

Participating provider precertification list for Aetna®

Updated August 1, 2025

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®)** codes for services, programs and prescriptions that require approval for coverage. CPT only Copyright 2024 American Medical Association. All Rights Reserved.

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.

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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/PrecertificationOverview](https://www.aetna.com/PrecertificationOverview) to learn more about the precertification process.



What happens next

Once we have the requested information, we'll perform a clinical review. We'll 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 (NCDs) and local coverage determinations (LCDs), 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 Bulletins and Precertification List. You can find them by going to the website listed 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.
- We require precertification when Aetna is the primary or secondary payer.

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.

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.

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Behavioral health

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

Emergency Services

Emergency services do not require precertification except when one of the following apply:

- Procedure(s) requiring precertification does not occur on same day as the emergency room visit
- Emergency visit resulting in an inpatient hospital admission requires reporting within 2-business days of the admission

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 payer.

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

Oral medications and injections

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

- Their number is [1-800-414-2386 \(TTY: 711\)](#).
- Call [1-866-782-2779 \(TTY: 711\)](#) 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.

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- 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.

Student Health and Allina Health | Aetna plan information

For members enrolled in Aetna Student HealthSM 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 (D-SNP) in Florida

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

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.	Inpatient confinements, including hospital at home (except hospice) 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 “ Maternity information ” in the General information section.)	
2.	Ambulance Precertification required for transportation by fixed-wing aircraft (plane)	A0140, A0430, A0435, A0999, T2004, T2007, S9960
3.	Arthroplasty	<ul style="list-style-type: none"> Total ankle 27702
4.	Arthroscopic hip surgery to repair impingement syndrome, including labral repair*	29914, 29915, 29916, 29860, 29861, 29862, 29863
5.	Autologous chondrocyte implantation*	27412, J7330, S2112
6.	Cardiology	<ul style="list-style-type: none"> Implantable loop recorder 33285 Watchman™ 33340 Electrophysiological (EP) study 93653, 93656
7.	Chiari malformation decompression surgery	61343
8.	Cochlear device and/or implantation*	69930, L8614, L8619

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

How to submit	General info	Services	Drugs	Special programs
	Procedure name/description	CPT code(s)		
9.	Coverage at an in-network benefit level for out-of-network provider or facility unless services are emergent Some plans have limited or no out-of-network benefits			
10.	Dental implants	21245, 21246, 21248, 21249		
11.	Dialysis visits When a participating provider starts a request and dialysis is to be performed at a nonparticipating facility	90935, 90937, 90999		
12.	Dorsal column (lumbar) neurostimulators: trial or implantation	63650, 63655, 63663, 63664, 63685, 63688		
13.	Electric or motorized wheelchairs	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.	Endoscopic nasal balloon dilation procedures*	31295, 31296, 31297, 31298		

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

How to submit	General info	Services	Drugs	Special programs
	Procedure name/description	CPT code(s)		
15.	Functional endoscopic sinus surgery (FESS)*	31253, 31254, 31255, 31256, 31257, 31259, 31267, 31276, 31287, 31288		
16.	Gender affirmation surgery	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.	Hyperthermic intraperitoneal chemotherapy (HIPEC)	96547, 96548		
18.	Hyperbaric oxygen therapy	G0277, 99183 — precertification is no longer required for Medicare Advantage members effective July 1, 2025		
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 S4011, S4013, S4014, S4015, S4016, S4017, S4018, S4020, S4021, S4022, S4023, S4025, S4035		
20.	Knee arthroscopy	29875, 29876, 29877, 29879 — precertification required for Medicare Advantage members only effective February 1, 2025		

