



Understanding prior authorization

Learn what it is and when you need it



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This information applies to:

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

This information doesn't apply to you if you're in a Traditional Choice® plan, an indemnity plan, a Foreign Service Benefit Plan, a Mail Handlers Benefit Plan or a Rural Carrier Benefit Plan.

This document was last updated on April 1, 2024.

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What is prior authorization?

We may need more details before we can approve some care options and products. We call this prior authorization. Sometimes we may call it precertification or preapproval. These all mean the same thing. It's the process of confirming if your plan will cover a certain service or prescription drug.



Why it's needed

Some services or medicines cost more than others. And some have higher risks. Prior authorization lets us check to see if a treatment or medicine is necessary. This helps:

- ✓ Keep you safe
- ✓ Keep your costs down
- ✓ Keep our plans affordable



How it works

1.

If your doctor thinks you need a service or medicine that requires prior authorization, they'll let us know. They do this by sending us a request online, over the phone, or via fax.

2.

Once we have all the details we need, we'll review the request. (If we do not receive all the details needed, this may delay when we can begin the review.)

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How it works (continued)

3.

We'll let you and your doctor know what we decide via letter. The review process can take up to two weeks.

- a. **Medicare members:** If the request is for prescription drugs or services not yet received, Aetna must notify the member (and the prescribing physician or other prescriber involved, as appropriate) of our decision no later than 24 hours after receiving the physician's or other prescriber's supporting statement for **expedited** cases. Or no later than 72 hours after receiving the physician's or other prescriber's supporting statement for standard cases.
- b. **Medicare members:** If the exception request involves reimbursement for prescription drugs or services already received, Aetna must notify the member (and the prescribing physician or other prescriber involved, as appropriate) of its decision (and make payment when appropriate) no later than 14 calendar days after receiving the request.

4.

If you don't agree with our decision, you can appeal it. The letter sent regarding the precertification decision will have the details on how to file an appeal request, along with the address to submit. You may also call the number on your member ID card and request an expedited appeal.

- a. **Important Note:** You have 60 days from the date of the letter to request an appeal.

Note: If you don't get the prior authorization you need, we may not pay for your treatment. This could mean you'll have to pay the bill yourself.

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When you need it

This guide includes lists of the services and medicines that need prior authorization. In some plans, you might need prior authorization for the place where you get a service or medicine. We call this the site of service or site of care. You may also need prior authorization for:

- Transplants
- Certain types of genetic testing
- Hip and knee replacements
- Radiology or imaging services
- Out-of-network care
- Fertility services
- Cardiac catheterizations and rhythm implants
- Pain management
- Sleep studies
- Radiation therapy
- Peripheral arterial disease



✓ When you see an in-network doctor, they'll help you get the prior authorization you need. Check with your doctor to make sure you have it before you get care.

✓ If you need prior authorization for care out of our network, you'll need to get this approval yourself. You can check your plan documents to see if this applies to you. You can also ask your doctor for help.

✓ If you have a prescription drug plan from another insurer, it may have different guidelines than we have.



What else you may need

Does your plan make you choose a primary care physician (PCP)? If so, you may also need a referral for specialist care. This doesn't apply to all plans. You can check your plan documents to see if this applies to you.

A referral is not the same as prior authorization. If you need a referral, you should get this from your PCP before you get your prior authorization. You may need both for us to cover your care.



Questions?

We're here to help. You can call us at the number on your member ID card.

You can also check your plan documents to learn more about what you need for your plan.

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Here is a list of the services that need prior authorization.

Remember: You can use **Ctrl + F** on Windows® (**Command + F** on Mac®) to search for keywords.

