

Participating provider precertification list for Aetna®

Updated July 1, 2026

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.

Use this document as a resource to ensure smooth and effective collaboration with us. It will be your reference for **Current Procedural Terminology (CPT®)** codes for services, programs and prescriptions that require approval for coverage.

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.

Make sure you review and understand how to submit a precertification request to us. 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, are affiliates of Aetna Life Insurance Company and its affiliates (Aetna). Aetna provides certain management services to these entities. CPT only Copyright 2025 American Medical Association. All Rights Reserved.

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Table of contents

- How to submit
- General info
- Services
- Drugs
- Special programs



Use the navigation options above to go directly to each section.

You can also use **Ctrl + F** on Windows (**Command + F** on Mac) to search the document for keywords.

- Submitting precertification requests 3
- General information 4
- Services that require precertification 7
- Blood-clotting factors 15
- Other drugs and medical injectables 18
- Special programs 29

This information applies to:

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

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

How to submit

General info

Services

Drugs

Special programs



IMPORTANT: As the patient's attending provider, 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 the Centers for Medicare & Medicaid service (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)
- Medicare plans: [1-800-624-0756](tel:1-800-624-0756) (TTY: 711)

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

How to
submit

General
info

Services

Drugs

Special
programs

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 we're 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.

How to submit

General info

Services

Drugs

Special programs

Behavioral health

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

Emergency services

Emergency services don't require precertification except when one of the following apply:

- Procedures requiring precertification don't occur on the same day as the emergency room visit
- Emergency visit resulting in an inpatient hospital admission requires reporting within two 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 original Medicare is the primary payer. Precertification is required for the Aetna Medicare Advantage Plan for MHBP Standard Option, Aetna Medicare Advantage for Rural Carrier Benefit Plan, and the Foreign Service Benefit Plan – Aetna Medicare Advantage Plan.

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 are 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](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.

How to submit

General info

Services

Drugs

Special programs

- Drug coverage continues for these California members as long as their 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.

Student Health and Allina Health | Aetna plan information

For members enrolled in Aetna Student HealthSM or Allina Health | Aetna, precertification isn't required for the following outpatient services:

- Diagnostic cardiology
- Hip and knee arthroplasties
- Home health care
- 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.

How to submit

General info

Services

Drugs

Special programs

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 codes
1.	<p>Inpatient confinements, including hospital at home (except hospice)</p> <p>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.)</p> <p>Note: Prior authorizations for skilled nursing or rehabilitation facility stays for Medicare Advantage members in New Jersey, New York, Pennsylvania and West Virginia are handled by EviCore Healthcare.</p>	
2.	<p>Ambulance</p> <p>Precertification required for transportation by fixed-wing aircraft (plane)</p>	A0140, A0430, A0435, A0999, T2004, T2007, S9960
3.	<p>Arthroplasty</p>	<ul style="list-style-type: none"> Total ankle 27702
4.	<p>Arthroscopic hip surgery to repair impingement syndrome, including labral repair*</p>	29914, 29915, 29916, 29860, 29861, 29862, 29863
5.	<p>Autologous chondrocyte implantation*</p>	27412, J7330, S2112
6.	<p>Cardiology</p>	<ul style="list-style-type: none"> Implantable loop recorder 33285 <hr/> Watchman 33340 <hr/> Electrophysiological (EP) study 93653, 93654, 93656
7.	<p>Chiari malformation decompression surgery</p>	61343

*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
		8. Cochlear device and/or implantation*		
		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		
		11. Dialysis visits When a participating provider starts a request and dialysis is to be performed at a nonparticipating facility		
		12. Dorsal column (lumbar) neurostimulators: trial or implantation		
		13. Electric or motorized wheelchairs		

*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
		14. Endoscopic nasal balloon dilation procedures*		
		15. Functional endoscopic sinus surgery (FESS)*		
		16. Gender affirmation surgery		
		17. Hip osteotomy		
		18. Hyperthermic intraperitoneal chemotherapy (HIPEC)		
		19. Hyperbaric oxygen therapy		
		20. Infertility services and pre-implantation genetic testing		

*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
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	Procedure name/description	CPT codes
28.	Osteochondral allograft/knee*	27415
29.	Private duty nursing	S9123, S9124, T1000, T1030, T1031
30.	Prostate surgery	<ul style="list-style-type: none"> High intensity-focused ultrasound (HIFU) 55880
31.	Proton beam radiotherapy	77520, 77522, 77523, 77525 Also see Special programs: Radiation oncology
32.	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 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, 37700, 37718, 37722, 37735, 37760, 37761, 37780, 37785, 0524T