*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)		
21.	Knee meniscectomy	29880, 29881, 29882, 29883 — precertification required for Medicare Advantage members only		
22.	Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics	L5781, L5782, L5856, L5857, L5858, L5859, L5926, L5968, L5969, L5973, L5980, L5987, L5999		
23.	Neurostimulator implantation	64553, 64555, 64561, 64568, 64569, 64575, 64580, 64581, 64582, 64583, 64584, 64585, 64590, 64595		
24.	Nonparticipating freestanding ambulatory surgical facility services, when referred by a participating provider			
25.	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		
26.	Osseointegrated implant*	69714, 69716 L8690, L8691, L8692, L8693		
27.	Osteochondral allograft/knee*	27415		
28.	Private duty nursing	S9123, S9124, T1000, T1030, T1031		
29.	Prostate surgery	• High intensity-focused ultrasound (HIFU) 55880		
30.	Proton beam radiotherapy	77520, 77522, 77523, 77525 Also see Special programs: Radiation oncology		

*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)
31.	Reconstructive or other procedures that may be considered cosmetic:	<ul style="list-style-type: none"> Blepharoplasty* 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908 Breast reconstruction/breast enlargement* 19355, 19340, 19342, 19350, 19357, 19364, 19370, 19371, 19380, 19396, S2066, S2067, S2068
32.	Reconstructive or other procedures that may be considered cosmetic (continued):	<ul style="list-style-type: none"> Breast reduction/mammoplasty* 19316, 19318, 19325, 19328, 19330 Excision of excessive skin due to weight loss* 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847 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 Lipectomy or excess fat removal* 15876, 15877, 15878, 15879 Surgery for varicose veins, except stab phlebectomy* 36475, 36476, 36478, 36479, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785, 0524T
33.	Shoulder arthroplasty, including revision procedures	23470,* 23472,* 23473,* 23474
34.	Site of service	For commercial members only, see Special programs 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)
35.	Spinal procedures:	<ul style="list-style-type: none"> Artificial intervertebral disc surgery (cervical spine) 22856,* 22858,* 22861 Artificial intervertebral disc surgery (lumbar spine) 22857, 22860, 22862, 22865 Cervical laminoplasty* 63050, 63051 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 Kyphectomy* 22818, 22819 Laminectomy with rhizotomy 63185, 63190 Removal of spinal instrumentation 22850, 22852, 22855

*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)
35.	Spinal procedures (continued):	<ul style="list-style-type: none"> Spinal fusion surgery C1821, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 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, 27278, 27279, 27280 Surgery for spine deformity 22800, 22802, 22804, 22808, 22810, 22812 Precertification required for commercial plans only for the following: 22836, 22837, 22838, 0656T, 0657T, 0790T Vertebral corpectomy 63081, 63082, 63085, 63086, 63090, 63091 Vertebroplasty/Kyphoplasty 22510, 22511, 22512, 22513, 22514, 22515
36.	Stimulators	<ul style="list-style-type: none"> Electrical stimulation device used for cancer treatment E0766
37.	Urology	<ul style="list-style-type: none"> Artificial urinary sphincter 53445
38.	Uvulopalatopharyngoplasty, including laser-assisted procedures*	42145, 42140, 42299, S2080
39.	Ventricular assist devices	33975, 33978, 33979, 33981, 33990, 33991, 33992, 33993, 92970
40.	Whole exome sequencing	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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	Procedure name/description	CPT code(s)
41.	Whole genome sequencing	81425, 81426, 81427 0094U, 0214U, 0215U, 0335U, 0336U, 0425U, 0426U

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

- When the member is enrolled in a commercial plan, providers can call [1-855-888-9043](tel:1-855-888-9043) (TTY: [711](tel:1-855-888-9043)) for precertification
- When the member is enrolled in a Medicare Advantage plan, providers can call [1-866-503-0857](tel:1-866-503-0857) (TTY: [711](tel:1-866-503-0857)) for precertification or fax request forms to [1-844-268-7263](tel: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
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 (J1414)	(fidanacogene elaparvovec-dzkt) — precertification required for the drug and site of care Commercial plans call 1-866-752-7021 (TTY: 711) Medicare Advantage plans call 1-866-503-0857 (TTY: 711)
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))

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Blood-clotting factors (continued)

Drug name	Description
FEIBA, FEIBA NF (J7198)	anti-inhibitor coagulant complex
Fibryga (J7177)	fibrinogen, human
Hemgenix (J1411)	etranacogene dezaparvovec — precertification required for the drug and site of care Commercial plans call 1-866-752-7021 (TTY: 711) Medicare Advantage plans call 1-866-503-0857 (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