Inpatient stays (except hospice)

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)

Ambulance

Prior authorization needed for transportation by fixed-wing aircraft (plane)

Arthroscopic hip surgery to repair impingement syndrome including labral repair*

Autologous chondrocyte implantation*

Chiari malformation decompression surgery

Cochlear device and/or implantation*

Coverage at an in-network benefit level for an out-of-network provider or facility unless it's an emergency. Limited or no out-of-network benefits with some plans

Dental implants

Dialysis visits

When an in-network doctor requests care at an out-of-network facility

Dorsal column (lumbar) neurostimulators: trial or implantation

Electric or motorized wheelchairs and scooters

Endoscopic nasal balloon dilation procedures*

Functional endoscopic sinus surgery (FESS)*

Gender affirmation surgery

Hyperbaric oxygen therapy

Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics

Services at an out-of-network freestanding ambulatory surgical center, when referred by an in-network doctor

Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint

Osseointegrated implant*

Osteochondral allograft/knee*

Private duty nursing

Proton beam radiotherapy

*Members in commercial plans need prior authorization for both this service and the place where they get the service (site of service). A commercial plan is any plan that isn't part of a government program, like Medicare or Medicaid.

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Reconstructive or other procedures that may be considered cosmetic, such as:

- Blepharoplasty
- Breast reconstruction/breast enlargement*
- Breast reduction/mammoplasty*
- Excision of excessive skin due to weight loss*
- Gastroplasty/gastric bypass
- Lipectomy or excess fat removal*
- Surgery for varicose veins, except stab phlebectomy*

Shoulder arthroplasty including revision procedures*

Site of service

Prior authorization is needed for the site of a service when **all** the following apply:

- The member has an Aetna® fully insured commercial plan
- The member will get the service or services in an outpatient hospital setting (NOT in an ambulatory surgical facility or office setting)
- The procedure is one of the following:
 - Anal fistula surgery
 - Ankle ligament repair
 - Arthrocentesis
 - Breast tissue excision
 - Carpal tunnel surgery
 - Circumcision - older than 28 days of age
 - Colposcopy

- Complex wound repair
- Conization of cervix
- Cystourethroscopy
- Dilation and curettage (D&C)
- Esophagogastroduodenoscopy (EGD)
- Excision of lesion of tendon sheath or joint capsule
- Ganglion excision
- Hemorrhoidectomy
- Hernia repair
- Hydrocele excision
- Hysteroscopy
- Implant removal (i.e., screw)
- Intranasal dermatoplasty
- Intravitreal injection
- Iridotomy/iridectomy, laser surgery
- Knee joint manipulation under general anesthesia
- Laparoscopic cholecystectomy
- Laparoscopy, diagnostic
- Laryngoscopy
- Lithotripsy
- Mohs surgery
- Nasal bone fracture, closed treatment
- Neuroplasty, ulnar
- Orchiopexy
- Penile angulation correction

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Site of service (continued)

- Prostate biopsy
- Prostate laser vaporization
- Radial fracture, open treatment
- Ruptured Achilles tendon repair
- Ruptured biceps or triceps tendon, reinsertion
- Septoplasty
- Skin tissue transfer or rearrangement
- Strabismus surgery
- Subcutaneous soft tissue excision
- Tendon sheath incision
- Tenodesis of long tendon of biceps
- Tonsillectomy, age 12 and older
- Transurethral electrosurgical resection of prostate (TURP)
- Trigger point injections
- Turbinate resection
- Tympanostomy

Note: Some services need prior authorization for both the service and the site of service. These services are marked with an asterisk (*) on this list.

Spinal procedures, such as:

- Artificial intervertebral disc surgery* (cervical spine)
 - Artificial intervertebral disc surgery* (lumbar spine)
 - Arthrodesis for spine deformity
 - Cervical laminoplasty*
 - Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures*
 - Kyphectomy*
 - Laminectomy with rhizotomy
 - Removal of spinal instrumentation
 - Sacroiliac joint fusion surgery
 - Spinal fusion surgery
 - Vertebral corpectomy
 - Vertebroplasty/kyphoplasty
-

Uvulopalatopharyngoplasty, including laser-assisted procedures*

Ventricular assist devices

Whole exome sequencing

*Members in commercial plans need prior authorization for both this service and the place where they get the service (site of service). A commercial plan is any plan that isn't part of a government program, like Medicare or Medicaid.

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Here are the prescription drugs that need prior authorization. We've divided them into two lists. The first one includes blood-clotting factors. The second one includes all other medicines that need prior authorization.

