

Medicare Advantage 2019 Precertification Requirements

(Effective for January 1, 2019 to December 31, 2019)

The following Medicare Advantage plans require precertification¹ from in network providers. Call the telephone number listed on the back of the member's identification card for precertification, verification of member eligibility, benefits and account information.

This document provides a general list of all Precertification requirements. **Detailed Prior Authorization requirements are available to the contracted provider by accessing the "Provider Self-Service Tool" within Availity. Contracted and Non-contracted providers should contact the Health Plan if they are not able to access Availity.**

Medicare Advantage Plans requiring in-network provider precertification.

- **HMO** Plans – all contracted network providers.
- **PPO** Plans – all contracted network providers.
- **PPO** Plans – all non-contracted out of network providers are encouraged to call.

Plan States: CA, CO, CT, GA, IN, KS, KY, ME, MO, NH, NY, OH, VA, WI

NOTE: There is a national service area for select Group Retiree Solutions (GRS) Medicare Advantage plans.

Precertification is the determination that selected medical services meet medical necessity criteria under the member's benefits contract. For the member to receive maximum benefits, the health plan must authorize or "precertify" these covered services prior to being rendered. Precertification includes a review of both the service and the setting. Care will be covered according to the member's benefits for the services and/or number of days precertified unless our concurrent review determines that additional services and/or days **do not** qualify for coverage. Certain services may require the member to use a provider designated by the health plan's Utilization Management staff. A copy of the approval will be provided to you, the physician and the hospital or facility. For benefits to be paid the member must be eligible for benefits and the service must be a covered benefit under the contract at the time the services are rendered.

Precertification Responsibility

For HMO type health plans: It is the participating physician's or provider's responsibility to contact the health plan's Utilization Management Department to obtain precertification. The request must come from the provider or facility rendering the service, not the referring physician. If precertification is not obtained, the claim is denied by the Plan and the member must be held harmless. The Precertification number is listed on the back of the member's health plan ID card.

For PPO type health plans: It is the network provider's responsibility to contact the health plan's Utilization Management Department to obtain precertification. If precertification is not obtained when the service is from a network provider, the claim is denied by the Plan and the member must be held harmless. Claims from out of network providers will typically pend for a medical necessity review prior to payment if associated with a service in this document. The Precertification number is listed on the back of the member's health plan ID card.

Inpatient Admissions

Also see Behavioral Health and Transplants sections for precertification requirements.

- The health plan must be notified of emergency admissions or transfers within 1 business day of admission.
- Precertification required for non-emergent inpatient transfers between acute facilities.
- Precertification is required for the following services prior to admission:
 - Elective Inpatient Admissions
 - Rehabilitation Facility admissions
 - Long Term Acute Care (LTAC)
 - Skilled Nursing Facility admissions
- Precertification is **NOT** required, however notice is requested for all members initiating dialysis treatment.

Select Outpatient Services

*This is not a comprehensive list and is included here as a guide on when to call for precertification. If the service is listed you are required to call for precertification. **Detailed Prior Authorization requirements are available to the contracted provider by accessing the “Provider Self-Service Tool” within Availity. Contracted and Non-contracted providers should contact the Health Plan if they are not able to access Availity.***

Continuing in 2019

- All potentially Cosmetic surgeries
- Arthroscopies/Arthroplasties
- Bariatric/Gastric Obesity Surgery
- Breast Reconstruction
- Cardiovascular Services
- CAR-T Therapy
- Cervical Fusions
- Chiropractic Care (New York and Connecticut only)
- Colonoscopy and Upper Gastrointestinal Endoscopy
- Continuous Interstitial Glucose Monitoring (CGM)
- Coronary Artery Bypass Graft (CABG)
- Defibrillator/Pacemaker Insertion or Replacement
- Elective Inpatient Surgery
- Electrical Stimulation Device
- Endoscopies
- Epidermal Growth Factor Receptor Testing
- Genetic Testing
- Home Health
- Hyperbaric Oxygen Therapy
- Intracardiac Electrophysiological Studies Catheter Ablation (EPS)
- Knee and Hip Replacements
- Knee Orthoses