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Blood-clotting factors (continued)

Drug name	Description
Recombinate (J7192)	antihemophilic factor [recombinant]
RiaSTAP (J7178)	fibrinogen concentrate [human]
Rixubis (J7200)	coagulation factor IX [recombinant]
Roctavian (J1412)	valoctocogene roxaparvovec-rvox — precertification required for the drug and site of care Commercial plans call 1-866-752-7021 (TTY: 711) Medicare Advantage plans call 1-866-503-0857 (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 can call [1-866-752-7021](tel:1-866-752-7021) (TTY: [711](tel:1-866-752-7021)) for precertification or fax request forms to [1-888-267-3277](tel:1-888-267-3277) (TTY: [711](tel:1-888-267-3277)). However, the following exceptions apply:

- For precertification of pharmacy-covered specialty drugs (noted with *) 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)).
- 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 Availity.

When the member is enrolled in a Medicare Advantage plan, providers can call [1-866-503-0857](tel:1-866-503-0857) (TTY: [711](tel:1-866-503-0857)) for precertification or fax request forms to [1-844-268-7263](tel: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 required for the drug and site of care

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

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

Aduhelm (aducanumab-avwa, J0172)
Kisunla (donanemab-azbt, J0175)
Leqembi (lecanemab-irmb, J0174)

Amtagvi (lifileucel, J3490, J3590, C9399, J9999) — 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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Amyotrophic lateral sclerosis (ALS) drugs:

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

Qalsody (tofersen, J1304)

Radicava (edaravone, J1301)

Anktiva (nogapendekin alfa inbakicept-pmln, J9028)

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)

Axtle (pemetrexed, avyxa J9292) — precertification required for Medicare Advantage members only effective April 1, 2025

Avzivi (bevacizumab-tnln, J3490, J3590, C9399, J9999)

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)

Bizengri (zenocutuzumab-zbco, J9382) — precertification required effective March 14, 2025

Bortezomib (J9046, J9048, J9049, J9051)

Commercial plans — precertification required for multiple myeloma only

Medicare plans — precertification required for all diagnoses

Boruzu (bortezomib, J9054)

Commercial plans — precertification required for multiple myeloma only effective February 1, 2025

Medicare plans — precertification required for all diagnoses effective February 1, 2025

Botulinum toxins:

Botox (onabotulinumtoxinA, J0585)

Daxxify (daxibotulinumtoxin A, J0589)

Dysport (abobotulinumtoxinA, J0586)

Letybo (letibotulinumtoxinA-wlbg, J3490, J3590, C9399)

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

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Cardiovascular — PCSK9 inhibitors:

Leqvio (inclisiran, J1306)

Casgevy (exagamglogene autotemcel, J3392) — 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))

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

Abecma (idecabtagene vicleucel, Q2055)
Aucatzyl (obecabtagene autoleucel, obe-cel, Q2058) — precertification required effective February 26, 2025

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

CAR-T Therapy (38225, 38226, 38227, 38228)

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

Complement inhibitor drugs:

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

Piasky (crovalimab-akkz, J1307)
Veopoz (pozelimab-bbfg, J9376)

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)

Datroway (datopotamab deruxtecan-dlnk, C9174) — precertification required for the drug and site of care effective April 18, 2025

Elahere (mirvetuximab soravtansine-gynx, J9063)

Elrexio (elranatamab-bcmm, J1323)

Empliciti (elotuzumab, J9176)

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

Enzyme replacement drugs:

Adzyna (ADAMTS13, recombinant-krhn, J7171) — precertification required for the drug and site of care

