Services that require precertification

Core precertification list effective: April 1, 2024

This applies to services performed on an elective, non-emergency basis. Because a service or item is subject to precertification, it does not guarantee coverage. The terms and conditions of your benefit plan must be reviewed to determine if any of these services or items are excluded. For your reference, we have published a list of medical codes for services that require precertification, which is available on our Medical Policy Portal.

Inpatient services

- Acute rehabilitation admissions
- Elective surgical and nonsurgical inpatient admissions
- Inpatient hospice admissions
- Long-term acute-care (LTAC) facility admissions
- Skilled nursing facility admissions

Procedures

- Obesity surgery

Reconstructive procedures and potentially cosmetic procedures

- Blepharoplasty/blepharoptosis repair
- Bone graft, genioplasty, and mentoplasty
- Breast: reconstruction, reduction, augmentation, mammoplasty, mastopexy, and insertion or removal of breast implants
- Canthopexy/canthoplasty
- Cervicoplasty
- Chemical peels
- Dermabrasion
- Excision of subcutaneous skin and/or subcutaneous tissue
- Gender Affirming Interventions
- Genetically and bioengineered skin substitutes for wound care
- Gynecomastia
- Hair transplants
- Injectable dermal fillers
- Keloid removal
- Lipectomy, liposuction, or any other excess fat removal procedure
- Otoplasty
- Rhinoplasty
- Rhytidectomy
- Scar revision
- Skin closures including:
  - Skin grafts
  - Skin flaps
  - Tissue grafts
- Surgery for varicose veins, including perforators and sclerotherapy

Day rehabilitation programs

Elective (nonemergency) ground, air, and sea ambulance transportation

Outpatient private-duty nursing

Home-care services

- Enteral feeding therapy (tube feeding)
- Home health care
- Home infusion therapy

Prosthetics/orthoses

- Custom ankle-foot orthoses
- Custom knee-ankle-foot orthoses
- Custom knee braces
- Custom limb prosthetics including accessories/components
- Repair or replacement of all prosthetics/orthoses that require precertification

Select durable medical equipment (DME)

- Bone growth stimulators
  - Low-intensity ultrasound noninvasive bone growth stimulation
  - Other than spinal noninvasive electrical bone growth stimulation
- Bone-anchored (osseointegrated) hearing aids
  - Bone conduction hearing aids
  - Cochlear implants
- Dynamic adjustable and static progressive stretching devices (excludes CPMs)
- Electric, power, and motorized wheelchairs including custom accessories
- Insulin pumps
- Manual wheelchairs with the exception of those that are rented
- Negative pressure wound therapy
- Neuromuscular stimulators
- Power operated vehicles (POV)

Select durable medical equipment (DME) (continued)

- Pressure-reducing support surfaces including:
  - Air fluidized bed
  - Non-powered advanced pressure-reducing mattress
  - Powered air flotation bed (low air loss therapy)
  - Powered pressure-reducing mattress
- Push rim activated power assist devices
- Repair or replacement of all DME items that require precertification
- Speech generating devices

Medical foods

Hyperbaric oxygen therapy

Transplants

All transplant procedures, with the exception of corneal transplants

Mental health/serious mental illness/ substance abuse

- Mental health and serious mental illness treatment (inpatient/partial hospitalization programs/intensive outpatient programs)
- Repetitive transcranial magnetic stimulation (rTMS)
- Substance abuse treatment (inpatient/ partial hospitalization programs/ intensive outpatient programs)

Autism spectrum disorders

- Applied behavioral analysis (Precertification review for this service is provided by Magellan Healthcare, Inc., an independent company)

Independence

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Specialty drugs that require precertification

All listed brands and their generic equivalents or biosimilars require precertification. This list is subject to change.

See this list for information on Direct Ship.