*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
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	Procedure name/description	CPT codes
33.	Shoulder arthroplasty, including revision procedures	23470,* 23472,* 23473,* 23474
34.	Site of service	For Commercial members only, see Special programs for more information.
35.	Spinal procedures:	<ul style="list-style-type: none"> • Artificial intervertebral disc surgery (cervical spine) 22856,* 22858,* 22861 <hr/> • Artificial intervertebral disc surgery (lumbar spine) 22857, 22860, 22862, 22865 <hr/> • Cervical laminoplasty* 63050, 63051 <hr/> • Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures* 63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63032, 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 <hr/> • Kyphectomy* 22818, 22819 <hr/> • Laminectomy with rhizotomy 63185, 63190 <hr/> • 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.

How to submit	General info	Services	Drugs	Special programs
		35. Spinal procedures (continued):		<ul style="list-style-type: none"> • Spinal fusion surgery C1821, 22102, 22103, 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 <hr/> • 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 <hr/> • Vertebral corpectomy 63081, 63082, 63085, 63086, 63090, 63091 <hr/> • 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

*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 codes
40. Whole genome sequencing	81415, 81416, 81417, 81425, 81426, 81427 0094U, 0214U, 0215U, 0335U, 0336U, 0425U, 0426U

How to submit

General info

Services

Drugs

Special programs

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

- When the member is enrolled in a Commercial plan, you can call [1-866-752-7021 \(TTY: 711\)](tel:1-866-752-7021) for precertification
- When the member is enrolled in a Medicare Advantage plan, you can call [1-866-503-0857 \(TTY: 711\)](tel:1-866-503-0857) for precertification or 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 doesn't 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))

How to submit

General info

Services

Drugs

Special programs

Blood-clotting factors (continued)

Drug name	Description
FEIBA, FEIBA NF (J7198)	anti-inhibitor coagulant complex
Fesilty (J7176)	fibrinogen, human-chmt — precertification required effective July 1, 2026
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]

How to submit

General info

Services

Drugs

Special programs

Blood-clotting factors (continued)

Drug name	Description
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]
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]

How to submit

General info

Services

Drugs

Special programs

For the following services, when the member is enrolled in a Commercial plan, you can call [1-866-752-7021](tel:1-866-752-7021) (TTY: 711) for precertification or fax request forms to [1-888-267-3277](tel:1-888-267-3277) (TTY: 711). However, the following exceptions apply:

- You can use the drug-specific Specialty Medication Request Form located online under “Specialty Pharmacy Precertification.”
- You 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, you can call [1-866-503-0857](tel:1-866-503-0857) (TTY: 711) for precertification or fax request forms to [1-844-268-7263](tel:1-844-268-7263) (TTY: 711).

- See our [Medicare online resources](#) for more about preferred products or to find a precertification fax form.
- Site of care doesn’t 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 the drug and site of care for oncology indications only

Alzheimer’s disease

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

- Kisunla (donanemab-azbt, J0175)
- Leqembi IV (lecanemab-irmb, J0174)
- Leqembi SQ (lecanemab-irmb, J3490 J3590 C9399) — precertification required for Medicare Advantage members only

How to submit

General info

Services

Drugs

Special programs

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)

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 the drug and site of care for oncology indications only

Aveed (testosterone undecanoate, J3145)

Axtle (pemetrexed, avyxa J9292) — precertification required for Medicare Advantage members
precertification required for commercial members effective July 1, 2026

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

Beizray (docetaxel, J9174)

precertification required for Medicare Advantage members

precertification required for commercial members effective July 1, 2026

Belrapzo (bendamustine HCl, J9036)

Bendeka (bendamustine HCl, J9034)

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

Besponsa (inotuzumab ozogamicin, J9229)

Bizengri (zenocutuzumab-zbco, J9382)

Blenrep (belantamab mafodotin, J9053)

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

Medicare plans — precertification required for all diagnoses

Botulinum toxins:

Botox (onabotulinumtoxinA, J0585) — precertification required for Commercial members only

Daxxify (daxibotulinumtoxin A, J0589)

Dysport (abobotulinumtoxinA, J0586)

How to submit

General info

Services

Drugs

Special programs

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

Myobloc (rimabotulinumtoxinB, J0587)

