

# Participating provider precertification list for Aetna<sup>®</sup>

Effective October 1, 2024

This document is a quick guide for your office to use for precertification with patients enrolled in Aetna health plans. This process is also known as prior authorization or prior approval.

You can use this document as an overview of best practices working with Aetna. It will be your reference for **Current Procedural Terminology (CPT<sup>®</sup>)** codes for services, programs and prescriptions that require approval for coverage.

Make sure you review and understand how to submit a precertification request to Aetna. To learn more, refer to the [How to Submit](#) section.



Check out the table of contents on the next page  
for a closer look at what you'll find in this guide.



Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services on behalf of its affiliates. Banner|Aetna, Allina Health|Aetna, Texas Health Aetna and Sutter Health | Aetna are affiliates of Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services to these entities.

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**This information applies to:**

- Aetna® plans
- Aetna Medicare plans
- Allina Health|Aetna plans
- Banner|Aetna plans
- Innovation Health® plans
- Sutter Health | Aetna plans
- Texas Health Aetna plans

This information doesn't apply to members in a Traditional Choice® plan or an indemnity plan.

This document was last updated on October 1, 2024.



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**IMPORTANT:** As the patient's attending physician, you must complete all sections of a submission. If you don't send all medical records we ask for, it may delay our review or cause a denial of coverage.

You must submit precertification requests at least two weeks in advance. You can save time by requesting precertification online. Doing so is fast, secure and simple.

You can submit most requests through our Availity® provider portal. You can also send requests for specialty drugs with Novologix® through Availity.

Go to [Availity.com](https://www.availity.com) to start a request.

**Note:** Your office may also send in an electronic request. Just use your own Electronic Medical Record (EMR) system.

Go to [Aetna.com/ProviderPrecertificationList](https://www.aetna.com/ProviderPrecertificationList) to learn more about the precertification process.



## What happens next

Once we have the requested information, we'll perform a clinical review. We will let you know when we make a coverage determination.



## How we make coverage determinations

If you're asking for precertification for a Medicare Advantage member, we use CMS benefit policies to make our coverage decisions. This includes national coverage determinations (NCD) and local coverage determinations (LCD), when available. If there isn't an available NCD or LCD to review, we'll use the Aetna Medicare Part B Drug Criteria, Clinical Policy Bulletin and Precertifications List. You can find them by going to the website on the back of the member's ID card.



## Questions?

If you have any questions about submitting a request or about our precertification process, call us:

- Commercial plans: [1-888-632-3862](tel:1-888-632-3862) (TTY: [711](tel:1-888-632-3862))
- Medicare plans: [1-800-624-0756](tel:1-800-624-0756) (TTY: [711](tel:1-800-624-0756))

Or visit [Aetna.com/ProviderPrecertificationList](https://www.aetna.com/ProviderPrecertificationList) to learn more.

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## You should know

- This material is for your information only. It's not meant to direct treatment decisions.
- The review of items on this list may vary at our discretion. If you receive approval for a service or supply, it's for that service or supply only.
- Services that don't need precertification are subject to the coverage terms of the member's plan.

## Coverage changes and updates

- If member eligibility and plan coverage for the procedure or service you asked for hasn't changed, precertification approvals are valid for six months. This is true for all states. This is also the case unless we tell you otherwise when you receive the precertification decision.
- We update the precertification list each year. We usually do this in January and July. But we may add new drugs approved by the Federal Drug Administration (FDA) to the list at other times.

## Behavioral Health

- Refer to the [behavioral health precertification list](#) for a list of behavioral health services that require precertification

## For more information

- Visit [Clinical Policy Bulletins](#) and our [online provider directory](#).
- The precertification process doesn't include verbal or written requests for information about benefits or services not on the precertification lists. Our staff can assess if a caller is making an inquiry or asking for a coverage decision or organization determination.
- We don't offer all plans in all service areas. Not all plans include all services listed. For example, precertification programs don't apply to fully insured members in Indiana.

## Innovation Health®

- Innovation Health Insurance Company and Innovation Health Plan, Inc. (Innovation Health) are affiliates of Aetna Life Insurance Company (Aetna) and its affiliates. Aetna® and its affiliates provide certain management services for Innovation Health.
- Find more information about [notification and coverage determinations](#).
- We require precertification when Aetna or Innovation Health is the secondary payer.

## Maternity information

We require precertification for maternity and newborn stays that are more than the standard length of stay (LOS). Standard LOS for:

- Vaginal deliveries is three days or fewer
- Cesarean section is five days or fewer

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## Oral medications and injections

Contact Aetna® Pharmacy Management for precertification of oral medications not on this list.

- Their number is [1-800-414-2386](tel:1-800-414-2386) (TTY: [711](tel:1-800-414-2386))
- Call [1-866-782-2779](tel:1-866-782-2779) (TTY: [711](tel:1-866-782-2779)) for information on injectable medications not listed.

For drugs administered orally, by injection or infusion:

- Drugs newly approved by the FDA may require precertification review.
- Members of fully insured Texas and Louisiana plans have coverage for drugs we add to the precertification list according to their current plan design until their plan renews.
- Fully insured California HMO members and fully insured Connecticut PPO members covered for drugs added to the precertification list continue to have coverage.
  - Drug coverage continues for these California members as long as the doctor prescribes it appropriately. It must also be a safe and effective treatment for the medical condition.
  - Drug coverage continues for these Connecticut members as long as the drug is medically necessary and more medically beneficial than other covered drugs.
  - The prescribing provider must respond to requests for more information. For fully insured members with a Colorado state contract, we'll approve or deny precertification requests within time frames mandated by Colorado Regulation 4-2-49 RX Prior Authorization.

## Federal Employee Health Benefit Plans information

Precertification is not required for MHBP, the Rural Carrier Benefit Plan and the Foreign Service Benefit Plan when Medicare is the primary payor.

## Student Health and Allina Health|Aetna plan information

For members enrolled in Aetna Student Health or Allina Health|Aetna, precertification is not required for the following outpatient services:

- Diagnostic cardiology
- Hip and knee arthroplasties
- Pain management
- Peripheral arterial disease (PVD)
- Polysomnography
- Radiology imaging
- Radiation oncology

## Special information for members enrolled in a Dual Special Needs Plan (DSNP) in Florida

Precertification may be required for Medicaid services to eligible recipients. You can utilize your current electronic solutions to submit a precertification request or call the number listed on the member's ID card.

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## Texas members

- For precertification in Texas, we use the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage. Precertification doesn't mean payment for care or services to fully insured HMO and PPO members as defined by Texas law.

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## For more information, read all general precertification guidelines

For commercial members, certain elective procedures, as noted with an asterisk (\*), are subject to the medical necessity review of the procedure and the site of service.

	Procedure name/description	CPT code(s)
1.	<b>Inpatient confinements, including hospital at home (except hospice)</b> For example, surgical and nonsurgical stays, stays in a skilled nursing facility or rehabilitation facility, and maternity and newborn stays that exceed the standard length of stay (LOS). (See " <a href="#">Maternity information</a> " in the General information section.)	
2.	<b>Ambulance</b> Precertification required for transportation by fixed-wing aircraft (plane)	A0140, A0430, A0435, A0999, T2004, T2007, S9960
3.	<b>Arthroplasty</b>	<ul style="list-style-type: none"> <li>Total ankle 27702 — precertification required effective July 1, 2024</li> </ul>
4.	<b>Arthroscopic hip surgery to repair impingement syndrome including labral repair*</b>	29914, 29915, 29916, 29860, 29861, 29862, 29863
5.	<b>Autologous chondrocyte implantation*</b>	27412, J7330, S2112
6.	<b>Cardiology</b>	<ul style="list-style-type: none"> <li>Implantable loop recorder 33285 — precertification required effective July 1, 2024</li> </ul> <hr/> <ul style="list-style-type: none"> <li>Watchman™ 33340 — precertification required effective July 1, 2024</li> </ul> <hr/> <ul style="list-style-type: none"> <li>Electrophysiological (EP) study 93653, 93656 — precertification required effective July 1, 2024</li> </ul> <hr/>

\*For commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.