These lists show drugs you usually wouldn't give yourself. You may get them at a doctor's office. Or you may get them at a hospital without an overnight stay. These are not the same as the prescription drugs listed on your plan's formulary, or drug list.

Remember: You can use **Ctrl + F** on Windows® (**Command + F** on Mac®) to search for keywords.

Blood-clotting factors

Advate (antihemophilic factor, human recombinant)

Adynovate (antihemophilic factor [recombinant], PEGylated)

Afstyla (antihemophilic factor [recombinant], single chain)

Alphanate (antihemophilic factor/von Willebrand factor complex [human])

AlphaNine SD (coagulation factor IX [human])

Alprolix (coagulation factor IX [recombinant], Fc fusion protein)

Altuviio (efanesoctocog alfa)

BeneFix (coagulation factor IX [recombinant])

Coagadex (coagulation factor X [human])

Corifact (factor XIII concentrate [human])

Eloctate (antihemophilic factor [recombinant], Fc fusion protein)

Esperoct (antihemophilic factor [recombinant], glycopegylated-exei)

FEIBA, FEIBA NF (anti-inhibitor coagulant complex)

Fibryga (fibrinogen, human)

Hemgenix (etranacogene dezaparvovec-drlb) — prior authorization needed for drug and site of care

Hemlibra (emicizumab-kxwh)

Hemofil M (antihemophilic factor [human])

Humate-P (antihemophilic factor/von Willebrand factor complex [human])

Idelvion (antihemophilic factor [recombinant])

Ixinity (coagulation factor IX [recombinant])

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Jivi (antihemophilic factor [recombinant], PEGylated-aucl)

Kogenate FS (antihemophilic factor [recombinant])

Kovaltry (antihemophilic factor [recombinant])

NovoEight (antihemophilic factor [recombinant])

NovoSeven RT (coagulation factor VIIa [recombinant])

Nuwiq (simoctocog alfa)

Obizur (antihemophilic factor [recombinant], porcine sequence)

Rebinyn (coagulation factor IX [recombinant], glycoPEGylated)

Recombinate (antihemophilic factor [recombinant])

RiaSTAP (fibrinogen concentrate [human])

Rixubis (coagulation factor IX [recombinant])

Roctavian (valoctocogene roxaparvovec-rvox) — prior authorization needed for the drug and site of care

Sevenfact (coagulation factor VIIa [recombinant]-jncw)

Tretten (coagulation factor XIII a-subunit [recombinant])

Vonvendi (von Willebrand factor [recombinant])

Wilate (von Willebrand factor/coagulation factor VIII complex [human])

Xyntha, Xyntha Solofuse (antihemophilic factor [recombinant])

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Other prescription drugs

Abraxane (paclitaxel protein-bound particles) — prior authorization needed for Medicare Advantage members only

Acthar Gel/H. P. Acthar (corticotropin)

Adakveo (crizanlizumab-tmca) — prior authorization needed for the drug and site of care

Adcetris (brentuximab vedotin)

Adstiladrin (nadofaragene firadenovec-vncg)

Alpha 1-proteinase inhibitor (human)

(Prior authorization needed for the drug and site of care):

Aralast NP (alpha 1-proteinase inhibitor)
Glassia (alpha 1-proteinase inhibitor)
Prolastin-C (alpha 1-proteinase inhibitor)
Zemaira (alpha 1-proteinase inhibitor)

Allymsys (bevacizumab) — prior authorization needed for oncology indications only

Alzheimer's Disease

Aduhelm (aducanumab-avwa) — prior authorization needed for the drug and site of care
Leqembi (lecanemab-irmb) — prior authorization needed for the drug and site of care

Amyotrophic lateral sclerosis (ALS) drugs:

Qalsody (tofersen)
Radicava (edaravone) — prior authorization needed for the drug and site of care

Autoimmune infused infliximab

(Prior authorization needed for the drug and site of care):

Avsola (infliximab-axxq)
Inflectra (infliximab-dyyb)
Remicade (infliximab)
Renflexis (infliximab-abda)

