



Notice: Prior Authorization Updates

Humana P&T Prior Authorization Updates

Humana is required to communicate certain Utilization Management and Prior Authorization Updates prior to their effective date. The below information includes these changes.

Disclaimer: These changes must be approved by the Humana Pharmacy & Therapeutics (P&T) Committee on 3/20/2024 and the below information may be altered at that time. For final P&T Policies please refer to the published individual policy by searching for the Policy Title listed below. This information was posted on 3/13/2024.

Prior Authorization Updates							
Policy Title	Policy Type	Summary of Changes					
		Policy Archived ¹	Diagnosis Criteria Change ²	Previous Treatment Change ³	Age Change ⁴	Coverage Limitation Change ⁵	Expanded Indication ⁶
Cerdelga (eliglustat)	Prior Authorization					X	
Egrifta (tesamorelin acetate)	Prior Authorization					X	
Lucemyra (lofexidine)	Prior Authorization				X		
Tibsovo (livosidenib)	Prior Authorization						X
Latuda (lurasidone)	Prior Authorization	X					
Azilect (rasagiline)	Prior Authorization			X			
Osmolex ER (amantadine extended release)	Prior Authorization				X	X	
Gocovri (amantadine extended release)	Prior Authorization					X	
Keytruda (pembrolizumab)	Prior Authorization						X
Istodax (romidepsin)	Prior Authorization					X	
Dupixent (dupilumab)	Prior Authorization			X	X		X
Xolair (omalizumab)	Prior Authorization						X
Galafold (migalastat)	Prior Authorization				X		
Viberzi (eluxadoline)	Prior Authorization					X	
Evenity (romosuzumab-aqqg)	Prior Authorization					X	
Crysvita (burosumab)	Prior Authorization					X	
Zoryve (roflumilast) Agents	Prior Authorization				X		X
Entyvio	Prior Authorization			X			
Zinplava	Prior Authorization				X		
Sovaldi (sofosbuvir)	Prior Authorization		X				
Zepatier (elbasvir/grazoprevir)	Prior Authorization		X				
Viekiera (ombitasvir, paritaprevir, ritonavir, dasabuvir)	Prior Authorization		X				
Eplcusa (sofosbuvir/velpatasvir)	Prior Authorization		X				
Vosevi (sofosbuvir, velpatasvir, voxilaprevir)	Prior Authorization		X				
Mavyret (glecaprevir/pibrentasvir)	Prior Authorization		X				
Sofosbuvir/velpatasvir	Prior Authorization		X				
Ledipasvir/sofosbuvir	Prior Authorization		X				



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- 1 – Policy is no longer necessary and product is available without Utilization Management*
- 2 – Criteria regarding the diagnosis has been reduced (e.g. decreased need for testing for diagnosis)*
- 3 – Criteria regarding a Step through another agent has been removed or reduced (e.g. changing previous treatment from requiring 2 agents to 1 agent)*
- 4 – Age requirement for medication has been lowered or removed*
- 5 – Coverage Limitations have been removed from the policy*
- 6 – Expanded Coverage for additional indication*