- Laminectomies/Laminotomies
- Laparoscopies
- Nerve Destructions
- Non-emergent ground, air and water transportation
- Occupational Therapy
- Oncology (Breast), mRNA, Gene Expression Profiling
- Orthotics (Performed primarily on ankle, back, foot orthoses and knee)
- Pain Management
- Physical Therapy
- Radiation Oncology
- Radiation Therapy
- Sleep Studies and Sleep Study related equipment and supplies
- Spinal Orthoses
- Spine Procedures
- Tonsillectomy/Adenoidectomy
- UPPP surgery (Uvulopalatopharyngoplasty - removal of excessive soft tissue in the back of the throat to relieve obstruction)
- Vascular Angioplasty and Stents
- Vascular Embolization and Occlusion Services
- Vascular Ultrasound

DME/Prosthetics

Precertification is required for the following services (to include, but not limited to). *Detailed Prior Authorization requirements are available to the contracted provider by accessing the “Provider Self-Service Tool” within Availity. Contracted and Non-contracted providers should contact the Health Plan if they are not able to access Availity.*

- Automated External Defibrillators
- Bone stimulators
- Cochlear Implants
- Cough assist (Insufflator/Exsufflator)
- High frequency chest wall oscillator
- Insulin and Infusion pumps
- Left ventricular assist device
- Non-Standard Wheelchairs
- Non-Standards Beds
- Oral Appliances for Obstructive Sleep Apnea
- Patient Transfer Systems
- Pneumatic compression devices
- Power wheelchair repairs
- Manual/Power Wheelchairs, Accessories and POV
- Prosthetics, Orthotics
- Sleep Study related equipment and supplies
- Speech Generating Devices and accessories

- Spinal cord stimulators
- Tumor treatment field therapy
- Ventilators
- Wound pump

Radiology Services

Precertification is required for the following services. *Detailed Prior Authorization requirements are available to the contracted provider by accessing the “Provider Self-Service Tool” within Availity. Contracted and Non-contracted providers should contact the Health Plan if they are not able to access Availity.*

- CT Scan (includes CTA)
- Echocardiograms
- MRA
- MRI
- MRS
- Nuclear Cardiac
- PET
- Radiation Oncology
- Radiation Therapy

Behavioral Health Services

Mental Health/ Substance Abuse Services: Specially trained professionals will handle referrals and coordinate care for mental health and substance abuse. This includes: referrals to mental health and substance abuse treatment providers, general information about mental health and substance abuse benefits and treatment, emergency and urgent care information and assistance

- Plan must be notified of emergency admissions within 1 business day of admission.
- Precertification is required for:
 - Day Hospital/Partial Hospital admissions
 - Inpatient Admissions
 - Intensive Outpatient therapy
 - Psychological and Neuropsychological Testing
 - Rehabilitation Facility admissions. Rehabilitation requires precertification but benefit availability is limited. Please be sure to check the member’s benefits.
 - Transcranial Magnetic Stimulation (TMS) for depression

Transplants: Human Organ and Bone Marrow/Stem Cell Transplants

Precertification is required for Medicare Covered Transplant admissions.

All Inpatient admissions for the following:

- Heart transplant
- Islet Cell transplant
- Kidney transplant (Except CA, NJ and TX for Medicare ESRD CSNP)
- Liver transplant
- Lung or double lung transplant

- Multi-visceral transplant
- Pancreas transplant
- Simultaneous Pancreas/ Kidney
- Small bowel transplant
- Stem cell/Bone Marrow transplant (with or without myeloablative therapy)

All Outpatient services for the following:

- Donor Leukocyte Infusion
- Stem Cell/ Bone Marrow transplant (with or without myeloablative therapy)

Specialty Pharmacy

Part D drugs - Requirements for Tiers, Prior Authorization, Quantity Limits and Step Therapy are found in the plan specific formularies. The following link to our formularies is also available for more information regarding Part D drugs: [Part D Formularies](#)

