



February 1, 2021

## Prior Auth Changes for J Codes

Starting April 1<sup>st</sup>, 2021, the J Codes shown in the table below will require prior authorization to be considered for coverage.

CODE	DESCRIPTION
J0717	Injection, certolizumab pegol, 1 mg
J3380	Injection, vedolizumab, 1 mg
J0178	Injection, aflibercept, 1 mg

### Questions?

Please contact our Provider Relations department at **1-866-638-1232**, with any questions regarding this update.

Thank you for the quality care you give our members.

Sincerely,

Provider Relations  
Aetna Better Health of Pennsylvania