Xeomin (incobotulinumtoxinA, J0588) — precertification required for Commercial members only

Cabenuva (cabotegravir; rilpivirine, J0741) — precertification required for drug and site of care effective April 1, 2026 for commercial members only

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)

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)

Breyanzi (lisocabtagene maraleucel, Q2054)

Carvykti (ciltacabtagene autoleucel, Q2056)

Kymriah (tisagenlecleucel, Q2042)

Tecartus (brexucabtagene autoleucel, Q2053)

Yescarta (axicabtagene ciloleucel, Q2041)

Columvi (glofitamab-gxbm, J9286)

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-gqqk, J9348)

Darzalex (daratumumab, J9145)

Darzalex Faspro (daratumumab and hyaluronidase-fihj, J9144)

Datroway (datopotamab deruxtecan-dlnk, J9011) — precertification required for the drug and site of care

Docivyx (docetaxel, J9172)- precertification required for Medicare Advantage members

precertification required for commercial members effective July 1, 2026

Elahere (mirvetuximab soravtansine-gynx, J9063)

How to submit

General info

Services

Drugs

Special programs

Elrexfio (elranatamab-bcmm, J1323)

Empliciti (elotuzumab, J9176)

Emrelis (telisotuzumab vedotin-tllv, J9326)

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

Aldurazyme (laronidase, J1931) — precertification required for the drug and site of care

Avlayah (tividenofusp alfa-eknm, J3490, J3590, C9399) — precertification required effective May 1, 2026

Brineura (cerliponase alfa, J0567)

Cerezyme (imiglucerase, J1786) — precertification required for the drug and site of care

Elaprased (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, J2508) — precertification required for the drug and site of care

Fabrazyme (agalsidase beta, J0180) — precertification required for the drug and site of care

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

Lamzedo (velmanase alfa, J0217)

Loargys (pegzilarginase, J3490, J3590, C9399) —

precertification required for the drug and site of care effective April 1, 2026

Enzyme replacement drugs (continued):

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) — precertification required for Commercial members only

Epogen (epoetin alfa, J0885, Q4081)

Mircera (methoxy polyethylene glycol-epoetin beta, J0887, J0888) — precertification required for Commercial members only

How to submit

General info

Services

Drugs

Special programs

Procrit (epoetin alfa, J0885, Q4081) — precertification required for Commercial members only

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

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

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:

Armlupeg (pegfilgrastim-unne Q5169) — precertification required effective April 1, 2026

Filkri (filgrastim-laha J3490 J3590 C9399) — precertification required effective May 1, 2026

Fulphila (pegfilgrastim-jmdb, Q5108) — precertification required for commercial only effective May 1, 2026

Fylnetra (pegfilgrastim-pbbk, Q5130)

Granix (tbo-filgrastim, J1447)

Leukine (sargramostim, J2820)

Neulasta (pegfilgrastim, J2506) — precertification required for Commercial members only

Neupogen (filgrastim, J1442)

Nivestym (filgrastim-aafi, Q5110)

Nypozi (filgrastim-txid, Q5148)

Granulocyte-colony stimulating factors (continued):

Nyvepria (pegfilgrastim-apgf, Q5122)

Releuko (filgrastim-ayow, Q5125)

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 required for the drug and site of care required

Dawnzera (Donidalorsen Sodium, J3490 J3590 C9399)

Firazyr SC (icatibant acetate, J1744) — precertification required for Commercial members only

Haegarda (C1 esterase inhibitor subcutaneous [human], J0599) — precertification required for Commercial members only

Kalbitor (ecallantide, J1290)

Ruconest (C1 esterase inhibitor, J0596)

How to submit

General info

Services

Drugs

Special programs

Sajazir SC (icatibant acetate, J1744) — precertification required for Commercial members only
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
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
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

HER2 receptor drugs (continued):

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)
Poherdya (pertuzumab-dpzb, J3490, J3590, J9999) — precertification required for drug and site of care effective April 1, 2026
Trazimera (trastuzumab-qyyp, Q5116) — precertification required for the drug and site of care
Ziihera (zanidatamab-hrii, J9276)

Hypoxia-inducible factor prolyl hydroxylase (HIF PH) inhibitors:

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

Ilaris (canakinumab, J0638) — precertification required for drug and site of care effective April 1, 2026.

