

# Prescriber quick reference guide

## Humana Clinical Pharmacy Review (HCPR)

For medication supplied by a pharmacy and billed through the pharmacy benefit: medication prior authorization (PA), step therapy, quantity limits and medication exceptions.

To view Humana drug list, go to [Humana.com/druglists](https://www.humana.com/druglists)

Authorization process	<ul style="list-style-type: none"> <li>Obtain forms at <a href="https://www.humana.com/PA">Humana.com/PA</a> or submit your request electronically by going to <a href="https://www.covermy meds.com/epa/humana">www.covermy meds.com/epa/humana</a></li> <li>Submit request by fax to 1-877-486-2621</li> <li>Call HCPR at 1-800-555-CLIN (1-800-555-2546)</li> </ul>
Requirements for prior authorization fax form	<ul style="list-style-type: none"> <li>National Provider Identifier (NPI)</li> <li>Address of member</li> <li>Address of prescriber</li> <li>Time period and outcome of past therapy tried/failed</li> </ul> <p><b>NOTE:</b> Include medical records ONLY for medical necessity or off-label-use review (not for every submission)</p>
Questions	<b>1-800-555-CLIN (1-800-555-2546)</b> ; Monday – Friday, 8 a.m. – 6 p.m. local time
Exceptions by mail	<b>Medicare:</b> HCPR, Attn: Medicare Coverage Determination, P.O. Box 33008, Louisville, KY 40232 <b>Commercial and Medicaid:</b> HCPR, Attn: Prior Authorizations, P.O. Box 33008, Louisville, KY 40232

## Humana Medication Intake Team (MIT)

For medication supplied and administered in a physician's office and billed as a medical claim (Part B for Medicare); also considered medication preauthorization/precertification

Precertification process	<ul style="list-style-type: none"> <li>Obtain forms at <a href="https://www.humana.com/medPA">Humana.com/medPA</a></li> <li>Submit request by fax to 1-888-447-3430</li> <li>View preauthorization and notification lists at <a href="https://www.humana.com/PAL">Humana.com/PAL</a></li> </ul>
Questions	<b>1-866-461-7273</b> ; Monday – Friday, 6 a.m. – 8 p.m. Eastern time

## General Humana contact information

Claims address	Located on the patient's Humana member ID card
Pharmacy appeals	<b>Commercial and Medicaid:</b> Humana Appeals, P.O. Box 14546, Lexington, KY 40512-4546; Fax: 1-800-949-2961 <b>Medicare:</b> Humana Appeals, P.O. Box 14165, Lexington, KY 40512-4165; Fax: 1-800-949-2961 To file a Part D redetermination online: <a href="https://www.humana.com/providers/pharmacy/exceptions_appeals.aspx">Humana.com/providers/pharmacy/exceptions_appeals.aspx</a>

## Humana Pharmacy

Humana Pharmacy® (mail-delivery pharmacy for maintenance medications and durable medical equipment)	<b>1-800-379-0092</b> (Fax: 1-800-379-7617), Monday – Friday, 8 a.m. – 11 p.m. Eastern time; Saturday, 8 a.m. – 6:30 p.m. Eastern time; <a href="https://www.humana.com/Pharmacy">HumanaPharmacy.com</a>
Humana Specialty Pharmacy® (mail-delivery pharmacy for specialty medications)	<b>1-800-486-2668</b> (Fax: 1-877-405-7940), Monday – Friday, 8 a.m. – 8 p.m. Eastern time; Saturday, 8 a.m. – 6 p.m. Eastern time; <a href="https://www.humana.com/Pharmacy/Specialty">HumanaPharmacy.com/Specialty</a>
PrescribeIt RX® (mail delivery for Florida Medicaid)	<b>1-800-526-1490</b> (Fax: 1-800-526-1491), Monday – Friday, 8 a.m. – 5 p.m. Eastern time; <a href="https://www.prescribeitrx.com">prescribeitrx.com</a>

# Humana®

Humana recognizes that your patients have the sole discretion to choose their pharmacy. Also, we support your independent medical judgment when advising patients about their pharmacy choices. Other pharmacies are available in our network. Humana members should check their plan documents to verify their prescription benefits. 4042ALL1118 GCA080XHH