Avastin (bevacizumab), 10 mg — prior authorization needed for oncology indications only

Aveed (testosterone undecanoate)

Avzivi (bevacizumab-tjnj) — prior authorization needed effective March 15, 2024

Belrapzo (bendamustine HCl)

Bendamustine

Bendeka (bendamustine HCl)

Benlysta (belimumab) — prior authorization needed for the drug and site of care

Besponsa (inotuzumab ozogamicin)

Bortezomib — prior authorization needed for multiple myeloma only

Botulinum toxins:

Botox (onabotulinumtoxinA)
Daxxify (daxibotulinumtoxin A)
Dysport (abobotulinumtoxinA)
Myobloc (rimabotulinumtoxinB)
Xeomin (incobotulinumtoxinA)

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Cablivi (caplacizumab-yhdp)

Calcitonin gene-related peptide (CGRP) receptor inhibitors

Vyepti (eptinezumab-jjmr) — prior authorization needed for the drug and site of care

Cardiovascular — PCSK9 inhibitors:

Leqvio (inclisiran)

Casgevy (exagamglogene autotemcel) — prior authorization needed for the drug and site of care effective March 1, 2024

Chimeric antigen receptor T-cell (CAR-T) therapy

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

Columvi (glofitamab-gxhm)

Complement Inhibitors:

Veopoz (pozelimab-bbfg)

Cortrophin Gel (repository corticotropin)

Cosela (trilaciclib)

Crysvita (burosumab-twza) — prior authorization needed for the drug and site of care

Cyramza (ramucirumab)

Danyelza (naxitamab-gqgk)

Darzalex (daratumumab)

Darzalex Faspro (daratumumab and hyaluronidase-fihj)

Elahere (mirvetuximab soravtansine-gynx)

Elrexfio (elranatamab-bcmm)

Empliciti (elotuzumab)

Enjaymo (sutimlimab-jome) — prior authorization needed for the drug and site of care

Enzyme replacement drugs:

Aldurazyme (laronidase) — prior authorization needed for the drug and site of care
Adzynma (ADAMTS13, recombinant-krhn) — prior authorization needed for the drug and site of care effective March 19, 2024
Brineura (cerliponase alfa)
Cerezyme (imiglucerase) — prior authorization needed for the drug and site of care
Elaprase (idursulfase) — prior authorization needed for the drug and site of care
Elelyso (taliglucerase alfa) — prior authorization needed for the drug and site of care
Elfabrio (pegunigalsidase alfa-iwxj)— prior authorization needed for the drug and site of care
Fabrazyme (agalsidase beta) — prior authorization needed for the drug and site of care
Kanuma (sebelipase alfa) — prior authorization needed for the drug and site of care
Lamzede (velmanase alfa)
Lumizyme (alglucosidase alfa) — prior authorization needed for the drug and site of care
Mepsevii (vestronidase alfa-vjbjk) — prior authorization needed for the drug and site of care
Naglazyme (galsulfase) — prior authorization needed for the drug and site of care

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Nexviazyme (avalglucosidase alfa-ngpt) — prior authorization needed for the drug and site of care

Pombiliti (cipaglucosidase alfa-atga)

Strensiq (asfotase alfa)

Vimizim (elosulfase alfa) — prior authorization needed for the drug and site of care

VPRIV (velaglucerase alfa) — prior authorization needed for the drug and site of care

Xenpozyme (olipudase alfa-rpcp) — prior authorization needed for the drug and site of care

Epkinly (epcoritamab-bysp)

Erbix (cetuximab)

Erythropoiesis-stimulating agents:

Aranesp (darbepoetin alfa)

Epogen (epoetin alfa)

Mircera (methoxy polyethylene glycol-epoetin beta)

Procrit (epoetin alfa)

Retacrit (recombinant human erythropoietin-epbx)

Evkeeza (evinacumab-dgnb) — prior authorization needed for the drug and site of care

Evrysti (risdiplam)

Fusilev (levoleucovorin)

Fyarro (sirolimus protein-bound particles for injectable suspension)