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

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	<p>ElELYso (taliglucerase alfa, J3060) — precertification required for the drug and site of care</p> <p>Elfabrio (pegunigalsidase alfa-iwxj, J3490, J3590, C9399) — precertification required for the drug and site of care</p> <p>Fabrazyme (agalsidase beta, J0180) — precertification required for the drug and site of care</p> <p>Kanuma (sebelipase alfa, J2840) — precertification required for the drug and site of care</p> <p>Lamzede (velmanase alfa, J3490, J3590, C9399)</p> <p>Lumizyme (alglucosidase alfa, J0220, J0221) — precertification required for the drug and site of care</p> <p>Mepsevii (vestronidase alfa-vjbk, J3397) — precertification required for the drug and site of care</p> <p>Naglazyme (galsulfase, J1458) — precertification required for the drug and site of care</p> <p>Nexvazyme (avalglucosidase alfa-ngpt, J0219) — precertification required for the drug and site of care</p> <p>Pombiliti (cipaglucosidase alfa-atga, J1203)</p> <p>Strensiq (asfotase alfa, J3490, J3590)</p> <p>Vimizim (elosulfase alfa, J1322) — precertification required for the drug and site of care</p> <p>VPRIV (velaglucerase alfa, J3385) — precertification required for the drug and site of care</p> <p>Xenpozyme (olipudase alfa-rpcp, J0218) — precertification required for the drug and site of care</p>		<p>Erythropoiesis-stimulating agents:</p> <p>Aranesp (darbepoetin alfa, J0881, J0882)</p> <p>Epogen (epoetin alfa, J0885, Q4081)</p> <p>Mircera (methoxy polyethylene glycol-epoetin beta, J0887, J0888)</p> <p>Procrit (epoetin alfa, J0885, Q4081)</p> <p>Retacrit (recombinant human erythropoietin-epbx, Q5105, Q5106)</p>	
			<p>Evkeeza (evinacumab-dgnb, J1305) — precertification required for the drug and site of care</p>	
			<p>Fusilev (levoleucovorin, J0641)</p>	
			<p>Fyarro (sirolimus protein-bound particles for injectable suspension, J9331)</p>	
			<p>Gattex (teduglutidem, J3490)</p>	
			<p>Givlaari (givosiran, J0223) — precertification required for the drug and site of care</p>	
			<p>Granulocyte-colony stimulating factors:</p> <p>Fulphila (pegfilgrastim-jmdb, Q5108)</p> <p>Fylnetra (pegfilgrastim-pbbk, Q5130)</p> <p>Granix (tbo-filgrastim, J1447)</p> <p>Leukine (sargramostim, J2820)</p> <p>Neulasta (pegfilgrastim, J2506)</p> <p>Neupogen (filgrastim, J1442)</p> <p>Nivestym (filgrastim-aafi, Q5110)</p> <p>Nypozi (filgrastim-txid, Q5148)</p> <p>Nyvepria (pegfilgrastim-apgf, Q5122)</p> <p>Releuko (filgrastim-ayow, Q5125)</p>	
	<p>Epkinly (epcoritamab-bysp, J9321)</p>			
	<p>Erbix (cetuximab, J9055)</p>			

*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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Rolvedon (eflapegrastim-xnst, J1449)
 Ryzneuta (efbemalenograstim alfa-vuxw, J9361)
 Stimufend (pegfilgrastim-fpgk, Q5127)
 Udenyca (pegfilgrastim-cbvq, Q5111)
 Udenyca OBI (pegfilgrastim-cbqv, Q5111)
 Zarxio (filgrastim-sndz, Q5101) — precertification required for commercial members only
 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
 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)

Hereditary transthyretin-mediated amyloidosis (ATTR) drugs (continued):

Wainua (eplontersen, J3490, J3590, C9399)

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, Q5146) — precertification required for the drug and site of care
 Herzuma (trastuzumab-pkrb, Q5113) — precertification required for the drug and site of care
 Kadcyra (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
 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

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Ziihera (zanidatamab-hrii, J9276) —
precertification required effective March 14,
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Hypoxia-inducible factor prolyl hydroxylase (HIF PH) inhibitors:

Vafseo (vadadustat, J0901) — precertification
required for Medicare Advantage members only

Ilaris (canakinumab, J0638)

Imdelltra (tarlatamab-dlle, J9026)

Imlygic (talimogene laherparepvec, J9325)

Imjudo (tremelimumab, J9347)

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

Alyglo (immune globulin intravenous, human-
stwk, J1552)

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 (immune globulin, J1569)

Gammagard S/D (immune globulin, J1566)