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-

How to submit

General info

Services

Drugs

Special programs

stwk, J1552)

Asceniv (immune globulin, J1554)

Bivigam (immune globulin, J1556)

Cutaquig (immune globulin, J1551)

Cuvitru (immune globulin SC [human], J1555)

Flebogamma/flebogamma dif (immune globulin, J1572)— precertification required effective March 1, 2026

GamaSTAN (immune globulin, J1460, J1559, J1560)

Gammagard (immune globulin, J1569)

Gammagard ERC (immune globulin, J3490, J3590, C9399)— precertification required effective March 1, 2026

Gammagard S/D (immune globulin, J1566)

Gammaked (immune globulin, J1561)

Gammaplex (immune globulin, J1557)

Gamunex-C (immune globulin, J1561)

Hizentra (immune globulin, J1559)

HyQvia (immune globulin, J1575)

Octagam (immune globulin, J1568)

Panzyga (immune globulin, J1576)

Privigen (immune globulin, J1459)

Qivigy (immune globulin intravenous, human-kthm, J1577) — precertification required for the drug and site of care effective July 1, 2026

Xembify (immune globulin, J1558)

Yimmugo (immune globulin intravenous, human – dira, J1553)

Immunologic agents (continued):

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)

Imaavy (nipocalimab-aahu J9256) — precertification required for the drug and site of care

Imuldosa (ustekinumab-srlf, Q5098)

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

Otulfi SQ/IV (ustekinumab-aaaz, Q9999)

Papzimeos (zopapogene imadenovec-drba J3404) — precertification required for the drug effective May 1, 2026

Pyzchiva IV (ustekinumab-ttwe, Q9997)

Pyzchiva SC (ustekinumab-ttwe, Q9996) — precertification required for commercial members only

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, J9333)

Selarsdi (ustekinumab-aekn, Q9998)

Immunologic agents:

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

Avtozma (tocilizumab-anoh, Q5156) — precertification required for the drug and site of care

Cimzia (certolizumab pegol, J0717)

How to submit

General info

Services

Drugs

Special programs

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

Skyrizi IV (risankizumab-rzaa, J2327)

Spevigo (spesolimab-sbzo, J1747) — precertification required for drug and site of care effective April 1, 2026

Starjemza (ustekinumab-hmny, Q5164)

Stelara SC*(ustekinumab, J3357) — precertification required for Commercial members only

Stelara IV (ustekinumab, J3358)

Steqeyma (ustekinumab-stba, Q5099)

Tofidence (tocilizumab-bavi, Q5133)

Tremfya IV (guselkumab, J1628)

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

Tyenne (tocilizumab-aazg, Q5135, J3490, J3590, C9399) — precertification required for drug and site of care

ustekinumab (J3490, J3590, C9399)

ustekinumab-aauz (J3490, J3590, C9399)

ustekinumab-aekn (J3490, J3590, C9399)

ustekinumab-stba (J3490, J3590, C9399)

ustekinumab-ttwe (J3490, J3590, C9399)

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 Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)

Wezlana IV (ustekinumab-auub, Q5138)

Wezlana SC (ustekinumab-auub, Q5137)

Yesintek (ustekinumab-kfce, Q5100)

Inlexzo (gemcitabine intravesical system, J9183) — precertification required effective July 1, 2026

Injectable infertility drugs:

Chorionic gonadotropin (J0725)

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)

Itvisma (onasemnogene abeparvovec-brve, J3405) — precertification required for the drug and site of care effective April 1, 2026

Jelmyto (mitomycin, J9281)

Jobevne (bevacizumab-nwgd, Q5160)

Kebilidi (eladocagene exuparvovec-tneq, J3490, J3590, C9399) — precertification required for the drug and site of care

Khapzory (levoleucovorin, J0642)

Kimmtrak (tebentafusp-tebn, J9274)

How to submit

General info

Services

Drugs

Special programs

Korsuva (difelikefalin, J0879) — precertification required for Commercial members only

Kresladi (marnetegrane autotemcel J3490, J3590, C9399) — precertification required for drug effective July 1, 2026

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

Krystexxa (pegloticase, J2507) — precertification required for the drug and site of care

Kyprolis (carfilzomib, J9047)

Commercial plans — precertification required for multiple myeloma only

Medicare plans — precertification required for all diagnoses

Kyxata (Carboplatin, J9278) — precertification required for Medicare only effective April 1, 2026

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))

Lenmeldy (atidarsagene autotemcel, J3391) — 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))

Lunsumio (mosunetuzumab, J9350)