Gattex (teduglutide)

Givlaari (givosiran) — prior authorization needed for the drug and site of care

Granulocyte-colony stimulating factors:

Fulphila (pegfilgrastim-jmdb)

Fylnetra (pegfilgrastim-pbbk)

Granix (injection tbo-filgrastim)

Leukine (injection sargramostim, GM-CSF)

Neulasta (injection pegfilgrastim)

Neupogen (injection filgrastim, G-CSF)

Nivestym (filgrastim-aafi)

Nyvepria (pegfilgrastim-apgf)

Releuko (filgrastim-ayow)

Rolvedon (eflapegrastim-xnst)

Ryzneuta (efbemalenograstim alfa-vuxw) — prior authorization needed effective March 15, 2024

Stimufend (pegfilgrastim-fpgk)

Udenyca (pegfilgrastim)

Udenyca OBI (pegfilgrastim-cbqv) — prior authorization needed effective March 1, 2024

Zarxio (injection filgrastim, G-CSF, biosimilar)

Ziextenzo (pegfilgrastim-bmez)

Growth hormone:

Skytrofa (lonapegsomatropin-tcgd) — prior authorization needed for Medicare Advantage members only

Hereditary angioedema agents:

Berinert (C1 esterase inhibitor)

Cinryze (C1 esterase inhibitor) — prior authorization needed for the drug and site of care

Firazyr (icatibant acetate)

Haegarda (C1 esterase inhibitor subcutaneous [human]) — prior authorization needed for commercial members only effective April 1, 2024

Kalbitor (ecallantide)

Ruconest (C1 esterase inhibitor)

Sajazir (icatibant acetate)

Takhzyro (lanadelumab-flyo)

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Hereditary Transthyretin-mediated Amyloidosis (ATTR) Drugs

- Amvuttra (vutrisiran) — prior authorization needed for the drug and site of care
- Onpattro (patisiran) — prior authorization needed for the drug and site of care
- Tegsedi (inotersen)
- Wainua (eplontersen) — prior authorization needed effective March 26, 2024

HER2 receptor drugs:

- Enhertu (fam-trastuzumab deruxtecan-nxki)
- Herceptin (trastuzumab)
- Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)
- Herzuma (trastuzumab-pkrb)
- Kadcyla (ado-trastuzumab emtansine)
- Kanjinti (trastuzumab-anns)
- Margenza (margetuximab-cmkb)
- Ogivri (trastuzumab-dkst)
- Ontruzant (trastuzumab-dttb)
- Perjeta (pertuzumab)
- Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf)
- Trazimera (trastuzumab-qyyp)

Ilaris (canakinumab)

Imlygic (talimogene laherparepvec)

Imjudo (tremelimumab)

Immunoglobulins (Prior authorization needed for the drug and site of care):

- Alyglo (immune globulin intravenous, human-stwk)— prior authorization needed effective March 22, 2024
- Asceniv (immune globulin)
- Bivigam (immune globulin)

Immunoglobulins (continued):

- Cutaquig (immune globulin)
- Cuvitru (immune globulin SC [human])
- Flebogamma (immune globulin)
- GamaSTAN (immune globulin)
- Gammagard, Gammagard S/D (immune globulin)
- Gammaked (immune globulin)
- Gammaplex (immune globulin)
- Gamunex-C (immune globulin)
- Hizentra (immune globulin)
- HyQvia (immune globulin)
- Octagam (immune globulin)
- Panzyga (immune globulin)
- Privigen (immune globulin)
- Xembify (immune globulin)

Immunologic agents:

- Actemra IV (tocilizumab) — prior authorization needed for the drug and site of care
- Cimzia (certolizumab pegol)
- Cosentyx IV (secukinumab)
- Enspryng (satralizumab) — prior authorization needed for Medicare Advantage members only
- Entyvio (vedolizumab) — prior authorization needed for the drug and site of care
- Ilumya (tildrakizumab)
- OmvoH (mirikizumab-mrkz, J3490, J3590, C9399) — prior authorization needed effective February 2, 2024
- Orencia SQ (abatacept) — prior authorization needed for Medicare Advantage members only
- Orencia IV (abatacept) — prior authorization needed for the drug and site of care
- Riabni (rituximab-arrx)
- Rituxan (rituximab)
- Rituxan Hycela (rituximab/hyaluronidase human)
- Ruxience (rituximab-pvvr)
- Rystiggo (rozanolixizumab-noli)

