velaglucerase alfa |
| Vyxeos ^{▲,1} | daunorubicin/cytarabine ^{▲,1} |
| Xeomin | incobotulinumtoxin A |
| Xgeva ¹ | denosumab ¹ |
| Xofigo | radium RA 223 dichloride |
| Xolair | omalizumab |
| Yervoy | ipilimumab |
| Yescarta ^{▲,1, ++} | axicabtagene ciloleuce ^{▲,1, ++} |
| Yondelis | trabectedin |
| Zaltrap | ziv-aflibercept |
| Zemaira ¹ | alpha 1-proteinase inhibitor ¹ |

*New preauthorization requirement

▲ New-to-market drug addition

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| Illinois Medicaid Preauthorization Drug List | |
|---|--|
| Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting. | |
| To request preauthorization or provide notification, please click here to access the fax forms. | |
| Brand | Generic |
| Zevalin | Ibritumomab tiuxetan |
| Zilretta^{▲,1} | triamcinolone acetonide ^{▲,1} |
| Blood-clotting Factors | |
| Advate* | antihemophilic factor, human recombinant* |
| Adynovate* | antihemophilic factor [recombinant], PEGylated* |
| Afstyla* | antihemophilic factor (recombinant) single chain* |
| Alphanate* | antihemophilic factor/von Willebrand factor complex [human]* |
| AlphaNine SD* | coagulation factor IX [human]* |
| Alprolix* | coagulation factor IX [recombinant]* |
| Bebulin* | factor IX complex* |
| Bebulin VH* | factor IX complex* |
| BeneFix* | coagulation factor IX [recombinant]* |
| Coagadex* | coagulation factor X [human]* |
| Corifact* | factor XIII concentrate [human]* |
| Eloctate* | antihemophilic factor [recombinant], Fc fusion protein* |
| Helixate* | antihemophilic factor [recombinant]* |
| Hemlibra^{▲,1} | emicizumab-kxwh ^{▲,1} |
| Hemofil M* | antihemophilic factor [human]* |
| Humate-P* | antihemophilic factor/von Willebrand factor complex [human]* |
| Idelvion* | antihemophilic factor [recombinant]* |
| Ixinity* | coagulation factor IX [recombinant]* |
| Koate-DVI* | antihemophilic factor [human]* |
| Kogenate FS* | antihemophilic factor [recombinant]* |
| Kovaltry* | antihemophilic factor [recombinant]* |
| Monoclote-P* | antihemophilic factor [human]* |
| Mononine* | coagulation factor IX [human]* |
| NovoSeven RT* | coagulation factor VIIa [recombinant]* |

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| Illinois Medicaid Preauthorization Drug List | |
|--|--|
| Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting. | |
| To request preauthorization or provide notification, please click here to access the fax forms. | |
| Brand | Generic |
| Obizur* | antihemophilic factor [recombinant], porcine sequence* |
| Profilnine* | factor IX complex* |
| Rebinyn ^{▲,1} | coagulation factor IX [recombinant], GlycoPEGylated ^{▲,1} |
| Recombinate* | antihemophilic factor [recombinant]* |
| Rixubis* | coagulation factor IX [recombinant]* |
| Vonvendi* | von Willebrand factor [recombinant]* |
| Wilate* | von Willebrand factor / coagulation factor VIII complex [human]* |
| Xyntha* | antihemophilic factor [recombinant]* |

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| Florida Medicaid Preauthorization Drug List | |
|--|--|
| Preauthorization is required for the following drugs when delivered in the physician's office, clinic, outpatient or home setting. | |
| To request preauthorization or provide notification, please click here to access the fax forms. | |
| Brand | Generic |
| Botox | onabotulinumtoxinA |
| Kymriah ^{▲,1, ++} | tisagenlecleucel ^{▲,1, ++} |
| Yescarta ^{▲,1, ++} | axicabtagene ciloleucel ^{▲,1, ++} |

Find precertification request forms for the medications listed above [here](#).

Find prior authorization requirements for medications dispensed at the pharmacy [here](#).

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