Part B drugs – Refer to the Appendix for a general list of drugs paid under the medical benefit requiring precertification. *Detailed Prior Authorization requirements are available to the contracted provider by accessing the “Provider Self-Service Tool” within Availity. Contracted and Non-contracted providers should contact the Health Plan if they are not able to access Availity.*

APPENDIX

This is not a comprehensive list and is included here as a guide on when to call for precertification. If the Part B drug is listed here you are required to call for precertification. The HCPCS code to the Part B drug is the one assigned at the time of this notice. Detailed Prior Authorization requirements are available to the contracted provider by accessing the “Provider Self-Service Tool” within Availity. Contracted and Non-contracted providers should contact the Health Plan if they are not able to access Availity.

| HCPCS Code | Drug Brand Name | Drug Generic Name | Effective Date |
|-----------------------|------------------------|------------------------------|-----------------------|
| A9543/79403/ J9999 | ZEVALIN | Ibritumomab Tiuxetan | 7/1/2018 |
| A9606 | XOFIGO | Radium ra-223 dichloride | 1/1/2015 |
| C9014/J3490 | BRINEURA | Cerliponase | 6/1/2018 |
| C9016/J3490 | TRIPTODUR | Triptorelin extended-release | 1/1/2018 |
| C9024/J9999 | VYXEOS | Daunorubicin/Cytarabine | 4/1/2018 |
| C9028/J3590/ J9999 | BESPONSA | Inotuzumab Ozogamicin | 4/1/2018 |
| C9029/J3490/ J3590 | TREMFYA | Guselkumab | 6/1/2018 |
| C9030/J3590/ J9999 | ALIQOPA | Copanlisib | 3/1/2018 |

| HCPCS Code | Drug Brand Name | Drug Generic Name | Effective Date |
|---------------------------------------|---|--|--|
| C9031/J9999/ A9699 | LUTATHERA | Lutetium Lu 177 Dotatate | 3/1/2017 |
| C9032/J3490/ J3590 | LUXTURNA (<i>Reviewed by Transplant Team</i>) | Voretigene Neparvovec | 3/1/2017 |
| C9257 | AVASTIN | Bevacizumab | no PA needed effective 11/30/2015 |
| C9463/J3490/ J3590/J9999 | CINVANTI | Aprepitant | 3/1/2018 |
| C9464/J3490/ J3590 | VARUBI | Rolapitant | 5/1/2018 |
| C9465 | DUROLANE | Hyaluronan | 8/1/2018 |
| C9466/J3490/ J3590 | FASNERA | Benralizumab | 5/1/2018 |
| C9467/C9399 /J3490/J3590/ J9999 | RITUXAN HYCLEA | Rituximab/Hyaluronidase human | 2/1/2018 |
| C9468 | REBINYN | Factor IX, Glycopegylated | 6/1/2018 |
| C9492/J3590/ J9999 | IMFINZI | Durvalumab | 11/1/2017 |
| J0129 | ORENCIA | Abatacept | 1/1/2009 |
| J0135 | HUMIRA | Adalimumab | 1/1/2009 |
| J0178 | EYLEA | Aflibercept | 1/1/2013 |
| J0202 | LEMTRADA | Alemtuzumab | 1/1/2016 |
| J0485 | NULOJIX | Belatacept | 9/1/2015 |
| J0490 | BENLYSTA | Belimumab | 1/1/2012 |
| J0585 | BOTOX | OnabotulinumtoxinA | 1/1/2003 |
| J0586 | DYSPORT | AbobotulinumtoxinA | 1/1/2010 |
| J0587 | MYOBLOC | RimabotulinumtoxinB | 1/1/2003 |
| J0588 | XEOMIN | IncobotulinumtoxinA | 1/1/2012 |
| J0596 | RUCONEST | c1 Esterase Inhibitor (recombinant) | 1/1/2016 |
| J0881 | ARANESP | Darbepoetin | 1/1/2009 |
| J0885 | EPOGEN, PROCRIT | Epoetin | 1/1/2009 |
| J0888 | NEORECORMON | Epoetin Beta | 1/1/2015 |
| J0897 | PROLIA, XGEVA | Denosumab | 1/1/2012 |
| J1300 | SOLIRIS | Eculizumab | 1/1/2009 |
| J1325 | FLOLAN | Epoprostenol | 1/1/2003 |
| J1428 | EXONDYS 51 | Eteplirsen | 7/1/2017 |