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	Procedure name/description	CPT code(s)
7.	<b>Chiari malformation decompression surgery</b>	61343
8.	<b>Cochlear device and/or implantation*</b>	69930, L8614, L8619
9.	<b>Coverage at an in-network benefit level for out-of-network provider or facility unless services are emergent</b> Some plans have limited or no out-of-network benefits	
10.	<b>Dental implants</b>	21245, 21246, 21248, 21249
11.	<b>Dialysis visits</b> When a participating provider starts a request and dialysis is to be performed at a nonparticipating facility	90935, 90937, 90999
12.	<b>Dorsal column (lumbar) neurostimulators: trial or implantation</b>	63650, 63655, 63663, 63664, 63685, 63688  C1767, C1816, C1820 or C1822 when requested or used with one or more of the above CPT codes

\*For commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.



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13.	<b>Electric or motorized wheelchairs and scooters</b>	E1230, E0983, E0984, E1007 K0010, K0011, K0012, K0013, K0014, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899		
14.	<b>Endoscopic nasal balloon dilation procedures*</b>	31295, 31296, 31297, 31298		
15.	<b>Functional endoscopic sinus surgery (FESS)*</b>	31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288		
16.	<b>Gender affirmation surgery</b>	55970, 55980, 56805, 57335 11950, 11951, 11952, 11954, 15771, 15772, 15775, 15776, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15824, 15825, 15826, 15828, 17380, 19318, 21270, 30400, 30410, 30420, 30430, 30435, 30450, 53430, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 56625, 56800, 56810, 57106, 57107, 57110, 57111, 57291, 57292, 58150, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720		
17.	<b>Hyperthermic intraperitoneal chemotherapy (HIPEC)</b>	96547, 96548 — precertification required effective September 1, 2024		

\*For commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.

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	Procedure name/description	CPT code(s)
18.	Hyperbaric oxygen therapy	G0277, 99183
19.	Infertility services and pre-implantation genetic testing	58321, 58322, 58323, 58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89264, 89268, 89272, 89280, 89281, 89290, 89291, 89337, 89342, 89346, 89352 S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4035
20.	Knee Meniscectomy	29880, 29881 — precertification required for Medicare Advantage members only effective July 1, 2024 29882, 29883 — precertification required for Medicare Advantage members only effective September 1, 2024
21.	Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics	L5781, L5782, L5856, L5857, L5858, L5859, L5968, L5969, L5980, L5987, L5999 • L5926, L2973 — precertification required effective September 1, 2024
22.	Neurostimulator implantation	64553, 64555, 64561, 64568, 64569, 64575, 64580, 64581, 64582, 64583, 64584, 64585, 64590, 64595 — precertification required effective September 1, 2024
23.	Nonparticipating freestanding ambulatory surgical facility services, when referred by a participating provider	

\*For commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.

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	Procedure name/description	CPT code(s)
24.	Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint	21010, 21050, 21060, 21070, 21073, 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21159, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21210, 21215, 21240, 21242, 21243, 21244, 21247, 21255, 21480, 21485, 21490, 21497, 29800, 29804  D7296, D7830, D7871, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7955, D7995, D7996
25.	Osseointegrated implant*	69714, 69716 L8690, L8691, L8692, L8693
26.	Osteochondral allograft/knee*	27415
27.	Private duty nursing	S9123, S9124, T1000, T1030, T1031
28.	Prostate surgery	<ul style="list-style-type: none"> <li>High intensity-focused ultrasound (HIFU) 55880 — precertification required effective July 1, 2024</li> </ul>
29.	Proton beam radiotherapy	77520, 77522, 77523, 77525 Also see Special programs; <a href="#">Radiation oncology</a>
30.	Reconstructive or other procedures that maybe considered cosmetic:	<ul style="list-style-type: none"> <li>Blepharoplasty* 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908</li> <li>Breast reconstruction/breast enlargement* 19355, 19340, 19342, 19350, 19357, 19364, 19370, 19371, 19380, 19396, S2066, S2067, S2068</li> </ul>

\*For commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.

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	Procedure name/description	CPT code(s)
30.	Reconstructive or other procedures that may be considered cosmetic (continued):	<ul style="list-style-type: none"> <li>• Breast reduction/mammoplasty* 19316, 19318, 19325, 19328, 19330</li> <hr/> <li>• Excision of excessive skin due to weight loss* 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847</li> <hr/> <li>• Gastroplasty/gastric bypass 43631, 43632, 43633, 43634, 43644, 43645, 43659, 43770, 43771, 43772, 43773, 43774, 43775, 43842, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43999, 49999</li> <hr/> <li>• Lipectomy or excess fat removal* 15876, 15877, 15878, 15879</li> <hr/> <li>• Surgery for varicose veins, except stab phlebectomy* 36475, 36476, 36478, 36479, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785, 0524T</li> </ul>
31.	Shoulder arthroplasty, including revision procedures	23470*, 23472*, 23473*, 23474
32.	Site of service	For commercial members only, see <a href="#">Special programs</a> for more information.

\*For commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.

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	Procedure name/description	CPT code(s)
33.	<b>Spinal procedures:</b>	<ul style="list-style-type: none"> <li>• Artificial intervertebral disc surgery (cervical spine) 22856*, 22858*, 22861</li> <hr/> <li>• Artificial intervertebral disc surgery (lumbar spine) 22857, 22860, 22862, 22865</li> <hr/> <li>• Cervical laminoplasty* 63050, 63051</li> <hr/> <li>• Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures* 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63050, 63051, 63052, 63053, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63200, 63265, 63266, 63267</li> <hr/> <li>• Kyphectomy* 22818, 22819</li> <hr/> <li>• Laminectomy with rhizotomy 63185, 63190</li> <hr/> <li>• Removal of spinal instrumentation 22850, 22852, 22855</li> <hr/> </ul>

\*For commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.

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	Procedure name/description	CPT code(s)
33.	Spinal procedures (continued):	<ul style="list-style-type: none"> <li>Spinal fusion surgery C1821, 22210, 22214, 22220, 22222, 22224, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22859, 27279, 27280</li> <li>27278 — precertification required effective May 1, 2024</li> <li>22212, 22216, 22226 — precertification required effective July 1, 2024</li> </ul> <hr/> <ul style="list-style-type: none"> <li>Surgery for spine deformity 22800, 22802, 22804, 22808, 22810, 22812</li> <li>22836, 22837, 22838, 0656T, 0657T, 0790T — precertification required for commercial plans only effective September 1, 2024</li> </ul> <hr/> <ul style="list-style-type: none"> <li>Vertebral corpectomy 63081, 63082, 63085, 63086, 63090, 63091</li> </ul> <hr/> <ul style="list-style-type: none"> <li>Vertebroplasty/Kyphoplasty 22510, 22511, 22512, 22513, 22514, 22515</li> </ul>

\*For commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.

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	Procedure name/description	CPT code(s)
34.	<b>Stimulators</b>	<ul style="list-style-type: none"> <li>Electrical stimulation device used for cancer treatment E0766 — precertification required effective July 1, 2024</li> </ul>
35.	<b>Urology</b>	<ul style="list-style-type: none"> <li>Artificial urinary sphincter 53445 — precertification required effective July 1, 2024</li> </ul>
36.	<b>Uvulopalatopharyngoplasty, including laser- assisted procedures*</b>	42145, 42140, 42299, S2080
37.	<b>Ventricular assist devices</b>	33975, 33978, 33979, 33981, 33990, 33991, 33992, 33993, 92970
38.	<b>Whole exome sequencing</b>	81415, 81416, 81417

\*For commercial members, this elective procedure is subject to the medical necessity review of the procedure and the site of service.

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## Blood-clotting factors (precertification for outpatient infusion of this drug class is required)

- Providers should call [1-855-888-9046](tel:1-855-888-9046) (TTY: [711](tel:711)) for precertification.

Site of care does not apply to Medicare Part B Drugs.