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Simponi Aria (golimumab) — prior authorization needed for the drug and site of care

Skyrizi (risankizumab-rzaa) — prior authorization needed for Medicare Advantage members only

Skyrizi IV (risankizumab-rzaa)

Spevigo (spesolimab-sbzo)

Stelara SC (ustekinumab) — prior authorization needed for commercial members only effective April 1, 2024

Stelara IV (ustekinumab)

Tofidence (tocilizumab-bavi)

Truxima (rituximab-abbs)

Vyvgart (efgartigimod alfa-fcab)

Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc)

Injectable infertility drugs:

Bravelle (urofollitropin) — prior authorization needed for commercial members only effective April 1, 2024

Cetrotide (cetorelix acetate)

Chorionic gonadotropin

Follistim AQ (follitropin beta)

Ganirelix AC (ganirelix acetate)

Gonal-f (follitropin alfa)

Gonal-f RFF (follitropin alfa)

Menopur (menotropins)

Novarel (chorionic gonadotropin)

Ovidrel (choriogonadotropin alfa)

Pregnyl (chorionic gonadotropin)

Iron Replacement Agents

Feraheme (ferumoxytol)

Injectafer (ferric carboxymaltose injection)

Monoferric (ferric derisomaltose)

Jelmyto (mitomycin)

Jesduvroq (daprodustat) — prior authorization needed for Medicare Advantage members only

Khapzory (levoleucovorin)

Kimmtrak (tebentafusp-tebn)

Korsuva (difelikefalin)

Kyprolis (carfilzomib) — prior authorization needed for multiple myeloma only

Lantidra (donislecel-jujn)

Lunsumio (mosunetuzumab)

Luteinizing hormone-releasing hormone (LHRH) agents:

Camcevi (leuprolide mesylate)

Eligard (leuprolide acetate)

Firmagon (degarelix)

Lutrate (leuprolide acetate)

Lupron Depot (leuprolide acetate), 7.5 mg

Trelstar (triptorelin pamoate)

Zoladex (goserelin)

Lyfgenia (lovotibeglogene autotemcel) — prior authorization needed for the drug and site of care effective March 1, 2024

Monjuvi (tafasitamab-cxix)

Multiple sclerosis drugs:

Briumvi (ublituximab)

Lemtrada (alemtuzumab) — prior authorization needed for the drug and site of care

Ocrevus (ocrelizumab) — prior authorization needed for the drug and site of care

Tysabri (natalizumab) — prior authorization needed for the drug and site of care

Tyruko (natalizumab-sztn) — prior authorization needed for the drug and site

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Muscular dystrophy drugs:

(prior authorization needed for the drug and site of care)

Amondys 45 (casimersen)
Elevidys (delandistrogene moxeparvovec)
Exondys 51 (eteplirsen)
Viltepso (viltolarsen)
Vyondys 53 (golodirsen)

Mvasi (bevacizumab-awwb) — prior authorization needed for oncology indications only

Myalept (metreleptin) — prior authorization needed for commercial members only effective April 1, 2024

Nulibry (fosdenopterin)

Omisirge (omidubicel)

Ophthalmic injectables:

Beovu (brolucizumab-dbll)
Byooviz (ranibizumab-nuna)
Cimerli (ranibizumab-eqrn)
Eylea (aflibercept)
Eylea HD (aflibercept)
Izervay (avacincaptad pegol)
Lucentis (ranibizumab)
Luxturna (voretigene neparvovec-rzyl) — prior authorization needed for the drug and site of care
Macugen (pegaptanib)
Susvimo (ranibizumab)
Syfovre (pegcetacoplan)
Tepezza (teprotumumab-trbw) — prior authorization needed for the drug and site of care

