



Florida Medicaid Preauthorization and Notification List

Effective Date: Dec. 1, 2018

Revision Date: Aug. 1, 2019

We have updated our preauthorization and notification list for Humana Medicaid plans in Florida. 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) is a process through which the physician or other healthcare provider is required to obtain advance approval from the plan as to whether an item or service will be covered.

"Notification" refers to the process of the physician or other healthcare provider notifying Humana of the intent to provide an item or service. Humana requests notification to help coordinate care for Humana-covered patients. 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:

- **Florida Medicaid members:**
 - For Medicaid plans in Florida, PCPs 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 requirements, please see our preauthorization page: [Humana.com/PAL](https://www.humana.com/PAL)
- **Humana commercial members:** This list **does not** affect Humana commercial plans. For a list of preauthorization requirements, please see our preauthorization page: [Humana.com/PAL](https://www.humana.com/PAL)

Please note that urgent/emergent services do not require a referral or preauthorization.

If a healthcare provider does not obtain authorization/notification *prior to the date of service*, it could result in financial penalties for the practice and reduced benefits for the member, based on the healthcare 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.

How to request preauthorization:

Except where noted via links on the following pages, preauthorization requests for **medical services** may be initiated:

- Online via Availity.com (registration required)
- By calling Humana's interactive voice response (IVR) line at 1-800-523-0023

***Please note:* Online preauthorization requests are encouraged. Additionally, clinical information for a medical service preauthorization request may be faxed to 1-813-321-7220.**

Except where noted via links on the following pages, preauthorization requests for **medications** may be initiated:

- By sending a fax to 1-888-447-3430 (request forms are available at [Humana.com/medpa](https://www.humana.com/medpa))
- By calling 1-866-461-7273 (available Monday through Friday, 6 a.m. to 8 p.m. Eastern time)

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.

Florida Medicaid Preauthorization and Notification List		
Category	Details	Comments
Inpatient Admissions	Acute Hospital	Inpatient hospice, transplant and planned inpatient medical and surgical admissions
	Acute Rehab Facilities	
	Long-term Acute Care	
	Skilled Nursing Facilities	
	Mental Health, Substance Use and Partial Hospital/Residential Treatment	North Florida (Region 1), Central and South Florida (Regions 6, 9, 10, 11)
Durable Medical Equipment (DME)	Augmentative and Alternative Communicative Systems	
	Cochlear and Auditory Brainstem Implants	
	Other Implantable/ Semi-implantable Hearing Aids and Devices	Effective Jan. 1, 2019
	Cranial Orthotics	
	DME Repair	
	Beds and Accessories	South Florida Regions 9, 10 and 11
	High Frequency Chest Compression Vests	
	Insulin Infusion Pump	
	Negative Pressure Wound Therapy	
	Orthotics	
	Personal Emergency Response System (PERS)*	
	Prosthetics	
	Continuous Glucose Monitoring Devices and Supplies	
	Stimulator Devices: Bone Growth, Neuromuscular and Spinal Cord	
	Transfer Bench	
	Volume Control Ventilator	
Wheelchairs and Scooters	South Florida Regions 9, 10 and 11	
Plastic Surgery/ Cosmetic	Blepharoplasty	
	Breast Procedures	Excludes breast reconstruction following medically necessary mastectomy for breast cancer
Ancillary Services	Non-emergent Medical Transportation: Cross-country, Air, Water and Ambulance	

Florida Medicaid Preauthorization and Notification List		
Category	Details	Comments
Outpatient Services	Computerized Tomography (CT) Scan	
	Electroencephalogram (EEG)	
	Equine Therapy	
	Diagnostic Esophagogastroduodenoscopy (EGD) or Esophagoscopy (Patients 59 and younger only, includes site-of-service evaluation)	Effective Jan. 1, 2019
	Facility-based Sleep Studies (PSG)	
	Genetic/Molecular Diagnostic Testing	
	Infertility Testing and Treatment	
	Magnetic Resonance Imaging (MRI)	
	Physical, Occupational and Speech Therapy	
	Respiratory Therapy	
	Routine Maternity Care	Notification only
	Single Photon Emission Computerized Tomography (SPECT) Scan	
Other	Home Health/Home Infusion	South Florida Regions 9, 10 and 11
Specialty Drugs	<ul style="list-style-type: none"> • Preauthorization required for the below list of specialty 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 	

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
Actemra IV	tocilizumab
Adcetris*	brentuximab vedotin*
Akynzeo IV*	fosnetupitant and palonosetron*
Aldurazyme*	laronidase*
Aliqopa*	copanlisib*
Aloxi*	palonosetron*
Aralast NP*, ¹	alpha 1-proteinase inhibitor*, ¹
Aranesp*	darbepoetin alfa*
Bavencio*	avelumab*
Beleodaq*	belinostat*
Bendeka*	bendamustine hydrochloride*
Benlysta	belimumab
Besponsa*	inotuzumab ozogamicin*
Blincyto*	blinatumomab*
Bortezomib*, ¹	bortezomib*, ¹
Botox	onabotulinumtoxinA
Brineura*	cerliponase alfa*
Cerezyme*	imiglucerase*
Cimzia	certolizumab pegol
Cinqair	reslizumab
Cinvanti*	aprepitant*
Crysvita*	burosumab-twza*
Cyramza*	ramucirumab*

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

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

*New preauthorization requirement effective **Nov. 1, 2019**

▲ New-to-market drug addition

¹All 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 1-502-508-9300, telephone at 1-866-421-5663 or email to transplant@humana.com.