Lunsumio Velo (mosunetuzumab-axgb, C9399, J9999) — precertification required effective April 1, 2026

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)

Camcevi ETM (leuprolide mesylate, J9003) — precertification required effective July 1, 2026

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

Lupron depot (leuprolide acetate, J9217)

Lutrate (leuprolide acetate, J1954)

Trelstar (triptorelin pamoate, J3315)

Zoladex (goserelin, J9202)

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)

Lynozofic IV (Linvoseltamab – gcpt, J9601)

Monjuvi (tafasitamab-cxix, J9349)

How to submit

General info

Services

Drugs

Special programs

Multiple sclerosis drugs

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

- Briumvi (ublituximab, J2329)
- Lemtrada (alemtuzumab, J0202)
- Ocrevus (ocrelizumab, J2350)
- Ocrevus Zunovo (ocrelizumab and hyaluronidase-ocsq, J2351)
- Tyruko (natalizumab-sztn, Q5134)
- Tysabri (natalizumab, J2323)

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 the drug and site of care for oncology indications only

Myalept (metreleptin, J3490, J3590) — precertification required for Commercial members only

Niktimvo (axatilimab-csfr, J9038)

Nulibry (fosdenopterin, J1809)

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

Ophthalmic injectables:

- Ahzantive (aflibercept-mrbb, Q5150)
- Beovu (brolucizumab-dblb, J0179)
- Byooviz (ranibizumab-nuna, Q5124)
- Cimerli (ranibizumab-eqrn, Q5128)
- Encelto (revakinagene taroretcel-lwey, J3403)
- Enzeevu (aflibercept-abzv, Q5149)
- Eydenzelt (aflibercept-boav, Q5170) — precertification required effective April 1, 2026
- Eylea (aflibercept, J0178)
- Eylea HD (aflibercept, J0177)
- Izervay (avacincaptad pegol, J2782)
- Lucentis (ranibizumab, J2778)
- Luxtorna (voretigene neparvovec-rzyl, J3398) — precertification required for the drug and site of care
- Nufymco (ranibizumab-leyk Q5168) — precertification required effective May 1, 2026
- Opuviz (aflibercept-yszy, Q5153)
- Pavblu (aflibercept-ayyh, Q5147)
- Susvimo (ranibizumab, J2779)
- Syfovre (pegcetacoplan, J2781)
- Tepezza (teprotumumab-trbw, J3241) — precertification required for the drug and site of care
- Vabysmo (faricimab-svoa, J2777)
- Yesafili (aflibercept-jbovf, Q5155)

Osteoporosis drugs:

- Aukelso (denosumab-kyqq, Q5161) — precertification required effective April 1, 2026
- Bildyos (denosumab-nxxp, Q5162) — precertification required effective April 1, 2026

How to submit

General info

Services

Drugs

Special programs

Bilprevda (denosumab-nxxp, Q5162) — precertification required effective April 1, 2026

Bomynta (denosumab-bnht, Q5158)

Boncrea (denosumab-mobz Q5171) — precertification required effective July 1, 2026

Bosaya (denosumab-kyqq, Q5161) — precertification required effective April 1, 2026

Conexence (denosumab-bnht, Q5158)
denosumab-bnht (J3490, J3590, C9399)
denosumab-dssb (J3490, J3590, C9399)

Enoby (denosumab-qbde, Q5167)— precertification required Effective April 1, 2026

Evenity (romosozumab-aqqg, J3111)

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

Jubbonti (denosumab-bbdz, Q5136)

Jubereq (denosumab-desu, Q5166) — precertification required effective April 1, 2026

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

Osenvelt (denosumab-bmwo, Q5157)

Ospomyv (denosumab-dssb, Q5159)

Osvyrti (denosumab-desu, Q5166) — precertification required effective April 1, 2026

Oziltus (denosumab-mobz Q5165) — precertification required effective July 1, 2026

Ponlimsi (denosumab-adet J3490, J3590, C9399) — precertification required effective May 1, 2026

Prolia (denosumab, J0897)

Stoboclo (denosumab-bmwo, Q5157)

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

Wyost (denosumab-bbdz, Q5136)

Xbryk (denosumab-dssb, J3490, J3590, C9399)

Osteoporosis drugs (continued):

Xtrenbo (denosumab-qbde Q5167) — precertification required effective April 1, 2026

Otarmeni (lunsotogene parvec-cwah J3490, J3590, C9399) — precertification required effective July 1, 2026

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)