| HCPCS Code | Drug Brand Name | Drug Generic Name | Effective Date |
|-------------------|-----------------------------|------------------------------|-----------------------|
| J1438 | ENBREL | Enanercept | 1/1/2003 |
| J1442 | NEUPOGEN | Filgrastim | 1/1/2014 |
| J1447 | GRANIX | tbo-Filgrastim | 1/1/2016 |
| J1453 | EMEND | Fosaprepitant | 11/1/2016 |
| J1459 | PRIVIGEN | Immune Globulin | 1/1/2009 |
| J1555 | CUVITRU | Immune Globulin | 3/1/2017 |
| J1556 | BIVIGAM | Immune Globulin | 1/1/2014 |
| J1557 | GAMMAPLEX | Immune Globulin | 1/1/2012 |
| J1559 | HIZENTRA | Immune Globulin | 1/1/2011 |
| J1561 | GAMMAKED, GAMUNEX-C | Immune Globulin | 1/1/2009 |
| J1562 | VIVAGLOBIN | Immune Globulin | 1/1/2009 |
| J1566 | CARIMUNE NF | Immune Globulin | 1/1/2009 |
| J1568 | OCTAGAM | Immune Globulin | 1/1/2009 |
| J1569 | GAMMAGARD, GAMMAGARD S/D | Immune Globulin | 1/1/2009 |
| J1572 | FLEBOGAMMA | Immune Globulin | 1/1/2009 |
| J1575 | HYQVIA | Immune Globulin | 1/1/2016 |
| J1599 | IVIG | Immune Globulin | 1/1/2011 |
| J1602 | SIMPONI ARIA | Golimumab | 1/1/2014 |
| J1627 | SUSTOL | Granisetron extended-release | 1/1/2017 |
| J1740 | BONIVA | Ibandronate | 3/1/2016 |
| J1745 | REMICADE | Infliximab | 1/1/2003 |
| J1950 | LUPRON DEPOT 3.75MG | Leuprolide Acetate | 1/1/2003 |
| J2182 | NUCALA | Mepolizumab | 4/1/2016 |
| J2278 | PRIALT | Ziconotide | 1/1/2015 |
| J2323 | TYSABRI | Natalizumab | 1/1/2009 |
| J2326 | SPINRAZA | Nusinersen | 9/1/2017 |
| J2350 | OCREVUS | Ocrelizumab | 3/1/2017 |
| J2353 | SANDOSTATIN LAR DEPOT | Octreotide Acetate | 1/1/2009 |
| J2354 | SANDOSTATIN | Octreotide Acetate | 1/1/2009 |
| J2355 | NEUMEGA | Oprelvekin | 1/1/2003 |
| J2357 | XOLAIR | Omalizumab | 1/1/2009 |
| J2469 | ALOXI | Palonosetron | 11/1/2016 |
| J2503 | MACUGEN | Pegaptanib | 1/1/2009 |
| J2505 | NEULASTA | Pegfilgrastim | 1/1/2003 |
| J2507 | KRYSTEXXA | Pegloticase | 1/1/2012 |
| J2778 | LUCENTIS | Ranibizumab | 1/1/2009 |