Drug name	Description
Advate (J7192)	antihemophilic factor, human recombinant
Adynovate (J7207)	antihemophilic factor [recombinant], PEGylated
Afstyla (J7210)	antihemophilic factor [recombinant], single chain
Alphanate (J7186)	antihemophilic factor/von Willebrand factor complex [human]
AlphaNine SD (J7193)	coagulation factor IX [human]
Alprolix (J7201)	coagulation factor IX [recombinant], Fc fusion protein
Altuviiio (J7214)	antihemophilic factor [recombinant], Fc fusion protein
BeneFix (J7195)	coagulation factor IX [recombinant]
Beqvez (C9172)	(fidanacogene elaparvovec-dzkt) — Precertification required for the drug and site of care effective August 1, 2024 commercial plans call <a href="tel:1-866-752-7021">1-866-752-7021</a> (TTY: <a href="tel:711">711</a> ) Medicare Advantage plans call <a href="tel:1-866-503-0857">1-866-503-0857</a> (TTY: <a href="tel:711">711</a> )
Coagadex (J7175)	coagulation factor X [human]
Corifact (J7180)	factor XIII concentrate [human]
Eloctate (J7205)	antihemophilic factor [recombinant], Fc fusion protein
Esperoct (J7204)	antihemophilic factor [recombinant], glycopegylated-exei
Factor XIII (J7191)	Factor viii (antihemophilic factor (porcine))
FEIBA, FEIBA NF (J7198)	anti-inhibitor coagulant complex
Fibryga (J7177)	fibrinogen, human



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## Blood-clotting factors (continued)

Drug name	Description
Hemgenix (J1411)	etranacogene dezaparvovec — Precertification required for the drug and site of care. commercial plans call <a href="tel:1-866-752-7021">1-866-752-7021</a> (TTY: 711) Medicare Advantage plans call <a href="tel:1-866-503-0857">1-866-503-0857</a> (TTY: 711)
Hemlibra (J7170)	emicizumab
Hemofil M (J7190)	antihemophilic factor [human]
Hemophilia Clotting Factor (J7199)	not otherwise classified
Humate-P (J7187)	antihemophilic factor/von Willebrand factor complex [human]
Idelvion (J7202)	antihemophilic factor [recombinant]
Ixinity (J7195, J7213)	coagulation factor IX [recombinant]
Jivi (J7208)	antihemophilic factor [recombinant], PEGylated-aucl
Kogenate FS (J7192)	antihemophilic factor [recombinant]
Kovaltry (J7211)	antihemophilic factor [recombinant]
NovoEight (J7182)	antihemophilic factor [recombinant]
NovoSeven RT (J7189)	coagulation factor VIIa [recombinant]
Nuwiq (J7209)	simoctocog alfa
Obizur (J7188)	antihemophilic factor [recombinant], porcine sequence
Profilnine (J7194)	factor IX complex
Rebinyn (J7203)	coagulation factor IX [recombinant], glycoPEGylated
Recombinate (J7192)	antihemophilic factor [recombinant]

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## Blood-clotting factors (continued)

Drug name	Description
RiaSTAP (J7178)	fibrinogen concentrate [human]
Rixubis (J7200)	coagulation factor IX [recombinant]
Roctavian (J3490, J3590, C9399)	valoctocogene roxaparvovec-rvox — Precertification required for the drug and site of care. commercial plans call <a href="tel:1-866-752-7021">1-866-752-7021</a> (TTY: 711) Medicare Advantage plans call <a href="tel:1-866-503-0857">1-866-503-0857</a> (TTY: 711)
Sevenfact (J7212)	coagulation factor VIIa [recombinant]-jncw
Tretten (J7181)	coagulation factor XIII a-subunit [recombinant]
Vonvendi (J7179)	von Willebrand factor [recombinant]
Wilate (J7183)	von Willebrand factor/coagulation factor VIII complex [human]
Xyntha, Xyntha Solofuse (J7185)	antihemophilic factor [recombinant]

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For the following services when the member is enrolled in a commercial plan, providers call [1-866-752-7021 \(TTY: 711\)](tel:1-866-752-7021) for precertification. Fax request forms to [1-888-267-3277 \(TTY: 711\)](tel:1-888-267-3277), with the following exceptions:

- For precertification of pharmacy-covered specialty drugs (noted with \*) when the member is enrolled in a commercial plan, call [1-855-240-0535 \(TTY: 711\)](tel:1-855-240-0535). Or fax applicable request forms to [1-877-269-9916 \(TTY: 711\)](tel:1-877-269-9916).
- Providers can use the drug-specific Specialty Medication Request Form located online under “Specialty Pharmacy Precertification.”
- Providers can submit Specialty Pharmacy precertification requests electronically using provider online tools and resources on [our provider portal](#) with Aetna®.

When the member is enrolled in a Medicare Advantage plan, providers call [1-866-503-0857 \(TTY: 711\)](tel:1-866-503-0857) for precertification. Fax request forms to [1-844-268-7263 \(TTY: 711\)](tel:1-844-268-7263).

- See our [Medicare online resources](#) for more about preferred products or to find a precertification fax form.
- Site of care does not apply to Medicare Part B Drugs

## Drug name/description

**Abraxane** (paclitaxel protein-bound particles, J9264) — precertification required for Medicare Advantage members only

**Acthar Gel/H. P. Acthar** (corticotropin, J0801, J0802)

**Adakveo** (crizanlizumab-tmca, J0791) — precertification for the drug and site of care required

**Adcetris** (brentuximab vedotin, J9042) — precertification required for drug and site of care

**Adstiladrin** (nadofaragene firadenovec-vncg, J9029)

**Alpha 1-proteinase inhibitor (human)** (precertification required for the drug and site of care):

- Aralast NP (alpha 1-proteinase inhibitor, J0256)
- Glassia (alpha 1-proteinase inhibitor, J0257)

**Alpha 1-proteinase inhibitor (human) (continued):**

- Prolastin-C (alpha 1-proteinase inhibitor, J0256)
- Zemaira (alpha 1- proteinase inhibitor, J0256)

**Alymsys** (bevacizumab, Q5126) — precertification required for oncology indications only

**Alzheimer’s Disease**

**Aduhelm** (aducanumab-avwa, J0172) — precertification required for drug and site of care

**Kisunla** (donanemab-azbt, J0175) — precertification required for drug and site of care effective October 1, 2024

**Leqembi** (lecanemab-irmb, J0174) — precertification required for drug and site of care

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**Amtagvi** (lifileucel, J3490, J3590, C9399, J9999) — precertification required for the drug and site of care effective May 21, 2024

Contact National Medical Excellence at [1-877-212-8811](tel:1-877-212-8811) (TTY: 711)

**Amyotrophic Lateral Sclerosis (ALS) drugs:**

Qalsody (tofersen, J1304) — precertification required for the drug and site of care

Radicava (edaravone, J1301) — precertification required for the drug and site of care

**Anktiva** (nogapendekin alfa inbakicept-pmln) C9169) — precertification required effective August 1, 2024

**Autoimmune Infused Infliximab**

(precertification required for the drug and site of care):

Avsola (infliximab-axxq, Q5121)

Inflectra (infliximab-dyyb, Q5103)

Remicade (infliximab, J1745)

Renflexis (infliximab-abda, Q5104)

**Avastin** (bevacizumab, J9035) — precertification required for oncology indications only

**Aveed** (testosterone undecanoate, J3145)

**Avzivi** (bevacizumab-tjnj, J3490, J3590, C9399, J9999) — precertification required effective March 15, 2024

**Belrapzo** (bendamustine HCl, J9036)

**Bendamustine HCl** (Apotex, J9058)

**Bendamustine HCl** (Baxter, J9059)

**Bendeka** (bendamustine HCl, J9034)

**Benlysta** (belimumab, J0490) — precertification required for the drug and site of care

**Besponsa** (inotuzumab ozogamicin, J9229)

**Bortezomib** (J9046, J9048, J9049, J9051) commercial plans — precertification required for multiple myeloma only

Medicare plans — precertification required for all diagnoses

**Botulinum toxins:**

Botox (onabotulinumtoxinA, J0585)

Daxxify (daxibotulinumtoxin A, J0589)

Dysport (abobotulinumtoxinA, J0586)

Letybo (letibotulinumtoxinA-wlbg, J3490, J3590, C9399) — precertification required effective June 4, 2024

Myobloc (rimabotulinumtoxinB, J0587)

Xeomin (incobotulinumtoxinA, J0588)

**Cablivi** (caplacizumab-yhdp, C9047)

**Calcitonin Gene-Related Peptide (CGRP) receptor inhibitors**

Vyepti (eptinezumab-jjmr, J3032) — precertification required for the drug and site of care

**Cardiovascular — PCSK9 inhibitors:**

Leqvio (inclisiran, J1306)