Gammaked (immune globulin, J1561)

Gammaplex (immune globulin, J1557)

Gamunex-C (immune globulin, J1561)

Hizentra (immune globulin, J1559)

Immunoglobulins (continued)

HyQvia (immune globulin, J1575)

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

Immunologic agents:

Actemra IV (tocilizumab, J3262) — precertification
required for the drug and site of care

Avtozma (tocilizumab-anoh, J3490, J3590,
C9399) — precertification required for the drug
and site of care effective June 23, 2025

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)

Imuldosa (ustekinumab-srlf, Q5098) —
precertification required effective June 23, 2025

OmvoH (mirikizumab-mrkz, J2267)

Orencia SQ* (abatacept, J0129) — precertification
required for Medicare Advantage members only

Orencia IV (abatacept, J0129) — 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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Otulfu SQ/IV (ustekinumab-aaaz, Q9999)
— precertification required for commercial members effective April 1, 2025
— precertification required for Medicare Advantage members effective May 1, 2025
Pyzchiva IV (ustekinumab-ttwe, Q9997) — precertification required effective June 23, 2025
Pyzchiva SC (ustekinumab-ttwe, Q9996) — precertification required effective June 23, 2025
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)
Ruxience (rituximab-pvvr, Q5119) — precertification required for the drug and site of care
Rystiggo (rozanolixizumab-noli, J3490, J3590, C9399)
Selarsdi (ustekinumab-aekn, Q9998) — precertification required effective June 23, 2025
Simponi Aria (golimumab, J1602) — precertification required for the drug and site of care
Skyrizi IV (risankizumab-rzaa, J2327)
Spevigo (spesolimab-sbzo, J1747)
Starjemza (ustekinumab-hmny, J3490, J3590, C9399) — precertification required effective August 1, 2025
Stelara SC (ustekinumab, J3357) — precertification required for commercial members only
Stelara IV (ustekinumab, J3358)
Steqeyma (ustekinumab-stba, Q5099) — precertification required effective June 23, 2025
Tofidence (tocilizumab-bavi, Q5133)

Immunologic agents (continued):

Tremfya IV (guselkumab, J1628) — precertification required effective February 1, 2025
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
ustekinumab (J3490, J3590, C9399) — precertification required effective August 1, 2025
ustekinumab-aekn (J3490, J3590, C9399) — precertification required effective June 23, 2025
ustekinumab-stba (J3490, J3590, C9399) — precertification required effective August 1, 2025
ustekinumab-ttwe (J3490, J3590, C9399) — precertification required effective June 23, 2025
Vyvgart (efgartigimod alfa-fcab, J9332)
Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc, J9334) — precertification required for the drug and site of care. Site of care is only required for CIDP (Chronic Inflammatory Demyelinating Polyneuropathy)
Wezlana IV (ustekinumab-auub, Q5138)
Wezlana SC (ustekinumab-auub, Q5137)
Yesintek (ustekinumab-kfce, Q5100) — precertification required effective June 23, 2025

Injectable infertility drugs:

Chorionic gonadotropin, J0725
Bravelle (urofollitropin, J3355) — precertification required for commercial members only
Cetrotide (cetorelix acetate, J3490, J3590)
Follistim AQ (follitropin beta, S0128)
Ganirelix AC (ganirelix acetate, S0132)
Gonal-f (follitropin alfa, S0126)

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			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			
	Kebilidi (eladocogene exuparvovec-tneq, J3490, J3590, C9399) — precertification required for drug and site of care effective February 26, 2025			
	Khapzory (levoleucovorin, J0642)			
	Kimmtrak (tebentafusp-tebn, J9274)			
	Korsuva (difelikefalin, J0879) — precertification required for commercial members only			
	Krystexxa (peglicase, J2507)			
	Kyprolis (carfilzomib, J9047) Commercial plans — precertification required for prostate cancer only Medicare plans — precertification required for all diagnoses			
			Lantidra (donislecel-jujn, J3490, J3590, C9399) Contact National Medical Excellence at 1-877-212-8811 (TTY: 711)	
			Lenmeldy (atidarsagene autotemcel, J3391) — precertification required for the drug and site of care Contact National Medical Excellence at 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 required for commercial members only Firmagon (degarelix, J9155) — precertification required for commercial members only Lupron depot (leuprolide acetate, J1950) — precertification required for Medicare Advantage members only effective February 1, 2025 Lupron depot (leuprolide acetate, J9217) Lutrate (leuprolide acetate, J1954) Trelstar (triptorelin pamoate, J3315) Zoladex (goserelin, J9202)	