Amyotrophic lateral sclerosis agents

- debamestrocel*

Antineoplastic agents/Chemotherapy

- Abraxane® (paclitaxel protein-bound particles)
- Adcetris® (brentuximab vedotin)
- Adstiladrin® (nadofaragene firadenovec)
- Alymsys® (bevacizumab) (except for ophthalmological conditions)
- Avastin®‡ (bevacizumab) (except for ophthalmological conditions)
- Blincyto® (blinatumomab)
- Cyramza® (ramucirumab)
- Darzalex® (daratumumab)
- Darzalex Faspro™ (daratumumab/ hyaluronidase-fihj)
- Elahere® (mirvetuximab soravtansine-gynx)
- Elrexfio™ (elranatamab-bcmm)
- Enhertu (fam-trastuzumab-deruxtecan-nxki)
- epcoritamab*
- Erbitux® (cetuximab)
- Erwinaze® (asparaginase Erwinia chrysanthemi)
- glofitamab*
- Herceptin®‡ (trastuzumab)
- Herceptin Hylecta™ Trastuzumab
- Herzuma® (trastuzumab-pkrb)
- Imjudo® (tremelimumab)
- Kadcyla® (ado-trastuzumab emtansinel)
- Kimmtrak® (tebentafusp-tebn)
- Kyprolis® (carfilzomib)
- Lunsumio™ (mosumetuzumab-axgb)
- Margenza™ (margetuximab)
- Monjuvi® (tafasitamab-cxix)
- mosunetuzumab*
- nogapendekin alfa inbakicept*
- Ogivri™ (trastuzumab-dkst)
- Ontruzant® (trastuzumab-dttb)
- Opdualag™ (nivolumab and relatlimab-rmbw)
- Padcev™ (enfortumab vedotin-ejfv)
- Pemfexy™ (pemetrexed)
- Perjeta® (pertuzumab)
- Phesgo™ (pertuzumab/trastuzumab/ hyaluronidase-zzxf)
- Polivy™ Polatuzumab vedotin-piiq
- Poteligeo™ (mogamulizumab)
- Provenge® (sipuleucel-T)
- Riabni™ (rituximab-arrx)
- Rituxan®‡ (rituximab)
- Rituxan Hycela™ (rituximab/ hyaluronidase human)
- Rybrevant (amivantamab-vmjw)
- Rylaze™ (asparaginase Erwinia chrysanthemi [recombinant]-rywn)
- Sarclisa® (isatuximab-irfc)
- Taclanits* (paclitaxel injection concentrate for suspension)
- Talvey™ (talquetamab-tgvs)
- teclistamab*
- Tecvayli™ (teclistamab)
- Tivdak™ (tisotumab vedotin-tftv)
- tremelimumab*
- Trodelvy™ (sacituzumab govitecan-hziy)
- Vegzelma® (bevacizumab-adcd) (excect for ophthalmological conditions)
- Yervoy™ (ipilimumab)
- Zepzelca™ (lurbinectedin)
- zolbetuximab*
- Zynlonta™ (loncastuximab tesirine)

Anti-PD-1/ PD-L1 human monoclonal antibodies**/Chemotherapy

- Bavencio® (avelumab)
- camrelizumab
- cosibelimab
- Imfinzi™ (durvalumab)
- Jemperli (dostarlimab-gxly)
- Keytruda™ (pembrolizumab)
- Libtayo® (cemiplimab-rwlc)
- Opdivo® (nivolumab)
- penpulimab*
- Tecentriq™ (atezolizumab)
- tislelizumab*
- toripalimab*
- Zynyz® (retifanlimab)

Bone-modifying agents

- Evenity® (romosozumab-aqqg)
- Prolia® (denosumab)
- Xgeva® (denosumab)

Botulinum toxin agents

- Botox® (onabotulinumtoxinA)

Chimeric antigen receptor (CAR-T) therapies**/Chemotherapy

- Abecma™ (idecabtagene vicleucel)
- Breyanzi® (lisocabtagene maraleucel)
- Carvykti™ (ciltacabtagene autoleucel)
- Kymriah™ (tisagenlecleucel)
- Tecartus™ (brexucabtagene autoleucel)
- Yescarta™ (axicabtagene ciloleucel)

Endocrine/metabolic agents

- Acthar H.P.® (corticotropin)
- Sandostatin® LAR (octreotide)/ chemotherapy
- Somatuline® depot (lanreotide)/ chemotherapy

Enzyme replacement agents**

- Aldurazyme® (laronidase)
- apadamtase alfa/cinaxadamtase alfa
- Brineura™ (cerliponase alfa)
- Cerezyme® (imiglucerase)
- cipaglucosidase alfa*
- Elaprase® (idursulfase)
- Elelyso® (taliglucerase alfa)
- Elfabrio® (pegunigalsidase alfa)
- Fabrazyme® (agalsidase beta)
- Kanuma® (sebelipase alfa)
- Lamzede® (velmanase alfa-tycv)
- Lumizyme® (alglucosidase alfa)
- Mepsevii™ (vestronidase alfa-vjbk)
- Naglazyme® (galsulfase)
- Nexviazyme® (avalglucosidase alfa)
- Revcovi™ (elapegademase-lvlr)
- Vimizim™ (elosulfase alfa)
- VPRIV® (velaglucerase alfa)
- Xenpozyme® (olipudase alfa)

Independence

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* Pending FDA approval.

** All drugs that can be classified under this header require precertification. This includes any unlisted brand or generic names or biosimilars, as well as new drugs that are approved by the FDA in that class during the course of the benefit year.

‡ Precertification requirements apply to all FDA-approved biosimilars to this reference product.