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Brand	Generic
Dacogen*	decitabine*
Darzalex*	daratumumab*
Dupixent* ¹	dupilumab* ¹
Durolane*	hyaluronic acid, stabilized*
Dysport	abobotulinumtoxin A
Elaprase*	idursulfase*
Empliciti*	elotuzumab*
Entyvio	vedolizumab
Epogen* ¹	epoetin alfa* ¹
Erwinaze*	asparaginase erwinia chrysanthemi*
Eskata* ¹	hydrogen peroxide* ¹
Euflexxa*	hyaluronate sodium*
Evomela* ¹	melphalan* ¹
Exondys 51	eteplirsen
Fasenra*	benralizumab*
Firazyr*	icatibant*
Flolan* ¹	epoprostenol (injection)* ¹
Fulphila*	pegfilgrastim-jmdb*
Fusilev* ¹	levoleucovorin calcium* ¹
Gattex* ¹	teduglutide* ¹
Gazyva*	obinutuzumab*
Gel-One*	sodium hyaluronate*
Gelsyn-3*	sodium hyaluronate*

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Genvisc 850*	sodium hyaluronate*
Granix*	tbo-filgrastim*
H.P. Acthar Gel*	corticotropin*
Herceptin*	trastuzumab*
Hyalgan*, ¹	sodium hyaluronate*, ¹
Hymovis*	sodium hyaluronate*
Ilaris*	canakinumab*
Imfinzi*	durvalumab*
Imlygic*	talimogene laherparepvec*
Immune Globulin*, ¹ : Bivigam, Cutaquig, Cuvitru, Flebogamma DIF, Gamastan S/D, Gammagard S/D, Gammagard Liquid, Gammaked, Gammaplex, Gamunex-C, Hizentra, HyQvia, Octagam, Privigen	immune globulin*, ¹
Inflectra*	infliximab-dyyb*
Ixempra*	ixabepilone*
Kadcyla*	ado-trastuzumab emtansine*
Kanuma*	sebelipase alfa*
Keytruda*	pembrolizumab*
Kineret*, ¹	anakinra*, ¹
Krystexxa	pegloticase
Kymriah ^{1,++}	tisagenlecleucel ⁺⁺
Kyprolis*	carfilzomib*
Lartruvo*	olaratumab*

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Lemtrada	alemtuzumab
Leukine*	sargramostim*
Levoleucovorin*, ¹	levoleucovorin calcium*, ¹
Lutathera*	lutetium Lu 177 dotatate*
Luxturna ¹	voretigene neparvovec-rzyl ¹
Makena*, ¹	hydroxyprogesterone caproate*, ¹
Marqibo*	vincristine sulfate*
Mepsevii*	vestronidase alfa-vjbc*
Monovisc*	sodium hyaluronate*
Mozobil*	plerixafor*
Myobloc	rimabotulinumtoxinB
Neulasta*, ¹	pegfilgrastim*, ¹
Neulasta Onpro*, ¹	pegfilgrastim*, ¹
Neupogen*	filgrastim*
Nucala	mepolizumab
Ocrevus	ocrelizumab
Onivyde*	irinotecan liposome injection*
Opdivo*	nivolumab*
Orencia IV	abatacept
Orthovisc*	sodium hyaluronate*
Palyzinq*, ¹	pegvaliase-pqpz*, ¹
Parsabiv	etelcalcetide
Perjeta*	pertuzumab*

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Portrazza*	necitumumab*
Prevyms ^{*,1}	letermovir ^{*,1}
Procrit ^{*,1}	epoetin alfa ^{*,1}
Prolastin-C ^{*,1}	alpha 1-proteinase inhibitor ^{*,1}
Prolia ¹	denosumab ¹
Provenge*	sipuleucel-T*
Radicava*	edaravone*
Remicade	infliximab
Remodulin ^{*,1}	treprostinil (injection) ^{*,1}
Renflexis*	infliximab-abda*
Retacrit*	epoetin alfa-epbx*
Retisert*	fluocinolone acetone*
Rituxan Hycela*	rituximab/hyaluronidase human
Sandostatin LAR*	octreotide*
Simponi ARIA	golimumab
Sinuva ^{*,1}	mometasone furoate ^{*,1}
Soliris	eculizumab
Spinraza	nusinersen
Stelara	ustekinumab
Strensiq ^{*,1}	asfotase alfa ^{*,1}
Sublocade*	buprenorphine extended-release*
Supartz FX ^{*,1}	sodium hyaluronate ^{*,1}
Sustol*	granisetron*

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Synagis	palivizumab
Synribo*	omacetaxine mepesuccinate*
Synvisc*, ¹	hylan G-F 20*, ¹
Synvisc-One*, ¹	hyaluronan*, ¹
Tecentriq*	atezolizumab*
Triptodur*	triptorelin*
Trisenox*	arsenic trioxide*
TriVisc*	sodium hyaluronate*
Trogarzo*	ibalizumab-uiyk*
Tysabri	natalizumab
Tyvaso*	treprostinil (inhaled)*
Veletri*, ¹	epoprostenol*, ¹
Vidaza*	azacitidine*
Vimizim*	elosulfase alfa*
Visco-3*, ¹	sodium hyaluronate*, ¹
Visudyne*	verteporfin*
Vyxeos*	daunorubicin/cytarabine*
Xeomin	incobotulinumtoxinA
Xgeva*, ¹	denosumab*, ¹
Xofigo*	radium RA 223 dichloride*
Xolair	omalizumab
Yervoy*	ipilimumab*
Yescarta ⁺⁺	axicabtagene ciloleucel ⁺⁺

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Brand	Generic
Zarxio*	filgrastim-sndz*
Zemaira*, ¹	alpha 1-proteinase inhibitor*, ¹
Zilretta*	triamcinolone acetoneide*
Zolgensma ^{▲,1}	onasemnogene abeparvovec-xioi ^{▲,1}

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