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Lyfgenia (lovotibeglogene autotemcel, J3394) — 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)) **Lymphir** (denileukin diftitox-cxdl, J9161)

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

Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq, J2351) — precertification required for the drug and site of care effective February 1, 2025

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

Niktimvo (axatilimab-csfr, J9038)

Nulibry (fosdenopterin, J3490, J3590)

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

Ophthalmic injectables:

Ahzantive (aflibercept-mrbb, Q5150)

Beovu (brolucizumab-dbl, J0179)

Byooviz (ranibizumab-nuna, Q5124)

Cimerli (ranibizumab-eqrn, Q5128)

Encelto (revakinagene taroretcel-lwey, J3490, J3590, C9399) — precertification required effective July 15, 2025

Enzeevu (aflibercept-abzv, Q5149)

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, Q5153)

Pavblu (aflibercept-ayyh, Q5147)

Susvimo (ranibizumab, J2779)

Syfovre (pegcetacoplan, J2781)

*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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Tepezza (teprotumumab-trbw, J3241) —
precertification required for the drug and site of
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Vabysmo (faricimab-svoa, J2777)

Yesafili (afibercept-jbvf, J3490 J3590 C9399)

Osteoporosis drugs:

Bomyntra (denosumab-bnht, J3490, J3590,
C9399) — precertification required effective
August 1, 2025

Conexence (denosumab-bnht, J3490, J3590,
C9399) — precertification required effective
August 1, 2025

denosumab-bnht (J3490, J3590, C9399) —
precertification required effective August 1, 2025

denosumab-dssb (J3490, J3590, C9399) —
precertification required effective June 18, 2025

Evenity (romosozumab-aqqg, J3111)

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

Jubbonti (denosumab-bbdz, Q5136) —
precertification required effective April 4, 2025

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

Osenvelt (denosumab-bmwo, J3490, J3590,
C9399) — precertification required effective
June 18, 2025

Ospomyv (denosumab-dssb, J3490, J3590,
C9399) — precertification required effective
June 18, 2025

Prolia (denosumab, J0897)

Stoboclo (denosumab-bmwo, J3490, J3590,
C9399) — precertification required effective
June 18, 2025

Teriparatide* (J3110) — precertification
required for Medicare Advantage members only

Wyost (denosumab-bbdz, Q5136) —
precertification required effective April 4, 2025

Osteoporosis drugs (continued) :

Xbryk (denosumab-dssb, J3490, J3590, C9399)
— precertification required effective June 18,
2025)

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

Paclitaxel protein-bound particles* (American
Regent, J9264) — precertification required for
Medicare Advantage members only

Padcev (enfortumab vedotin, J9177)

Paroxysmal nocturnal hemoglobinuria (PNH) drugs

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

Bkemv (eculizumab-aaeb, Q5152)

Epysqli (eculizumab-aagh, Q5151)

Soliris (eculizumab, J1299)

Ultomiris (Ravulizumab-cwvz, J1303)

Parsabiv (etelcalcetide, J0606) — precertification
required for commercial members only

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)

Opdivo (nivolumab, J9299)

Opdivo Qvantig (nivolumab and hyaluronidase-
nvhy, J9289) — precertification required
effective April 1, 2025

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Opdualag (nivolumab and relatlimab-rmbw, J9298)
penpulimab-kcqx (J3490, J3590, C9399) — precertification required for the drug and site of care effective August 1, 2025
Tecentriq (atezolizumab, J9022)
Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs, J9024) — precertification required effective February 1, 2025
Tevimbra (tislelizumab, J9329)
Unloxcyt (cosibelimab-ipdl, J9275) — precertification required effective March 14, 2025
Zynyz (retifanlimab-dlwr, J9345)