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**Casgevvy** (exagamglogene autotemcel, J3490, J3590, C9399) — precertification required for the drug and site of care effective March 1, 2024)

Contact National Medical Excellence at [1-877-212-8811](tel:1-877-212-8811) (TTY: 711)

**Chimeric Antigen Receptor T-Cell Therapy (CAR-T)** — contact National Medical Excellence at [1-877-212-8811](tel:1-877-212-8811) (TTY: 711)

- Abecma (idecabtagene vicleucel, Q2055)
- Breyanzi (lisocabtagene maraleucel, Q2054)
- Carvykti (ciltacabtagene autoleucel, Q2056)
- Kymriah (tisagenlecleucel, Q2042)
- Tecartus (brexucabtagene autoleucel, Q2053)
- Yescarta (axicabtagene ciloleucel, Q2041)

**CAR-T Therapy** (0537T, 0538T, 0539T, 0540T)

**Columvi** (glofitamab-gxbm, J3490, J3590, J9999, C9399)

**Complement inhibitor drugs:**

- Piasky (crovalimab-akkz, J3490, J3590, C9399) — precertification required for the drug and site of care effective September 20, 2024
- Veopoz (pozelimab-bbfg, J9376) — precertification required for the drug and site of care

**Cortrophin Gel** (repository corticotropin, J3490, J3590)

**Cosela** (Trilaciclib, J1448)

**Crysvita** (burosumab-twza, J0584) — precertification required for the drug and site of care

**Cyramza** (ramucirumab, J9308)

**Danyelza** (naxitamab-gqgk, J9348)

**Darzalex** (daratumumab, J9145)

**Darzalex Faspro** (daratumumab and hyaluronidase-fihj, J9144)

**Elahere** (mirvetuximab soravtansine-gynx, J9063)

**Elrexfio** (elranatamab-bcmm, J1323)

**Empliciti** (elotuzumab, J9176)

**Enjaymo** (Sutimlimab-jome, J1302) — precertification required for the drug and site of care

**Enzyme replacement drugs:**

- Adzynma (ADAMTS13, recombinant-krhn, J7171) — precertification required for the drug and site of care effective March 19, 2024
- Aldurazyme (laronidase, J1931) — precertification required for the drug and site of care
- Brineura (cerliponase alfa, J0567)
- Cerezyme (imiglucerase, J1786) — precertification required for the drug and site of care
- Elaprase (idursulfase, J1743) — precertification required for the drug and site of care
- Elelyso (taliglucerase alfa, J3060) — precertification required for the drug and site of care
- Elfabrio (pegunigalsidase alfa-iwxj, J3490, J3590, C9399) — precertification required for the drug and site of care
- Fabrazyme (agalsidase beta, J0180) — precertification required for the drug and site of care

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Kanuma (sebelipase alfa, J2840) — precertification required for the drug and site of care

Lamzede (velmanase alfa, J3490, J3590, C9399)

Lumizyme (alglucosidase alfa, J0220, J0221) — precertification required for the drug and site of care

Mepsevii (vestronidase alfa-vjbc, J3397) — precertification required for the drug and site of care

Naglazyme (galsulfase, J1458) — precertification required for the drug and site of care

Nexviazyme (avalglucosidase alfa-ngpt, J0219) — precertification required for the drug and site of care

Pombiliti (cipaglucosidase alfa-atga, J1203)

Strensiq (asfotase alfa, J3490, J3590)

Vimizim (elosulfase alfa, J1322) — precertification required for the drug and site of care

VPRIV (velaglucerase alfa, J3385) — precertification required for the drug and site of care

Xenpozyme (olipudase alfa-rpcp, J0218)— precertification required for the drug and site of care

**Epkinly (epcoritamab-bysp, J9321)**

**Erbix** (cetuximab, J9055)

**Erythropoiesis-stimulating agents:**

Aranesp (darbepoetin alfa, J0881, J0882)

Epogen (epoetin alfa, J0885, Q4081)

Mircera (methoxy polyethylene glycol-epoetin beta, J0887, J0888)

Procrit (epoetin alfa, J0885, Q4081)

**Erythropoiesis-stimulating agents (continued):**

Retacrit (recombinant human erythropoietin-epbx, Q5105, Q5106)

**Evkeeza** (evinacumab-dgnb, J1305) — precertification required for the drug and site of care

**Evrysdi** (risdiplam, J8499)

**Fusilev** (levoleucovorin, J0641)

**Fyarro** (sirolimus protein-bound particles for injectable suspension, J9331)

**Gattex** (teduglutidem, J3490)

**Givlaari** (givosiran, J0223) — precertification required for the drug and site of care

**Granulocyte-colony stimulating factors:**

Fulphila (pegfilgrastim-jmdb, Q5108)

Fylnetra (pegfilgrastim-pbbk, Q5130)

Granix (tbo-filgrastim, J1447)

Leukine (sargramostim, J2820)

Neulasta (pegfilgrastim, J2506)

Neupogen (filgrastim, J1442)

Nivestym (filgrastim-aafi, Q5110)

Nypozi (filgrastim-txid, J3490, J3590, C9399) — precertification required effective October 22, 2024

Nyvepria (pegfilgrastim-apgf, Q5122)

Releuko (filgrastim-ayow, Q5125)

Rolvedon (eflapegrastim-xnst, J1449)

\*For precertification when the member is enrolled in a commercial plan, call [1-855-240-0535](tel:1-855-240-0535) (TTY: 711). Or fax applicable request forms to [1-877-269-9916](tel:1-877-269-9916) (TTY: 711).



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Ryzneuta (efbemalenograstim alfa-vuxw, J9361) — precertification required effective March 15, 2024

Stimufend (pegfilgrastim-fpgk, Q5127)

Udenyca (pegfilgrastim-cbvq, Q5111)

Udenyca OBI (pegfilgrastim-cbqv, Q5111) — precertification required effective March 1, 2024

Zarxio (filgrastim-sndz, Q5101) — precertification no longer required for Medicare Advantage members effective October 1, 2024

Ziextenzo (pegfilgrastim-bmez, Q5120)

#### Growth hormone:

Skytrofa\* (lonapegsomatropin-tcgd, J3490, J3590) — precertification required for Medicare Advantage members only

#### Hereditary angioedema agents:

Berinert (C1 esterase inhibitor, J0597)

Cinryze (C1 esterase inhibitor, J0598) — precertification for the drug and site of care required

Firazyr (icatibant acetate, J1744)

Haegarda (C1 esterase inhibitor subcutaneous [human], J0599) — precertification required for commercial members only effective April 1, 2024

Kalbitor (ecallantide, J1290)

Ruconest (C1 esterase inhibitor, J0596)

Sajazir (icatibant acetate, J1744)

Takhzyro (lanadelumab-flyo, J0593)

#### Hereditary Transthyretin-mediated Amyloidosis (ATTR) drugs:

Amvuttra (vutrisiran, J0225) — precertification required for the drug and site of care

Onpattro (patisiran, J0222) — precertification required for the drug and site of care

Tegsedi (inotersen, J3490, J3590, C9399)

Wainua (eplontersen, J3490, J3590, C9399) — precertification required effective March 26, 2024

#### HER2 receptor drugs:

Enhertu (fam-trastuzumab deruxtecan-nxki, J9358)

Herceptin (trastuzumab, J9355) — precertification required for the drug and site of care

Herceptin Hylecta (trastuzumab and hyaluronidase-oysk, J9356)

Hercessi (trastuzumab-strf, J3490, J3590, C9399) — precertification required for the drug and site of care effective September 2, 2024

Herzuma (trastuzumab-pkrb, Q5113) — precertification required for the drug and site of care

Kadcyla (ado-trastuzumab emtansine, J9354) — precertification required for the drug and site of care

Kanjinti (trastuzumab-anns, Q5117) — precertification required for the drug and site of care

Margenza (margetuximab-cmkb, J9353)

Ogivri (trastuzumab-dkst, Q5114) — precertification required for the drug and site of care

Ontruzant (trastuzumab-dttb, Q5112) — precertification required for the drug and site of care

\*For precertification when the member is enrolled in a commercial plan, call [1-855-240-0535](tel:1-855-240-0535) (TTY: [711](tel:711)). Or fax applicable request forms to [1-877-269-9916](tel:1-877-269-9916) (TTY: [711](tel:711)).