How to submit

General info

Services

Drugs

Special programs

Keytruda (pembrolizumab, J9271)
 Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph, J9277)
 Libtayo (cemiplimab-rwlc, J9119)
 Loqtorzi (toripalimab-tpzi, J3263)
 Opdivo (nivolumab, J9299)
 Opdivo Qvantig (nivolumab and hyaluronidase-nvhy, J9289)
 Opdualag (nivolumab and relatlimab-rmbw, J9298)
 penpulimab-kcqx (J3490, J3590, C9399)
 Tecentriq (atezolizumab, J9022)
 Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs, J9024)
 Tevimbra (tislelizumab, J9329)
 Unloxcyt (cosibelimab-ipdl, J9275)
 Zynyz (retifanlimab-dlwr, J9345)

Pedmark (sodium thiosulfate, J0208)

Pemfexy (pemetrexed, J9304) — precertification required for Medicare Advantage members.
 precertification required for commercial members effective July 1, 2026

Pemrydi RTU (pemetrexed, J9324) — precertification required for Medicare Advantage members
 precertification required for commercial members effective July 1, 2026

Polivy (polatuzumab vedotin-piiq, J9309)

Provence (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)

Radiopharmaceutical drugs:

Metastron (Strontium-89 Chloride injection, A9600)
 Pluvicto (lutetium Lu 177 vipivotide tetraxetan, A9607)
 Xofigo (radium Ra 223 dichloride, A9606)

Reblozyl (luspatercept-aamt, J0896)

Redempro (plozasiran, J3490) — precertification required for drug and site of care effective April 1, 2026

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

Cinqair (reslizumab, J2786)
 Exdensur (depemokimab, J2361) — precertification required effective April 1, 2026
 Fasentra (benralizumab, J0517)
 Nucala (mepolizumab, J2182)
 Omlyclo (omalizumab-igec, Q5154)
 Tezspire (tezepelumab-ekko, J2356)
 Xolair (omalizumab, J2357)

How to submit

General info

Services

Drugs

Special programs

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

Rybrevant (amivantamab-vmjw, J9061)

Rybrevant Faspro (amivantamab and hyaluronidase-lpuj, J9062) — precertification required for the drug and site of care effective April 1, 2026

Ryoncil (remestemcel-L, J3402)

Ryplazim (plasminogen, human-tvmh, J2998)

Rytelo (imetelstat, J0870)

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

Saphnelo SC (Anifrolumab-fnia J3490, J3590, C9399)— precertification required for the drug and site of care effective July 1, 2026.

Sarclisa (isatuximab-irfc, J9227)

Skysona/Lenti-D (elivaldogene autotemcel or elicelel, J3387) — 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 (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

Somatostatin agents (continued):

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, J0013)

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)

Tecvayli (teclistamab-cqyv, J9380)

Tivdak (tisotumab vedotin-tftv, J9273)

Treanda (bendamustine HCl, J9033) — precertification required for Medicare members only effective July 1, 2026

Trodelyv (sacituzumab govitecan-hziy, J9317)

Tzield (teplizumab-mzwv, J9381)

How to submit

General info

Services

Drugs

Special programs

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

Vectibix (panitumumab, J9303)

Vegzelma (bevacizumab-adcd, Q5129) — precertification required for the drug and site of care for oncology indications

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

Euflexxa (1% sodium hyaluronate, J7323) — precertification required for Commercial members only

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)

Hymovis One (viscoelastic hyaluronan, J7322) — precertification required effective April 1, 2026

Monovisc (high molecular weight hyaluronan, J7327)

Orthovisc (high molecular weight hyaluronan, J7324)

Supartz FX (sodium hyaluronate, J7321)

Synjoynt (1% sodium hyaluronate, J7331)

Viscosupplements (continued) :

Synvisc, Synvisc-One* (hylan G-F 20, J7325) — precertification required for Commercial members only

Triluron (sodium hyaluronate, J7332)

TriVisc (sodium hyaluronate, J7329)

Visco 3 (sodium hyaluronate, J7321)

Vivimusta (bendamustine hydrochloride, J9056)

Vyjuvek (beremagene geperpavec, J3490, J3590, C9399)

Vyloy (zolbetuximab-clzb, J1326)

Waskyra (etuvetidigene autotemcel, J3386) — precertification required for the drug and site of care effective April 1, 2026

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

Xgeva (denosumab, J0897)

Yartemlea (narsoplimab, J1289) — precertification required effective April 1, 2026

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

Yondelis (trabectedin, J9352)

Zepzelca (lurbinctedin, J9223)

Zevaskyn (prademagene zamikeracel, J3389) — precertification required for the drug and site of care

How to
submit

General
info

Services

Drugs

Special
programs

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

Zirabev (bevacizumab-bvzr, Q5118) — precertification required for the drug and site of care for oncology indications only

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

Zulresso (brexanolone, J1632)

Zusduri (mitomycin J9282)

Zynlonta (loncastuximab tesirine-lpyl, J9359)

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).