Specialty drugs that require precertification

Gene replacement/ Gene editing therapy**

- Elevidys™ (delandistrogene moxparvovec-rokl)
- exagamglogene autotemcel
- fidanacogene elaparvovec
- Hemgenix® (etranacogene dezparvec)
- Luxturna™ (voretigene neparvovec-rzyl)
- lovotibeqlogene autotemcel
- Roctavian® (valoctocogene roxaparvovec)
- Skysona™ (elivaldogene autotemcel)
- Vyjuvek® (beremagene geperpavec)
- Zolgensma® (onasemnogene abeparvovec-xioi)
- Zynteglo® (betibeglogene autotemcel)

Hemophilia/Coagulation factors**

Hyaluronate acid products

- Durolane®
- Euflexxa™
- Gel-One®
- Gelsyn-3™
- GenVisc 850®
- Hyalgan®
- Hymovis®
- Supartz®
- Synojoynt™
- Triluron™
- TriVisc™
- VISCO-3®

Immunological agents

- Actemra® IV (tocilizumab)
- Avsola™ (infliximab-axxq)
- Benlysta® IV (belimumab)
- Entyvio™ (vedolizumab)
- Ilumya™ (infliximab-dyyb)
- Inflectra™ (tildrakizumab-asmn)
- Infliximab (unbranded)
- Ixifi™ (infliximab-qbtx)
- mirikizumab*
- Orencia® IV (abatacept)
- Remicade®‡ (infliximab)
- Renflexis™ (infliximab-abda)
- Saphnelo™(anifrolumab)
- Simponi® Aria (golimumab for infusion)
- Skyrizi ® IV*(risankizumab-rzaa)
- Spevigo® (spesolimab)
- Stelara® (ustekinumab)

Intravenous immune globulin/ Subcutaneous immune globulin (IVIG/SCIG)**

Multiple sclerosis agents**

- Briumvi™ (ublituximab-xiiy)
- Lemtrada® (alemtuzumab)
- Ocrevus™ (ocrelizumab)
- Tyruko® (natalizumab-sztn)
- Tysabri® (natalizumab)
- ublituximab*

Myasthenia gravis agents

- Rystiggo® (rozanolixizumab-noli)
- Vyvgart® (efgartigimod alfa-fcab)
- Vyvgart® Hytrulo (efgartigimod alfa-fcab and hyaluronidase-gvfc)

Neutropenia

- efbemalenograstim*
- Fulphila™ (pegfilgrastim-jmbd)
- Fylnetra® (pegfilgrastim-pbbk)
- Granix® (tbo-filgrastim)
- Lapelga*
- Neupogen® (filgrastim)
- Releuko™ (filgrastim-ayow)
- Rolvedon™ (eflapegrastim)
- Stimufend® (pegfilgrastim-fpgk)
- Udenyca™ (pegfilgrastim-cbqv)
- Ziextenzo® (pegfilgrastim-bmez)

Ophthalmic agents

- Beovu® (brolucizumab-dbll)
- bevacizumab-vikg*
- Byooviz™ (ranibizumab-nuna)
- Cimerli™ (ranibizumab-eqrn)
- Eylea®‡ (aflibercept)
- Lucentis®‡ (ranibizumab)
- Susvimo™ (ranibizumab injection, port delivery system)
- Tepezza™ (teprotumumab-trbw)
- Vabysmo® (faricimab-svoa)

Pulmonary arterial hypertension**

- Flolan® (epoprostenol GM)
- Remodulin® (treprostinil)
- Revatio® (sildenafil)
- Tyvaso® (treprostinil)
- Uptravi® IV (selexipag)
- Veletri® (epoprostenol AS)
- Ventavis® (iloprost)

Respiratory agents

- Cinqair® (reslizumab)
- Synagis® (respiratory syncytial virus [RSV], monoclonal antibody, recombinant)
- Xolair® (omalizumab)

Respiratory enzymes (Alpha-1 antitrypsin)**

- Aralast
- Glassia™
- Prolastin®
- Zemaira®

Tumor-infiltrating lymphocyte (TIL) therapy

- lifileucel

Miscellaneous therapeutic agents

- Adakveo® (crizanlizumab-tmca)
- Amvuttra™ (vutrisiran)
- Cosela® (trilaciclib)
- Crysvita® (burosumab-twza)
- Enjaymo (sutimlimab-jome)
- Evkeeza™ (evinacumab)
- Gamifant® (emapalumab-lzsg)
- Givlaari® (givosiran)
- Ilaris® (canakinumab)
- Krystexxa® (pegloticase)
- Leqvio® (inclisiran)
- narsoplimab*
- Onpattro™ (patisiran)
- Oxlumo® (lumasiran)
- Reblozyl® (luspatercept-aamt)
- Remune*
- Rethymic™ (allogeneic processed thymus tissue-agdc)
- Soliris®‡ (eculizumab)
- Spinraza™ (nusinersen)
- teplizumab*
- Tzield™ (teplizumab)
- Ultomiris™ (ravulizumab-cwvz)
- Uplizna™ (inebilizumab)
- Vyepti™ (eptinezumab-jjmr)
- Xiaflex®

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