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Perjeta (pertuzumab, J9306) — precertification required for the drug and site of care  
 Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf, J9316)  
 Trazimera (trastuzumab-qyyp, Q5116) — precertification required for the drug and site of care

**Ilaris** (canakinumab, J0638)

**Imdelltra** (tarlatamb-dlle, C9170) — precertification required effective September 2, 2024

**Imlygic** (talimogene laherparepvec, J9325)

**Imjudo** (tremelimumab, J9347)

**Immunoglobulins** (precertification required for the drug and site of care):

Alyglo (immune globulin intravenous, human-stwk, J3490, C9399) — precertification required for the drug and site of care effective March 22, 2024  
 Asceniv (immune globulin, J1554)  
 Bivigam (immune globulin, J1556)  
 Cutaquig (immune globulin, J1551)  
 Cuvitru (immune globulin SC [human], J1555)  
 Flebogamma (immune globulin, J1572)  
 GamaSTAN (immune globulin, J1460, J1559, J1560)  
 Gammagard, Gammagard S/D (immune globulin, J1569)  
 Gammaked (immune globulin, J1561)  
 Gammaplex (immune globulin, J1557)  
 Gamunex-C (immune globulin, J1561)  
 Hizentra (immune globulin, J1559)  
 HyQvia (immune globulin, J1575)

**Immunoglobulins (continued):**

Octagam (immune globulin, J1568)  
 Panzyga (immune globulin, J1576)  
 Privigen (immune globulin, J1459)  
 Xembify (immune globulin, J1558)  
 Yimmugo (immune globulin intravenous, human – dira, J3490, J3590, C9399) — precertification required for the drug and site of care effective October 1, 2024

**Immunologic agents:**

Actemra IV (tocilizumab, J3262) — precertification required for the drug and site of care  
 Cimzia\* (certolizumab pegol, J0717)  
 Cosentyx IV (secukinumab, J3247)  
 Enspryng\* (satralizumab, J3490, J3590) — precertification required for Medicare Advantage members only  
 Entyvio (vedolizumab, J3380) — precertification required for the drug and site of care  
 Ilumya\* (tildrakizumab, J3245)  
 Omvoh (mirikizumab-mrkz, J2267) — precertification required effective February 2, 2024  
 Orencia SQ\* (abatacept, J0129) — precertification required for Medicare Advantage members only  
 Orencia IV (abatacept, J0129) — precertification required for the drug and site of care  
 Riabni (rituximab-arrx, Q5123) — precertification required for the drug and site of care  
 Rituxan (rituximab, J9312) — precertification required for the drug and site of care  
 Rituxan Hycela (rituximab/hyaluronidase human, J9311)

\*For precertification when the member is enrolled in a commercial plan, call [1-855-240-0535](tel:1-855-240-0535) (TTY: [711](tel:1-855-240-0535)). Or fax applicable request forms to [1-877-269-9916](tel:1-877-269-9916) (TTY: [711](tel:1-877-269-9916)).



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Ruxience (rituximab-pvvr, Q5119) —  
 precertification required for the drug and site of care

Rystiggo (rozanolixizumab-noli, J3490, J3590, C9399)

Simponi Aria (golimumab, J1602) —  
 precertification required for the drug and site of care

Skyrizi (risankizumab-rzaa, J2327) —  
 precertification required for Medicare Advantage members only

Skyrizi IV (risankizumab-rzaa, J2327)

Spevigo (spesolimab-sbzo, J1747)

Stelara SC (ustekinumab, J3357) —  
 precertification required for commercial members only effective April 1, 2024

Stelara IV (ustekinumab, J3358)

Tofidence (tocilizumab-bavi, Q5133)

Truxima (rituximab-abbs, Q5115) — precertification required for the drug and site of care

Tyenne (tocilizumab-aazg, Q5135) —  
 precertification required for drug and site of care effective July 1, 2024

Vyvgart (efgartigimod alfa-fcab, J9332)

Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc, J3490, J3590, C9399)

Wezlana IV (ustekinumab-auub, Q5138) —  
 precertification required effective May 1, 2024

Wezlana SC (ustekinumab-auub, Q5137) —  
 precertification required effective May 1, 2024

## Injectable infertility drugs:

(J0725, J3355, S0122, S0126, S0128, S0132)  
 chorionic gonadotropin, J0725

Bravelle (urofollitropin, J3355) — precertification required for commercial members only effective April 1, 2024

## Injectable infertility drugs (continued):

Cetrotide (cetorelix acetate, J3490, J3590)

Follistim AQ (follitropin beta, S0128)

Ganirelix AC (ganirelix acetate, S0132)

Gonal-f (follitropin alfa, S0126)

Gonal-f RFF (follitropin alfa, S0126)

Menopur (menotropins, S0122)

Novarel (chorionic gonadotropin, J0725)

Ovidrel (choriogonadotropin alfa, J0725)

Pregnyl (chorionic gonadotropin, J0725)

## Iron Replacement Agents

Feraheme (ferumoxytol, Q0138, Q0139)

Injectafer (ferric carboxymaltose injection, J1439)

Monoferric (ferric derisomaltose, J1437)

## Jelmyto (mitomycin, J9281)

**Jesduvroq** (daprodustat, J0889) — precertification required for Medicare Advantage members only

## Khapzory (levoleucovorin, J0642)

## Kimtrak (tebentafusp-tebn, J9274)

## Korsuva (difelikefalin, J0879)

**Kyprolis** (carfilzomib, J9047) — precertification required for multiple myeloma only

## Lantidra (donislecel-jujn, J3490, J3590, C9399)

Contact National Medical Excellence at [1-877-212-8811](tel:1-877-212-8811) (TTY: [711](tel:1-877-212-8811))

\*For precertification when the member is enrolled in a commercial plan, call [1-855-240-0535](tel:1-855-240-0535) (TTY: [711](tel:1-855-240-0535)). Or fax applicable request forms to [1-877-269-9916](tel:1-877-269-9916) (TTY: [711](tel:1-877-269-9916)).



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**Lenmeldy** (atidarsagene autotemcel, J3490, J3590, C9399) — precertification required for the drug and site of care effective July 1, 2024

Contact National Medical Excellence at [1-877-212-8811](tel:1-877-212-8811) (TTY: 711)

**Lunsumio** (mosunetuzumab, J9350)

**Luteinizing hormone-releasing hormone (LHRH) agents:**

commercial plans — precertification required for prostate cancer only

Medicare plans — precertification required for all diagnoses

Camcevi (leuprolide mesylate, J1952)

Eligard (leuprolide acetate, J9217) — precertification no longer required for Medicare Advantage members effective October 1, 2024

Firmagon (degarelix, J9155) — precertification no longer required for Medicare Advantage members effective October 1, 2024

Lutrate (leuprolide acetate, J1954)

Lupron Depot (leuprolide acetate, J9217)

Trelstar (triptorelin pamoate, J3315)

Zoladex (goserelin, J9202)

**Lyfgenia** (lovotibeglogene autotemcel, J3394) — precertification required for the drug and site of care effective March 1, 2024

Contact National Medical Excellence at [1-877-212-8811](tel:1-877-212-8811) (TTY: 711)

**Monjuvi** (tafasitamab-cxix, J9349)

**Multiple sclerosis drugs:**

Briumvi (ublituximab, J2329)

Lemtrada (alemtuzumab, J0202) — precertification required for the drug and site of care

Ocrevus (ocrelizumab, J2350) — precertification required for the drug and site of care

Tyruko (natalizumab-sztn, Q5134) — precertification required for the drug and site of care

Tysabri (natalizumab, J2323) — precertification required for the drug and site of care

**Muscular dystrophy drugs:**

(precertification required for the drug and site of care):

Amondys 45 (casimersen, J1426)

Elevidys (delandistrogene moxeparvovec, J3490, J3590, C9399)

Exondys 51 (eteplirsen, J1428)

Viltepso (viltolarsen, J1427)

Vyondys 53 (golodirsen, J1429)

**Mvasi** (bevacizumab-awwb, Q5107) — precertification required for oncology indications only

**Myalept** (metreleptin, J3490, J3590) — precertification required for commercial members only effective April 1, 2024

**Nulibry** (fosdenopterin, J3490, J3590)

**Omisirge** (omidubicel, J3490, J3590, C9399, J9999) — precertification required for drug and site of care

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**Ophthalmic injectables:**

Ahzantive (aflibercept-mrbb, J3490 J3590 C9399) — precertification required effective September 20, 2024

