

# PROVIDER BULLETIN



AETNA BETTER HEALTH® OF FLORIDA

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Date:	June 2 <sup>nd</sup> , 2021
Purpose:	Provider Bulletin: Update providers on J Codes prior authorization requirements
Subject:	Prior Authorization Requirements for J Codes
Products:	MMA, LTC, FHK
From:	<u>Provider Relations</u>

Dear Provider,

The purpose of this notice is to advise you that effective July 1<sup>st</sup>, 2021, Aetna Better Health of Florida (ABHFL) will require prior authorization (PA) for the following codes: J0717, J3380, J0178.

CODE	DESCRIPTION
<b>J0717</b>	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
<b>J3380</b>	Injection, vedolizumab, 1 mg
<b>J0178</b>	Injection, aflibercept, 1 mg

We appreciate the excellent care you provide to our members. If you have any questions, please feel free to contact us via e-mail: [FLMedicaidProviderRelations@Aetna.com](mailto:FLMedicaidProviderRelations@Aetna.com). You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-844-528-5815.

Thank you

Aetna Better Health of Florida  
**Provider Relations Department**

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