Ophthalmic injectables (continued):

Vabysmo (faricimab-svoa)

Osteoporosis drugs:

Bonsity (teriparatide) — prior authorization needed for Medicare Advantage members only
Evenity (romosozumab-aqqg) — prior authorization needed for Medicare Advantage members only
Forteo (teriparatide) — prior authorization needed for Medicare Advantage members only
Miacalcin (calcitonin) — prior authorization needed for Medicare Advantage members only
Prolia (denosumab)

Oxlumo (lumasiran) — prior authorization needed for the drug and site of care

Paclitaxel protein-bound particles — prior authorization needed for Medicare Advantage members only

Padcev (enfortumab vedotin)

Paroxysmal nocturnal hemoglobinuria (PNH)

(prior authorization needed for the drug and site of care)

Soliris (eculizumab) —
Ultomiris (ravulizumab-cwvz)

Parsabiv (etelcalcetide)

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Medicines

PD1/PDL1 drugs (prior authorization needed for the drug and site of care):

Bavencio (avelumab)
Imfinzi (durvalumab)
Jemperli (dostarlimab-gxly)
Keytruda (pembrolizumab)
Libtayo (cemiplimab-rwlc)
Loqtorzi (toripalimab-tpzi) — prior authorization needed effective March 19, 2024
Opdivo (nivolumab) Opdualag (nivolumab and relatlimab-rmbw)
Tecentriq (atezolizumab)
Zynyz (retifanlimab-dlwr)

Pedmark (sodium thiosulfate)

Pemfexy (pemetrexed) — prior authorization needed for Medicare Advantage members only

Polivy (polatuzumab vedotin-piiq)

Provenge (sipuleucel-T)

Pulmonary arterial hypertension drugs:

All epoprostenol sodium and sildenafil citrate
Flolan (epoprostenol sodium)
Remodulin (treprostinil sodium)
Tyvaso (treprostinil)
Veletri (epoprostenol sodium)
Ventavis (iloprost)

Radiopharmaceutical Drugs

Metastron (Strontium-89 Chloride injection)
Pluvicto (lutetium Lu 177 vipivotide tetraxetan)

Reblozyl (luspatercept-aamt)

Respiratory injectables (prior authorization needed for the drug and site of care):

Cinqair (reslizumab)
Fasenra (benralizumab)
Nucala (mepolizumab)
Tezspire (tezepelumab-ekko)
Xolair (omalizumab)

Rivfloza (nedosiran)

Rybrevant (amivantamab-vmjw)

Ryplazim (plasminogen, human-tvmh)

Saphnelo (anifrolumab-fnia) — prior authorization needed for the drug and site of care

Sarclisa (isatuximab-irfc)

Skysona/Lenti-D (elivaldogene autotemcel or elicelel)

Somatostatin agents:

Lanreotide (ciplā)
Sandostatin (octreotide)
Sandostatin LAR (octreotide acetate)
Signifor (pasireotide) — prior authorization needed for commercial members only effective April 1, 2024
Signifor LAR (pasireotide)
Somatuline (lanreotide)
Somavert (pegvisomant) — prior authorization needed for commercial members only effective April 1, 2024

Basics

Services

Medicines

Spinraza (nusinersen) — prior authorization needed for the drug and site of care

Spravato (esketamine)

Synagis (palivizumab)

Talvey (talquetamab-tgvs)

Tecvayli (teclistamab-cqyv)

Tivdak (tisotumab vedotin-tftv)

Treanda (bendamustine HCl)

Trodelyv (sacituzumab govitecan-hziy)

Tzielid (teplizumab-mzwv)

Uplizna (inebilizumab-cdon) — prior authorization needed for the drug and site of care

Vectibix (panitumumab)

Vegzelma (bevacizumab-adcd) — prior authorization needed for oncology indications only

Velcade (bortezomib) — prior authorization needed for multiple myeloma only

Viscosupplementation:

- Durolane (hyaluronic acid)
- Euflexxa, Hyalgan, Genvisc, Supartz FX, TriVisc, Visco 3 (sodium hyaluronate)
- Gel-One (cross-linked hyaluronate)
- Gelsyn-3, Hymovis (hyaluronic acid)
- Monovisc, Orthovisc (sodium hyaluronate)
- Synjoynt, Triluron (1% sodium hyaluronate)

Viscosupplementation (continued):

Synvisc, Synvisc-One (hylan)

Vivimusta (bendamustine hydrochloride)

Vyjuvek (beremagene geperpavec)

Xgeva (denosumab)

Xofigo (radium Ra 223 dichloride)

Yervoy (ipilimumab) — prior authorization needed for the drug and site of care

Zilretta (triamcinolone acetonide extended release injectable suspension) — prior authorization needed for Medicare Advantage members only

Zirabev (bevacizumab-bvzr) — prior authorization needed for oncology indications only

Zolgensma (onasemnogene abeparvovec-xioi) — prior authorization needed for the drug and site of care

Zulresso (brexanolone)

Zynlonta (loncastuximab tesirine-lpyl)

Zynteglo (betibeglogene autotemcel)



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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.

NONDISCRIMINATION NOTICE

Discrimination is against the law. Aetna Medicare Preferred Plan (HMO D-SNP) follows State and Federal civil rights laws. Aetna Medicare Preferred Plan (HMO D-SNP) does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Aetna Medicare Preferred Plan (HMO D-SNP) provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Aetna Medicare Preferred Plan (HMO D-SNP) between 8 AM-8 PM, 7 days a week by calling 1-866-409-1221. If you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Aetna Medicare Preferred Plan (HMO D-SNP)
Aetna Medicare, PO Box 7405 London, KY 40742
1-866-409-1221
TTY/TDD 711
California Relay 711

HOW TO FILE A GRIEVANCE

If you believe that Aetna Medicare Preferred Plan (HMO D-SNP) has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Aetna Medicare Grievances. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Aetna Medicare Grievances between 8 AM to 8 PM, 7 days a week by calling 1-866-409-1221. Or, if you cannot hear or speak well, please call TTY/TDD 711.
 - **In writing:** Fill out a complaint form or write a letter and send it to:

Aetna Medicare Grievances
PO Box 14834 Lexington, KY 40512
 - **In person:** Visit your doctor's office or Aetna Medicare Preferred Plan (HMO D-SNP) and say you want to file a grievance.
 - **Electronically:** Visit Aetna Medicare Preferred Plan (HMO D-SNP) website at **AetnaMedicare.com**
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OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- **In writing:** Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- **Electronically:** Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

TTY: 711

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number listed in this document. (English)

Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)

(Traditional Chinese)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)

Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)

. (Korean)

(Armenian)

اگر به زبان دیگری بجز انگلیسی گفتگو می کنید، کمک زبانی رایگان فراهم می باشد. به وبسایت ما مراجعه نمایید و یا به شماره تلفن که در سند ذیل لست شده، تماس بگیرید. (Farsi)

Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)

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إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند. (Arabic)

ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਤੋਂ ਇਲਾਵਾ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸਾਡੀ ਵੈੱਬਸਾਈਟ 'ਤੇ ਜਾਓ ਜਾਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿਚ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

(Khmer)

Yog hais tias koj hais ib hom lus uas tsis yog lus Askiv, muaj cov kev pab cuam txhais lus dawb pub rau koj. Mus saib peb lub website los yog hu rau tus xov tooj sau teev tseg nyob rau hauv daim ntawv no. (Hmong)

अगर आप अंग्रेजी के अलावा कोई अन्य भाषा बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। हमारी वेबसाइट पर जाएं या इस दस्तावेज़ में दिए गए फोन नंबर पर कॉल करें। (Hindi)

หากคุณพูดภาษาอื่นนอกเหนือจากภาษาอังกฤษ สามารถขอรับบริการช่วยเหลือด้านภาษาได้ฟรี เข้าไปที่เว็บไซต์ของเรา หรือโทรติดต่อหมายเลขโทรศัพท์ ที่แสดงไว้ในเอกสารนี้ (Thai)