Beovu (brolucizumab-dblb, J0179)

Byooviz (ranibizumab-nuna, Q5124)

Cimerli (ranibizumab-eqrn, Q5128)

Eylea (aflibercept, J0178)

Eylea HD (aflibercept, J0177)

Izervay (avacincaptad pegol, J2782)

Lucentis (ranibizumab, J2778)

Luxturna (voretigene neparvovec-rzyl, J3398) — precertification required for the drug and site of care

Opuviz (aflibercept-yszy, J3490 J3590 C9399) — precertification required effective September 20, 2024

Susvimo (ranibizumab, J2779)

Syfovre (pegcetacoplan, J2781)

Tepezza (teprotumumab-trbw, J3241) — precertification required for the drug and site of care required

Vabysmo (faricimab-svoa, J2777)

Yesafili (aflibercept-jbvf, J3490 J3590 C9399) — precertification required effective September 20, 2024

**Osteoporosis drugs:**

Bonsity\* (teriparatide, J3110) — precertification required for Medicare Advantage members only

Evenity\* (romosozumab-aqqg, J3111) — precertification required for Medicare Advantage members only

Forteo\* (teriparatide, J3110) — precertification required for Medicare Advantage members only

Miacalcin\* (calcitonin, J0630) — precertification required for Medicare Advantage members only

Prolia (denosumab, J0897)

Oxlumo (lumasiran, J0224) — precertification required for the drug and site of care

**Paclitaxel protein-bound particles** (American Regent, J9259) — precertification required for Medicare Advantage members only

Padcev (enfortumab vedotin, J9177)

**Paroxysmal Nocturnal Hemoglobinuria (PNH) drugs:**

Bkemv (eculizumab -aaeb, J3490, J3590, C9399) — precertification required for drug and site of care effective October 24, 2024

Epysqli (eculizumab-aagh J3490, J3590, C9399) — precertification required for drug and site of care effective October 24, 2024

Soliris (eculizumab, J1300) — precertification required for the drug and site of care

Ultomiris (Ravulizumab-cwvz, J1303) — precertification required for the drug and site of care

Parsabiv (etelcalcetide, J0606)

**PD1/PDL1 drugs** (precertification required for the drug and site of care):

Bavencio (avelumab, J9023)

Imfinzi (durvalumab, J9173)

Jemperli (dostarlimab-gxly, J9272)

Keytruda (pembrolizumab, J9271)

Libtayo (cemiplimab-rwlc, J9119)

Loqtorzi (toripalimab-tpzi, J3263) — precertification required for drug and site of care effective March 19, 2024

Opdivo (nivolumab, J9299)

Opdualag (nivolumab and relatlimab-rmbw, J9298)

Tecentriq (atezolizumab, J9022)

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Tevimbra (tislelizumab, J9329) — precertification required for drug and site of care effective July 1, 2024

Zynyz (retifanlimab-dlwr, J9345) — precertification required for drug and site of care

**Pedmark** (sodium thiosulfate, J0208)

**Pemfexy** (pemetrexed, J9304) — precertification required for Medicare Advantage members only

**Polivy** (polatuzumab vedotin-piiq, J9309)

**Provenge** (sipuleucel-T, Q2043)

**Pulmonary arterial hypertension drugs:**

All epoprostenol sodium, sildenafil citrate and treprostinil sodium products

Flolan (epoprostenol sodium, J1325)

Remodulin (treprostinil sodium, J3285, J7686)

Tyvaso (treprostinil, J3285, J7686)

Veletri (epoprostenol sodium, J1325)

Ventavis (iloprost, Q4074)

Winrevair (sotatercept-csrk, J3490, J3590, C9399) — precertification required effective September 2, 2024

**Radiopharmaceutical drugs:**

Metastron (Strontium-89 Chloride injection, A9600)

Pluvicto (lutetium Lu 177 vipivotide tetraxetan, A9607)

**Reblozyl** (luspatercept-aamt, J0896)

**Respiratory injectables** (precertification required for the drug and site of care):

Cinqair (reslizumab, J2786)

Fasenra (benralizumab, J0517)

Nucala (mepolizumab, J2182)

Tezspire (tezepelumab-ekko, J2356)

Xolair (omalizumab, J2357)

**Rivfloza** (nedosiran, J3490, J3590, C9399) — precertification required for the drug and site of care

**Rybrevant** (amivantamab-vmjw, J9061)

**Ryplazim** (plasminogen, human-tvmh, J2998)

**Rytelo** (imetelstat, J3490, J3590, C9399, J9999) — Precertification required effective September 20, 2024.

**Saphnelo** (anifrolumab-fnia, J0491) — precertification required for the drug and site of care

**Sarclisa** (isatuximab-irfc, J9227)

**Skysona/Lenti-D** (elivaldogene autotemcel or eli-cel, J3490, J3590, C9399) — Precertification required for the drug and site of care.

Contact National Medical Excellence at [1-877-212-8811](tel:1-877-212-8811) (TTY: 711)

**Somatostatin agents:**

Lanreotide (ciplra, J1932) — Precertification required for the drug and site of care

Sandostatin (octreotide, J2354)

Sandostatin LAR (octreotide acetate, J2353) — precertification required for the drug and site of care

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**Signifor** (pasireotide, J3490, J3590) — precertification required for commercial members only effective April 1, 2024

**Signifor LAR** (pasireotide, J2502)

**Somatuline** (lanreotide, J1930) — precertification required for the drug and site of care

**Somavert** (pegvisomant, J3490, J3590) — precertification required for commercial members only effective April 1, 2024

**Spinraza** (nusinersen, J2326) — precertification required for the drug and site of care

**Spravato** (esketamine, S0013)

**Synagis** (palivizumab, 90378)

**Talvey** (talquetamab-tgvs, J3055)

**Tecvayli** (teclistamab-cqyv, J9380)

**Tivdak** (tisotumab vedotin-tftv, J9273)

**Treanda** (bendamustine HCl, J9033)

**Trodrelvy** (sacituzumab govitecan-hziy, J9317)

**Tzield** (teplizumab-mzwv, J9381)

**Uplizna** (inebilizumab-cdon, J1823) — precertification required for the drug and site of care

**Vectibix** (panitumumab, J9303)

**Vegzelma** (bevacizumab-adcd, Q5129) — precertification required for oncology indications only

**Velcade** (bortezomib, J9041)

commercial plans — precertification required for multiple myeloma only

Medicare plans — precertification required for all diagnoses

**Viscosupplements:**

**Durolane** (Hyaluronic acid, J7318) — precertification no longer required for Medicare Advantage members effective October 1, 2024

**Euflexxa** (1% sodium hyaluronate, J7323) — precertification no longer required for Medicare Advantage members effective October 1, 2024

**Gel-One** (cross-linked hyaluronate, J7326)

**Gelsyn-3** (sodium hyaluronate 0.84%, J7328)

**Genvisc 850** (sodium hyaluronate, J7320)

**Hyalgan** (sodium hyaluronate, J7321)

**Hymovis** (high molecular weight viscoelastic hyaluronan, J7322)

**Monovisc** (high molecular weight hyaluronan, J7327)

**Orthovisc** (high molecular weight hyaluronan, J7324)

**Supartz FX** (sodium hyaluronate, J7321)

**Synojynt** (1% sodium hyaluronate, J7331)

**Synvisc, Synvisc-One** (hylan G-F 20, J7325) — precertification no longer required for Medicare Advantage members effective October 1, 2024

**Triluron** (sodium hyaluronate, J7332)

**TriVisc** (sodium hyaluronate, J7329)

**Visco 3** (sodium hyaluronate, J7321)

**Vivimusta** (bendamustine hydrochloride, J9056)

**Vyjuvek** (beremagene geperpavec, J3490, J3590, C9399)

**Xgeva** (denosumab, J0897)

**Xofigo** (radium Ra 223 dichloride, A9606)

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**Yervoy** (ipilimumab, J9228) — precertification required for the drug and site of care

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**Zepzelca** (lurbinectedin, J9223) — precertification required effective September 1, 2024

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**Zilretta** (triamcinolone acetonide extended release injectable suspension, J3304) — precertification required for Medicare Advantage members only

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**Zirabev** (bevacizumab-bvzr, Q5118) — precertification required for oncology indications only

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**Zolgensma** (onasemnogene abeparvovec-xioi, J3399) — precertification required for the drug and site of care

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**Zulresso** (brexanolone, J1632)

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**Zynlonta** (loncastuximab tesirine-lpyl, J9359)

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**Zynteglo** (betibeglogene autotemcel, J3393) — Precertification required for the drug and site of care.