[How to submit](#)[General info](#)[Services](#)[Drugs](#)[Special programs](#)

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 — [1-800-633-4522](tel:1-800-633-4522) (TTY: [711](tel:711))
- LabCorp — [1-888-522-2677](tel:1-888-522-2677) (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))
- Natera — [877-446-6860](tel:877-446-6860) (TTY: [711](tel:711))

You 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)).

How to submit

General info

Services

Drugs

Special programs

Chiropractic precertification

Chiropractic precertification is required only in the states listed below.

- Arizona (AZ) - HMO-based plan members only
Through American Specialty Health (ASH) [1-800-972-4226](tel:1-800-972-4226) (TTY: 711)
- California (CA) -HMO-based plan and group Medicare members only
Through American Specialty Health (ASH) [1-800-972-4226](tel:1-800-972-4226) (TTY: 711)
- Georgia (GA)- All members (with commercial and Aetna Medicare Advantage plans included)
Through American Specialty Health (ASH) [1-800-972-4226](tel:1-800-972-4226) (TTY: 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, 33882, 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**.

The Foreign Service Benefit Plan, MHBP, and Rural Carrier Benefit Plan do not utilize EviCore for precertification services. For authorization of services, providers should contact the information listed on the back of the member's identification card.

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 [1-888-622-7329](tel:1-888-622-7329) (TTY: 711) between 7 AM and 8 PM ET
 - By fax at [1-800-540-2406](tel:1-800-540-2406) (TTY: 711), Monday through Friday during normal business hours, or as required by federal or state regulations

How to submit

General info

Services

Drugs

Special programs

Hip and knee arthroplasties

27091, 27125, 27130, 27132, 27134, 27137, 27138, 27437, 27438, 27440, 27441, 27442, 27443, 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

Precertification through **Carelon Post Acute Solutions** (formerly myNEXUS) is required for all Medicare home health–related requests in Florida, Georgia, Kentucky, Ohio, Oklahoma, Texas and Virginia. This includes in-home skilled nursing, physical therapy, occupational therapy, speech therapy, home health aide services 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](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 you to the Carelon portal website)
 - [Carelon portal link](#) (this link goes directly 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))

How to submit

General info

Services

Drugs

Special programs

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** don't use 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 Medicare Advantage members in New Jersey, New York, Pennsylvania and West Virginia. This applies to home health-related services, including in-home skilled nursing, physical therapy, occupational therapy, speech therapy, home health aide services and medical social work.

Providers in these states should contact EviCore healthcare for precertification.

- EviCore healthcare provider line: [1-888-622-7329](tel:1-888-622-7329) (TTY: 711)
- Submit request through EviCore healthcare provider portal: [EviCore](#)
- Fax Home Health Care Authorization Request form to: [1-866-705-3574](tel:1-866-705-3574) (TTY: 711)

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

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

Medical and radiation oncology

Florida Medicare

Oncology-related infused and injectable chemotherapeutic agents, supportive/symptom management medications and radiation treatments services administered in a physician's office, outpatient hospital or ambulatory setting, will be submitted to Evolent for prior authorization for members 18 years of age and older with a diagnosis within the following ranges:

Cancer diagnosis: C00-D09.0; D37.01-D49.9; D59.5; D61.810; D61.82; D63.0; D64.0-64.81; D70.1; D72.822; D75.81; E34.0; D3A.8; D3A.00; D3A.010-D3A.098

Medical and radiation oncology services related:

- Regimen review of cancer treatments; including supportive drugs (including new-to-market medications and new indications) paid under the medical benefit, including review of combination regimens containing both medical and pharmacy benefit drug, that fall within Delegated Entity's range of in-scope GPIO4 range.

Radiation oncology services related:

- Brachytherapy, Conformal, IMRT, IGRT, Stereotactic Radiation, Radiopharmaceuticals, Proton & Neutron Beam Therapy

How to submit

General info

Services

Drugs

Special programs

Treating provider's office must submit prior authorization requests to Evolent.