| HCPCS Code | Drug Brand Name | Drug Generic Name | Effective Date |
|-------------|--------------------------------------|-------------------------------------|----------------|
| J2786 | CINQAIR | Reslizumab | 1/1/2017 |
| J2796 | NPLATE | Romiplostim | 1/1/2010 |
| J2820 | LEUKINE, PROKINE | Sargramostim | 1/1/2003 |
| J2860 | SYLVANT | Siltuximab | 1/1/2016 |
| J2941 | HUMATROPE, NUTROPIN | Somatropin | 1/1/2003 |
| J3262 | ACTEMRA | Tocilizumab | 3/1/2013 |
| J3285 | REMODULIN | Treprostinil | 1/1/2009 |
| J3315 | TRELSTAR | Triptorelin | 8/1/2018 |
| J3358 | STELARA | Ustekinumab | 4/1/2017 |
| J3380 | ENTYVIO | Vedolizumab | 1/1/2016 |
| J3489 | RECLAST, ZOMETA | Zoledronic Acid | 1/1/2014 |
| J3490 | PRALUENT | Aclirocumab | 1/1/2016 |
| J3490 | REPATHA | Evolocumab | 1/1/2016 |
| J3490 | NOC CODE UNCLASSIFIED DRUGS | NOC code | 1/1/2015 |
| J3490 | TESTOPEL | Testosterone Pellets | before 2015 |
| J3490/J3590 | JIVI | Damoctocog alfa pegol | 11/1/2018 |
| J3490/J3590 | ILUMYA | Tildrakizumab-asmn | 11/1/2018 |
| J3490/J3590 | EPTACOG BETA | Recombinant Factor VIIa | 7/1/2018 |
| J3490/J3590 | TALTZ | Ixekizumab | 12/1/2016 |
| J3490/J3590 | OPSIRIA | Sirolimus | 3/1/2018 |
| J3490/J9999 | AZEDRA (<i>Reviewed by Part B</i>) | Iobenguane I 131 | 11/1/2018 |
| J3490/J9999 | POTELIGEO | Mogamulizumab | 11/1/2018 |
| J3590 | MVASI | Bevacizumab-awwb | 7/1/2018 |
| J3590 | AMJEVITA | Adalimumab-atto | 3/1/2017 |
| J3590 | ERELZI | Etanercept-szsz | 3/1/2017 |
| J3590 | NANACOG | Factor IX Recombinant | 3/1/2017 |
| J3590 | NOC CODE UNCLASSIFIED DRUGS | NOC code | before 2015 |
| J3590/J9999 | LUMOXITI | Moxetumomab pasudotox | 12/1/2018 |
| J3590/J9999 | LIBTAYO | Cemiplimab | 12/1/2018 |
| J7175 | COAGADEX | Factor X | 7/1/2015 |
| J7178 | FIBRYNA, RiaSTAP | Fibrinogen [human] | 6/1/2018 |
| J7179 | VONVENDI | von Willebrand Factor (recombinant) | 7/1/2015 |
| J7180 | CORTIFACT | Factor XIII | 7/1/2015 |

| HCPCS Code | Drug Brand Name | Drug Generic Name | Effective Date |
|-------------------|--|--|-----------------------|
| J7181 | TRETTEN | Factor XIII A-Subunit | 7/1/2015 |
| J7182 | NOVOEIGHT | Factor VIII | 7/1/2015 |
| J7183 | WILATE | von Willebrand Factor complex | 7/1/2015 |
| J7185 | XYNTHA | Factor VIII | 7/1/2015 |
| J7186 | ALPHANATE | von Willebrand Factor complex | 7/1/2015 |
| J7187 | HUMATE P | von Willebrand Factor complex | 7/1/2015 |
| J7188 | OBIZUR | Factor VIII | 1/1/2016 |
| J7189 | NOVOSEVEN RT | Factor VIIa | 7/1/2015 |
| J7190 | HEMOFIL M, KOATE DVI, MONOCLATE-P | Factor VIII | 7/1/2015 |
| J7191 | FACTOR VIII (PORCINE) | Factor VIII (porcine) | 7/1/2015 |
| J7192 | ADVATE, HELIXATE-FS, KOGENATE-FS | Factor VIII | 7/1/2015 |
| J7193 | ALPHANINE SD, MONONINE | Factor IX | 7/1/2015 |
| J7194 | BEBULIN VH, PROFILNINE SD | Factor IX complex | 7/1/2015 |
| J7195 | NOC - when specified as REBINYN | Antihemophilic Factor (Recombinant) | 7/1/2015 |
| J7195 | NOC - when specified as BENEFIX, IXINITY | Factor IX | 7/1/2015 |
| J7198 | FEIBA | Anti-inhibitor | 7/1/2015 |
| J7200 | RIXUBIS | Factor IX | 7/1/2015 |
| J7201 | ALPROLIX | Factor IX Fc fusion protein | 7/1/2015 |
| J7202 | IDELVION | Factor IX Albumin fusion protein | 10/1/2016 |
| J7205 | ELOCTATE | Factor VIII Fc fusion protein | 1/1/2016 |
| J7207 | ADYNOVATE | Factor VIII, pegylated | 4/1/2016 |
| J7209 | NUWIQ | Factor VIII | 4/1/2016 |
| J7210 | AFSTYLA | Antihemophilic Factor VIII (Recombinant) | 11/1/2016 |
| J7211 | KOVALTRY | Antihemophilic Factor VIII (Recombinant) | 1/1/2018 |
| J7311 | RETISERT | Fluocinolone acetonide - Implant | 1/1/2015 |
| J7312 | OZURDEX | Dexamethasone - Implant | 1/1/2011 |
| J7313 | ILLUVIEN | Fluocinolone acetonide - Implant | 1/1/2016 |
| J7316 | JETREA | Ocriplasmin | 1/1/2014 |