Contact National Medical Excellence  
at [1-877-212-8811](tel:1-877-212-8811) (TTY: [711](tel:1-877-212-8811)).

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## Breast and Ovarian Cancer Susceptibility Screening (BRCA)

81163, 81165, 81212, 81215, 81216, 81217, 81432, 81433

81162 (precertification required for Medicare Advantage members only)

Through our expanded national provider network:

- Quest Diagnostics, Inc — [1-866-436-3463](tel:1-866-436-3463) (TTY: [711](tel:1-866-436-3463))
- Ambry Genetics — [1-866-262-7943](tel:1-866-262-7943) (TTY: [711](tel:1-866-262-7943))
- Baylor Miraca Genetics Laboratories, LLC — [1-800-411-4363](tel:1-800-411-4363) (TTY: [711](tel:1-800-411-4363))
- Genpath and BioReference — [1-888-729-1206](tel:1-888-729-1206) (TTY: [711](tel:1-888-729-1206))
- Invitae — [1-800-436-3037](tel:1-800-436-3037) (TTY: [711](tel:1-800-436-3037))
- LabCorp — [1-855-488-8750](tel:1-855-488-8750) (TTY: [711](tel:1-855-488-8750))
- Medical Diagnostic Lab, LLC — [1-877-269-0090](tel:1-877-269-0090) (TTY: [711](tel:1-877-269-0090))
- Myriad Genetics Laboratories, Inc. — [1-800-469-7423](tel:1-800-469-7423) (TTY: [711](tel:1-800-469-7423))

Providers can use the online [BRCA form under the “Medical Precertification” section](#) to send precertification requests.

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## Find genetic counselors online

For a list of our contracted providers, including our telephonic provider (Informed DNA), go to our [provider directory](#).

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## Chiropractic precertification

Chiropractic precertification needed only in the states listed HMO-based plan members only.

AZ through American Specialty Health (ASH) [1-800-972-4226](tel:1-800-972-4226) (TTY: [711](tel:1-800-972-4226))

HMO-based plan and group Medicare members only

CA through American Specialty Health (ASH) [1-800-972-4226](tel:1-800-972-4226) (TTY: [711](tel:1-800-972-4226))

For all members (with commercial and Aetna Medicare Advantage plans applicable to this precertification list):

GA through American Specialty Health (ASH) [1-800-972-4226](tel:1-800-972-4226) (TTY: [711](tel:1-800-972-4226))

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## Cataract surgery

### Florida Medicare

Contact iCare Health Solutions to ask for preauthorization for cataract surgery related requests. You can reach iCare at [1-855-373-7627](tel:1-855-373-7627) (TTY: [711](tel:711)).

## Diagnostic cardiology (cardiac rhythm implantable devices, cardiac catheterization)

33206, 33207, 33208, 33212, 33213, 33214, 33221, 33224, 33225, 33227, 33228, 33229, 33230, 33231, 33240, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 33289, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0614T, 0742T, 75580

78429, 78430, 78431, 78432, 78433, 78434, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 93350, 93351, 93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93593, 93594, 93595, 93596, 93597, C9762, C9763

Precertification is not required for **Student Health** and **Allina Health|Aetna plans**.

Precertification is required for cardiac rhythm implants for the Foreign Service Benefit Plan, MHBP, and Rural Carrier Benefit Plan. It is not required for cardiac catheterization. To authorize services, please use the contact information on the back of the member's ID card. These plans do not utilize EviCore.

Precertification for all members with plans applicable to this precertification list unless services are emergent:

- Providers in all states where applicable, should contact EviCore healthcare to request preauthorization. You can reach EviCore healthcare:
  - Online at [Evicore.com](http://Evicore.com)
  - By phone at [1-800-420-3471](tel:1-800-420-3471) (TTY: [711](tel:711)) between 7 AM and 8 PM ET
  - By fax at [1-800-540-2406](tel:1-800-540-2406) (TTY: [711](tel:711)), Monday through Friday during normal business hours, or as required by federal or state regulations

## Hip and knee arthroplasties

27091, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487, 27488, S2118

- Go to [Availity.com](http://Availity.com) to start a request.
- Commercial plans: [1-888-632-3862](tel:1-888-632-3862) (TTY: [711](tel:711))
- Medicare plans: [1-800-624-0756](tel:1-800-624-0756) (TTY: [711](tel:711))

Precertification is not required for **Student Health** and **Allina Health|Aetna plans**.

For the Foreign Service Benefit Plan, MHBP, and Rural Carrier Benefit Plan please use the contact information on the back of the member's ID card.

Precertification for all members with plans applicable to this list unless services are emergent.



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## Home health care

G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0159, G0160, G0161, G0162, G0299, G0300, G0493, G0494, G0495, G0496

You will need to get precertification through Carelon Post Acute Solutions (formerly myNEXUS) for all Connecticut, Florida, Georgia, Kentucky, Missouri, Ohio, Oklahoma, Pennsylvania, Texas, Virginia and West Virginia Medicare home health-related requests for in-home skilled nursing, physical therapy, occupational therapy, speech therapy, a home health aide and medical social work. (Exception: Oklahoma and Virginia Dual Special Needs Plans).

Providers in these states should contact Carelon for precertification

- Carelon Post Acute Solutions Dedicated (Aetna) Provider line: [1-833-585-6262](tel:1-833-585-6262) (TTY: 711)
- Claims Submission or Claim Status: [1-833-241-0428](tel:1-833-241-0428) (TTY: 711)
- Submit request through Carelon Post Acute Solutions Provider Portal:
  - [portal.mynexuscare.com](http://portal.mynexuscare.com) (this link will redirect the user to the Carelon portal website)
  - [Carelon Portal Link](#) (this link is direct to the Carelon portal without redirection)
- Carelon Post Acute Solutions Provider Directory: [Carelon Post Acute Solutions care.com/providerdirectory/](http://CarelonPostAcuteSolutionscare.com/providerdirectory/)
- Fax Home Health Care Authorization Request Form to: [1-866-996-0077](tel:1-866-996-0077) (TTY: 711)

## Infertility program — [1-800-575-5999](tel:1-800-575-5999) (TTY: 711)

58321, 58322, 58323, 58970, 58974, 58976, 76948, 89250, 89251, 89253, 89254, 89255, 89257, 89258, 89264, 89268, 89272, 89280, 89281, 89337, 89342, 89346, 89352, S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4035

## National Medical Excellence Program

By phone at [1-877-212-8811](tel:1-877-212-8811) (TTY: 711) for the following:

- Chimeric Antigen Receptor T-Cell Therapy (CAR-T) drugs
- All major organ transplant evaluations and transplants including, but not limited to, kidney, liver, heart, lung and pancreas, and bone marrow replacement or stem cell transfer after high-dose chemotherapy

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## Pain management

27096, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64510, 64520, 64633, 64634, 64635, 64636 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0627T, 0628T, 0629T, 0630T G0259, G0260

Precertification is not required for **Student Health** and **Allina Health|Aetna plans**.

Precertification for all members with plans applicable to this precertification list unless services are emergent.

- The Foreign Service Benefit Plan, MHBP, and Rural Carrier Benefit Plan do not utilize EviCore for precertification. To authorize services, please use the contact information on the back of the member's ID card.
  - To request preauthorization, providers in all states where applicable, except New York and northern New Jersey, should contact EviCore healthcare. Exception: New York and northern New Jersey. To reach EviCore healthcare:
    - Online at [Evicore.com](https://www.evicore.com)
    - By phone at [1-888-693-3211 \(TTY: 711\)](tel:1-888-693-3211) between 7 AM and 8 PM ET
    - By fax at [1-844-822-3862 \(TTY: 711\)](tel:1-844-822-3862), Monday through Friday, during normal business hours, or as required by federal or state regulations
  - Providers in New York and northern New Jersey should contact EviCore healthcare to request preauthorization. You can reach EviCore healthcare:
    - Online at [Evicore.com](https://www.evicore.com)
    - By phone at [1-888-622-7329 \(TTY: 711\)](tel:1-888-622-7329) for New York or [1-888-647-5940 \(TTY: 711\)](tel:1-888-647-5940) for northern New Jersey
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## Peripheral Arterial Disease (PVD)

37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235, 0238T

Precertification is not required for **Student Health** and **Allina Health|Aetna plans**.