Pedmark (sodium thiosulfate, J0208)

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

Pemrydi RTU* (pemetrexed, J9324) — precertification required for Medicare Advantage members only effective April 1, 2025

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)

Pulmonary arterial hypertension drugs (continued):

Winrevair (sotatercept-csrk, J3490, J3590, C9399)

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)
Omlyclo (omalizumab-igec, J3490, J3590, C9399) — precertification required for the drug and site of care effective August 1, 2025
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)

Ryoncil (remestemcel-L, J3490, J3590, C9399, J9999) — precertification required effective April 18, 2025

Ryplazim (plasminogen, human-tvmh, J2998)

Rytelo (imetelstat, J0870)

*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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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](tel:1-877-212-8811))

Somatostatin agents:

Lanreotide (ciplā, 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

Signifor (pasireotide, J3490, J3590) —
precertification required for commercial
members only

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

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

Spravato (esketamine, S0013)

Synagis (palivizumab, 90378)

Talvey (talquetamab-tgvs, J3055)

Tecelra (afamitresgene autoleucel, Q2057) —
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))

Tecvayli (teclistamab-cqyv, J9380)

Tivdak (tisotumab vedotin-tftv, J9273)

Treanda (bendamustine HCl, J9033)

Trodelvy (sacituzumab govitecan-hziy, J9317)

Tzield (teplizumab-mzwv, J9381)

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

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 required for commercial
members only

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Breast and ovarian cancer susceptibility screening (BRCA)

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

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

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

Find genetic counselors online

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

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)).

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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))

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, 0519T, 0520T, 0614T

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, 0742T

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 is required 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](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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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](https://www.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 is required for all members with plans applicable to this list unless services are emergent.

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 Florida, Georgia, Kentucky, Missouri, Ohio, Oklahoma, Texas and Virginia Medicare home health-related requests for in-home skilled nursing, physical therapy, occupational therapy, speech therapy, home health aide and medical social work requests. (Exception: Oklahoma and Virginia Dual Special Needs Plans).

Providers in these states should contact Carelon for precertification

PLEASE NOTE: Effective January 1, 2025, authorization for home health care services through Carelon is no longer required in the states of Connecticut, Pennsylvania and West Virginia.

- Carelon Post Acute Solutions dedicated (Aetna®) provider line: [1-833-585-6262](tel:1-833-585-6262) (TTY: [711](tel:711))
- Claims submission or claim status: [1-833-241-0428](tel:1-833-241-0428) (TTY: [711](tel:711))
- Submit request through Carelon Post Acute Solutions provider portal:
 - [Portal.mynexuscare.com](https://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/](https://www.carelonpostacute.com/providerdirectory/)
- Fax Home Health Care Authorization Request Form to: [1-866-996-0077](tel:1-866-996-0077) (TTY: [711](tel:711))

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

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](tel:1-877-212-8811)) 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

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 is required 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 at:
 - 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 at:
 - 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 New York or [1-888-647-5940](tel: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 is required 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 at:
 - 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 at:
 - 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 is required 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 at:
 - 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

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.

- 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**.

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 is required 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) and Medicare Advantage members in the states of Arizona (AZ), Connecticut (CT), Illinois (IL), Pennsylvania (PA) and Texas (TX) provider should contact CVS Health® 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 (TTY: 711)** during normal business hours
- 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 (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) is 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) and whole genome sequencing (WGS)

81415, 81416, 81417, 81425, 81426, 81427

0094U, 0214U, 0215U, 0335U, 0336U, 0425U, 0426U

Through our expanded national provider network:

- Ambry Genetics — [1-866-262-7943 \(TTY: 711\)](#)
- BaylorGenetics — [1-800-411-4363 \(TTY: 711\)](#)
- GeneDx — [1-888-729-1206 \(TTY: 711\)](#)
- Invitae — [1-800-436-3037 \(TTY: 711\)](#)
- LabCorp — [1-866-248-1265 \(TTY: 711\)](#)
- Quest Diagnostics, Inc — [1-866-436-3463 \(TTY: 711\)](#)



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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