| HCPCS Code | Drug Brand Name | Drug Generic Name | Effective Date |
|-------------------|----------------------------|----------------------------|-----------------------|
| J7320 | GENVISC 850 | Hyaluronan | 1/1/2016 |
| J7321 | HYALGAN, SUPARTZ | Hyaluronan | 1/1/2009 |
| J7322 | HYMOVIS | Hyaluronan | 1/1/2009 |
| J7323 | EUFLEXXA | Hyaluronan | 1/1/2009 |
| J7324 | ORTHOVISC | Hyaluronan | 1/1/2009 |
| J7325 | SYNVISC, SYNVISC ONE | Hyaluronan | 1/1/2010 |
| J7326 | GEL-ONE | Hyaluronan | 1/1/2012 |
| J7327 | MONOVISC | Hyaluronan | 1/1/2015 |
| J7328 | GELSYN | Hyaluronan | 1/1/2016 |
| J7340 | DUOPA | Carbidopa/Levodopa | 1/1/2016 |
| J7686 | TYVASO | Treprostinil | 1/1/2011 |
| J9010 | CAMPATH | Alemtuzumab | 1/1/2015 |
| J9015 | PROLEUKIN | Aldesleukin | 1/1/2009 |
| J9022 | TECENTRIQ | Atezolizumab | 1/1/2017 |
| J9023 | BAVENCIO | Avelumab | 10/1/2017 |
| J9025 | VIDAZA | Azacitidine | 2/1/2017 |
| J9034 | BENDEKA | Bendamustine | 1/1/2017 |
| J9035 | AVASTIN | Bevacizumab | 1/1/2009 |
| J9039 | BLINCYTO | Blinatumomab | 1/1/2016 |
| J9042 | ADCETRIS | Brentuximab vedotin | 1/1/2013 |
| J9043 | JEVTANA | Cabazitaxel | 1/1/2012 |
| J9047 | KYPROLIS | Carfilzomib | 1/1/2014 |
| J9055 | ERBITUX | Cetuximab | 1/1/2009 |
| J9145 | DARZALEX | Daratumumab | 7/1/2016 |
| J9155 | FIRMAGON | Degarelix | 1/1/2010 |
| J9176 | EMPLICITI | Elotuzumab | 7/1/2016 |
| J9179 | HALAVEN | Eribulin Mesylate | 1/1/2012 |
| J9202 | ZOLADEX | Goserelin Acetate Implant | 1/1/2003 |
| J9203 | MYLOTARG | Gemtuzumab Ozagamicin | 7/1/2018 |
| J9207 | IXEMPRA | Ixabepilone | 12/1/2016 |
| J9217 | ELIGARD, LUPRON DEPOT | Leuprolide Acetate | 1/1/2003 |
| J9218 | LUPRON | Leuprolide Acetate | 1/1/2003 |
| J9219 | LEUPROLIDE ACETATE IMPLANT | Leuprolide Acetate Implant | 1/1/2003 |
| J9226 | SUPPRELIN LA | Histrelin | 1/1/2008 |
| J9228 | YERVOY | Ipilimumab | 1/1/2012 |
| J9262 | SYNRIBO | Omacetaxine Mepesuccinate | 10/15/2015 |