Precertification for all members with plans applicable to this list unless services are emergent.

- Precertification is not required for the Foreign Service Benefit Plan, MHBP, and Rural Carrier Benefit Plan
  - To request preauthorization, providers in all states where applicable, except New York and northern New Jersey, should contact EviCore healthcare. To reach EviCore healthcare:
    - Online at [Evicore.com](https://www.evicore.com)
    - By phone at [1-800-420-3471](tel:1-800-420-3471) (TTY: [711](tel:1-800-420-3471)) between 7 AM and 8 PM ET
    - By fax at [1-800-540-2406](tel:1-800-540-2406) (TTY: [711](tel:1-800-540-2406)), Monday through Friday, during normal business hours, or as required by federal or state regulations
  - Providers in New York and northern New Jersey should contact EviCore healthcare to request preauthorization. You can reach EviCore healthcare:
    - Online at [Evicore.com](https://www.evicore.com)
    - By phone at [1-888-622-7329](tel:1-888-622-7329) (TTY: [711](tel:1-888-622-7329)) for NY or [1-888-647-5940](tel:1-888-647-5940) (TTY: [711](tel:1-888-647-5940)) for northern NJ
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## Polysomnography (attended sleep studies)

95782, 95783, 95805, 95807, 95808, 95810, 95811

Precertification is not required for **Student Health** and **Allina Health|Aetna plans**.

The Foreign Service Benefit Plan, MHBP, and Rural Carrier Benefit Plan do not utilize EviCore for precertification. To authorize services, please use the contact information on the back of the member's ID card.

Precertification for all members with plans applicable to this list when performed in any facility except inpatient, emergency room and observation bed status.

- Providers in all states where applicable should contact EviCore healthcare to request preauthorization. Exception: New York and northern New Jersey. You can reach EviCore healthcare:
  - Online at [Evicore.com](https://www.evicore.com)
  - By phone at [1-888-693-3211](tel:1-888-693-3211) (TTY: [711](tel:1-888-693-3211)) between 7 AM and 8 PM ET
  - By fax at [1-844-822-3862](tel:1-844-822-3862) (TTY: [711](tel:1-844-822-3862)), Monday through Friday during normal business hours, or as required by federal or state regulations
- Providers in New York and northern New Jersey should contact EviCore healthcare to request preauthorization. You can reach EviCore healthcare:
  - Online at [Evicore.com](https://www.evicore.com)
  - By phone at [1-888-622-7329](tel:1-888-622-7329) (TTY: [711](tel:1-888-622-7329)) for NY or [1-888-647-5940](tel:1-888-647-5940) (TTY: [711](tel:1-888-647-5940)) for northern NJ

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## Pre-implantation genetic testing — [1-800-575-5999](tel:1-800-575-5999) (TTY: [711](tel:1-800-575-5999))

89290, 89291

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## Radiology imaging

70336, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555, 71250, 71260, 71270, 71271, 71275, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198, 73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 74261, 74262, 74263, 74712, 74713, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75635, 76380, 76390, 77021, 77022, 77046, 77047, 77048, 77049, 77084, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, 0042T, 0609T, 0610T, 0611T, 0612T, 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0710T, 0711T, 0712T, 0713T, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, S8035, S8037, S8042, S8092

Precertification is not required for **Student Health** and **Allina Health|Aetna plans**.

The Foreign Service Benefit Plan, MHBP, and Rural Carrier Benefit Plan do not utilize EviCore for precertification. To authorize services, please use the contact information on the back of the member's ID card.

All members with plans that use this list need precertification. Exception: When members receive care in any inpatient facility or emergency room, or in an observation bed status.

In addition to precertification, some members will have Site of Care requirements for MR and CT scans when services requested in a hospital outpatient setting. Please refer to the Site of Care communication:

### [EviCore healthcare Site of Care](#)

- Providers in all states where applicable, should contact EviCore healthcare to request preauthorization.
- You can reach EviCore healthcare:
  - Online at [Evicore.com](https://www.evicore.com)
  - By phone at [1-800-420-3471](tel:1-800-420-3471) (TTY: [711](tel:1-800-420-3471)) between 7 AM and 8 PM ET
  - By fax at [1-800-540-2406](tel:1-800-540-2406) (TTY: [711](tel:1-800-540-2406)), Monday through Friday during normal business hours or as required by federal or state regulations

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## Radiation oncology

77014, 77371, 77372, 77373, 77385, 77386, 77387, 77401, 77402, 77407, 77412, 77423, 77424, 77425, 77600, 77605, 77610, 77615, 77620, 77750, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 79005, 79101, 79403, A9513, A9543, A9590, A9606, G0339, G0340, G6001, G6002, G6003, G6004, G6005, G6006, G6007, G6008, G6009, G6010, G6011, G6012, G6013, G6014, G6015, G6016, G6017, 0394T, 0395T, 0747T

Proton Beam Radiotherapy: 77520, 77522, 77523, 77525

- Complex
- 3D Conformal
- Stereotactic Radiosurgery (SRS)
- Stereotactic Body Radiation Therapy (SBRT)
- Image Guided Radiation Therapy (IGRT)
- Intensity-Modulated Radiation Therapy (IMRT)
- Proton Beam Therapy
- Neutron Beam Therapy
- Brachytherapy
- Hyperthermia
- Radiopharmaceuticals

Precertification is not required for **Student Health** and **Allina Health|Aetna plans**.

Precertification for all members with HMO-based, Aetna Medicare Advantage plans, and insured Aetna® commercial when performed in any facility except inpatient, emergency room and observation bed status.

- For Arizona (AZ) commercial, fully-insured members only (including Individual & Family Plans), provider should contact CVS Healthcare to request preauthorization.
  - Go to [Availity.com](https://www.availity.com) to start a request and navigate to Novologix; or,
  - Call CVS directly at [1-866-231-8569](tel:1-866-231-8569) (TTY: 711) during normal business hours
  - By phone at [1-888-622-7329](tel:1-888-622-7329) (TTY: 711)
- For all other commercial, fully-insured and Medicare plans, providers should contact EviCore healthcare to request preauthorization. You can reach EviCore healthcare:
  - Online at [Evicore.com](https://www.evicore.com)
  - By phone at [1-888-622-7329](tel:1-888-622-7329) (TTY: 711)

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## Site of Service

Also see Special Programs; [Radiology imaging](#)

Precertification is required for the following when all of the following apply:

- The member is enrolled in an Aetna® fully insured commercial plan or a self insured plan that has opted in to the program; and,
  - Service(s) in an outpatient hospital setting (NOT an ambulatory surgical facility or office setting); and,
  - The procedure is one of the following:
    - Breast tissue excision (19120)
    - Complex wound repair (13101, 13132)
    - Cystourethroscopy (52000)
    - Septoplasty (30520)
    - Skin tissue transfer or rearrangement (14040, 14060, 14301)
    - Tenodesis of long tendon of biceps (23430)
    - Turbinate resection (30140)
- 

## Whole Exome Sequencing (WES)

(81415, 81416, 81417)

Through our expanded national provider network:

- Quest — [1-866-436-3463](tel:1-866-436-3463) (TTY: 711)
- Ambry — [1-866-262-7943](tel:1-866-262-7943) (TTY: 711)
- Baylor Miraca Genetics Laboratories, LLC — [1-800-411-4363](tel:1-800-411-4363) (TTY: 711)
- BioReference, GeneDX, Genpath — [1-888-729-1206](tel:1-888-729-1206) (TTY: 711)
- Invitae — [1-800-436-3037](tel:1-800-436-3037) (TTY: 711)
- LabCorp — [1-866-248-1265](tel:1-866-248-1265) (TTY: 711)

Providers can use the [Whole Exome Sequencing \(WES\)](#) form for precertification requests. It's online under the "Medical Precertification" section.

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See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

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