Precertification is required for all Medicare members residing in Florida (FL).

Evolent provider portal at [Evolent.com/provider-portal](https://www.evolent.com/provider-portal)

For medical oncology & radiation oncology services:

- Medical oncology: [1.888.999.7713 \(option 2\)](tel:18889997713)
- Radiation oncology: [1.888.999.7713 \(option 3\)](tel:18889997713)

Hours of operation : Monday through Friday, 8AM to 8PM ET

Evolent provider portal self-registration available at: [My.newcenturyhealth.com/](https://www.mynewcenturyhealth.com/)

For questions regarding Evolent's program scope or portal training needs, please contact Evolent Provider Solutions at providertraining@evolent.com

Precertification isn't required for Student Health and Allina Health | Aetna plans.

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

National Medical Excellence Program[®]

By phone at [1-877-212-8811 \(TTY: 711\)](tel:18772128811) for the following:

- Chimeric Antigen Receptor T-Cell Therapy (CAR-T) drugs

All major organ transplants (and evaluations), including but not limited to:

- Kidney
- Liver
- Heart
- Lung
- Pancreas
- Bone marrow replacement
- Stem cell transfer after high-dose chemotherapy

How to submit

General info

Services

Drugs

Special programs

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 isn't 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** don't use 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 should contact 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)) between 7 AM and 8 PM ET

By fax at [1-855-774-1319](tel:1-855-774-1319) (TTY: [711](tel:1-855-774-1319)), Monday through Friday, during normal business hours, or as required by federal or state regulations

Peripheral arterial disease (PVD)

37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261, 37262, 37263, 37264, 37265, 37266, 37267, 37268, 37269, 37270, 37271, 37272, 37273, 37274, 37275, 37276, 37277, 37278, 37279, 37280, 37281, 37282, 37283, 37284, 37285, 37286, 37287, 37288, 37289, 37290, 37291, 37292, 37293, 37294, 37295

Precertification isn't 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 isn't required for the **Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan**
- To request preauthorization, providers in all states where applicable should contact 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)) 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

How to
submitGeneral
info

Services

Drugs

Special
programs

Polysomnography (attended sleep studies)

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

Precertification isn't required for **Student Health** and **Allina Health | Aetna plans**.

The Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan don't use 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. 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)) 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

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

89290, 89291

How to submit

General info

Services

Drugs

Special programs

Radiology imaging

70336, 70450, 70460, 70470, 70471, 70472, 70473, 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, 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 isn't required for **Student Health** and **Allina Health | Aetna plans**.

The **Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan** don't use 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 MRI and CT scans when services are 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 [1-888-622-7329](tel:1-888-622-7329) (TTY: [711](tel:1-888-622-7329)) 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

How to submit

General info

Services

Drugs

Special programs

Radiation oncology

77371, 77372, 77373, 77387, 77402, 77407, 77412, 77423, 77424, 77425, 77437, 77438, 77439, 77600, 77605, 77610, 77615, 77620, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, A9590, G0339, G0340, 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 isn't required for **Student Health** and **Allina Health | Aetna plans**.

The **Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan** don't use 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 plans, Aetna Medicare Advantage plans and fully insured Aetna[®] Commercial plans. This applies to services performed in any facility except inpatient settings, emergency rooms or observation bed status.

For fully insured Commercial and Medicare plans (excluding Florida Medicare plan members), you must contact EviCore Healthcare to request preauthorization.

- Online at [Evicore.com](https://www.evicore.com)
- By phone at **1-888-622-7329 (TTY: 711)**
- By fax at **1-800-540-2406 (TTY: 711)**, Monday through Friday during normal business hours or as required by federal or state regulations

[How to submit](#)[General info](#)[Services](#)[Drugs](#)[Special programs](#)

Site of service

Also see Special programs: [Radiology imaging](#)

Precertification is required 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](tel:1-866-262-7943) (TTY: [711](tel:1-866-262-7943))
- BaylorGenetics — [1-800-411-4363](tel:1-800-411-4363) (TTY: [711](tel:1-800-411-4363))
- GeneDx — [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 — [1-866-248-1265](tel:1-866-248-1265) (TTY: [711](tel:1-866-248-1265))
- Quest Diagnostics, Inc — [1-866-436-3463](tel:1-866-436-3463) (TTY: [711](tel:1-866-436-3463))



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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