| HCPCS Code | Drug Brand Name | Drug Generic Name | Effective Date |
|-----------------------|---|--|----------------|
| J9264 | ABRAXANE | Paclitaxel protein-bound | 1/1/2015 |
| J9266 | ONCASPAR | Pegaspargase | 1/1/2016 |
| J9271 | KEYTRUDA | Pembrolizumab | 1/1/2016 |
| J9285 | LARTRUVO | Olaratumab | 3/1/2017 |
| J9295 | PORTRAZZA | Necitumumab | 1/1/2017 |
| J9299 | OPDIVO | Nivolumab | 1/1/2016 |
| J9301 | GAZYVA | Obinutuzumab | 1/1/2015 |
| J9302 | ARZERRA | Ofatumumab | 1/1/2011 |
| J9303 | VECTIBIX | Panitumumab | 1/1/2008 |
| J9305 | ALIMTA | Pemetrexed | 1/1/2015 |
| J9306 | PERJETA | Pertuzumab | 1/1/2014 |
| J9308 | CYRAMZA | Ramucirumab | 1/1/2016 |
| J9310 | RITUXAN | Rituximab | 1/1/2009 |
| J9315 | ISTODAX | Romidepsin | 12/1/2016 |
| J9325 | IMLYGIC | Talimogene Laherparepvec | 1/1/2017 |
| J9351 | HYCAMTIN | Topotecan | 1/1/2015 |
| J9352 | YONDELIS | Trabectedin | 11/1/2017 |
| J9354 | KADCYLA | ado-Trastuzumab emtansine | 1/1/2014 |
| J9355 | HERCEPTIN | Trastuzumab | 9/1/2017 |
| J9400 | ZALTRAP | ziv-Aflibercept | 1/1/2014 |
| J9999 | EVOMELA | Melphalan | 7/1/2017 |
| Q0515 | GEREF, SERISTIM | Sermorelin Acetate | 1/1/2015 |
| Q2041 | YESCARTA (<i>Reviewed by Transplant Team</i>) | Axicabtagene ciloleucel | 4/1/2018 |
| Q2043 | PROVENGE | Sipuleucel-t | 7/1/2011 |
| Q2049 | DOXIL, LIPODOX | Doxorubicin Liposomal | 1/1/2017 |
| Q2050 | DOXIL | Doxorubicin Liposomal | 1/1/2017 |
| Q4074 | VENTAVIS | Iloprost | 1/1/2010 |
| Q5101 | ZARXIO | Filgrastim-sndz | 3/6/2015 |
| Q5103 | INFLECTRA | Infliximab-dyyb | 1/1/2017 |
| Q5104 | RENFLEXIS | Infliximab-abda | 2/1/2018 |
| Q5106 | RETACRIT | Epoetin alfa | 11/1/2018 |
| Q5108 | FULPHILIA | Pegfilgrastim-jmbd | 12/1/2018 |
| Q5110 | NIVESTYM | Filgrastim-aafi | 1/1/2019 |
| Q9993 | ZILRETTA | Triamcinolone Acetonide extended release | 2/1/2018 |
| Q9995/J3590/ J7199 | HEMLIBRA | Emicizumab-kwxh | 6/1/2018 |

Precertification requirements document is posted to the Medicare Advantage Provider Portals.

ⁱ Precertification – For the purpose of this document, precertification (aka - prior authorization) indicates a requirement to precertify prior to rendering a service which includes authorization of additional days on concurrent review. Out of network providers may optionally choose to call the health plan to obtain precertification (or a predetermination) regarding whether a service meets benefit and medical necessity criteria.

75393MUSENMUB 11/30/18