



# Understanding prior authorization

Learn what it is and when you need it



Check out the table of contents on the next page for a closer look at what you'll find in this guide.

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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 November 1, 2023.

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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 — prior authorization needed effective September 1, 2023
- Sacroiliac joint fusion surgery
- Spinal fusion surgery
- Vertebral corpectomy
- Vertebroplasty/kyphoplasty

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## Uvulopalatopharyngoplasty, including laser-assisted procedures\*

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## Ventricular assist devices

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## Whole exome sequencing

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\*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)

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**Adynovate** (antihemophilic factor [recombinant], PEGylated)

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**Afstyla** (antihemophilic factor [recombinant], single chain)

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

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**AlphaNine SD** (coagulation factor IX [human])

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

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**Altuviio** (efanesoctocog alfa) — prior authorization needed effective July 1, 2023

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**Bebulin** (factor IX complex)

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**BeneFix** (coagulation factor IX [recombinant])

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**Coagadex** (coagulation factor X [human])

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**Corifact** (factor XIII concentrate [human])

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

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

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**FEIBA, FEIBA NF** (anti-inhibitor coagulant complex)

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**Fibryga** (fibrinogen, human)

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**Helixate FS** (antihemophilic factor [recombinant])

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**Hemgenix** (etranacogene dezaparvovec-drlb) — prior authorization required effective March 17, 2023. Prior authorization also required for site of care effective May 1, 2023.

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**Hemlibra** (emicizumab-kxwh)

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**Hemofil M** (antihemophilic factor [human])

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

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**Idelvion** (antihemophilic factor [recombinant])

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**Ixinity** (coagulation factor IX [recombinant])

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**Jivi** (antihemophilic factor [recombinant], PEGylated-aucI)

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**Koate, Koate-DVI** (antihemophilic factor [human])

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**Kogenate FS** (antihemophilic factor [recombinant])

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**Kovaltry** (antihemophilic factor [recombinant])

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**Monoclate-P** (antihemophilic factor [human])

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**Mononine** (coagulation factor IX [human])

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**NovoEight** (antihemophilic factor [recombinant])

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**NovoSeven RT** (coagulation factor VIIa [recombinant])

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**Nuwiq** (simoctocog alfa)

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**Obizur** (antihemophilic factor [recombinant], porcine sequence)

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**Rebinyn** (coagulation factor IX [recombinant], glycoPEGylated)

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**Recombinate** (antihemophilic factor [recombinant])

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**RiaSTAP** (fibrinogen concentrate [human])

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**Rixubis** (coagulation factor IX [recombinant])

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**Sevenfact** (coagulation factor VIIa [recombinant]-jncw)

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**Roctavian** (valoctocogene roxaparvovec-rvox) — prior authorization required for the drug and site of care effective October 2, 2023.

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

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**Vonvendi** (von Willebrand factor [recombinant])

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

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**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) — prior authorization required effective March 28, 2023

### 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)

**Alymsys** (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 for the drug and site of care required effective April 5, 2023

### Amyotrophic lateral sclerosis (ALS) drugs:

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

### Autoimmune infused infliximab

- Avsola (infliximab-axxq) — prior authorization needed for the drug and site of care
- Inflectra (infliximab-dyyb) — prior authorization needed for the drug and site of care
- Remicade (infliximab) — prior authorization needed for the drug and site of care
- Renflexis (infliximab-abda) — prior authorization needed for the drug and site of care

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

**Aveed** (testosterone undecanoate)

**Belrapzo** (bendamustine HCl)

**Bendeka** (bendamustine HCl)

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

**Besponsa** (inotuzumab ozogamicin)

**Blenrep** (belantamab mafodotin-blmf)

**Bendamustine** — prior authorization required effective July 1, 2023

**Bortezomib** — prior authorization needed for multiple myeloma only

### Botulinum toxins:

- Botox (onabotulinumtoxinA)
- Dysport (abobotulinumtoxinA)
- Myobloc (rimabotulinumtoxinB)
- Xeomin (incobotulinumtoxinA)

**Cablivi** (caplacizumab-yhdp)

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## 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)

## 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-gxbm) — prior authorization needed effective October 2, 2023

## Complement Inhibitors:

Veopoz (pozelimab-bbfg) — prior authorization needed for drug and site of care effective November 10, 2023

## 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) — prior authorization required effective March 1, 2023

**Elrexio** (elranatamab-bcmm) — prior authorization required effective November 10, 2023

## Empliciti (elotuzumab)

**Enjymo** (sutimlimab-jome) — prior authorization for the drug and site of care

## Enzyme replacement drugs:

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

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 effective August 1, 2023

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) — prior authorization required effective July 1, 2023

Lumizyme (alglucosidase alfa) — prior authorization needed for the drug and site of care

Mepsevii (vestronidase alfa-vjbc) — prior authorization needed for the drug and site of care

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

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

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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

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**Epkinly** (epcoritamab-bysp)— prior authorization needed effective September 1, 2023

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**Erbix** (cetuximab)

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**Erythropoiesis-stimulating agents:**

Aranesp (darbepoetin alfa)  
 Epogen (epoetin alfa)  
 Mircera (methoxy polyethylene glycol-epoetin beta)  
 Procrit (epoetin alfa)  
 Retacrit (recombinant human erythropoietin-epbx)

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

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**Evrystdi** (risdiplam)

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**Feraheme** (ferumoxytol)

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**Fusilev** (levoleucovorin)

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**Fyarro** (sirolimus protein-bound particles for injectable suspension)

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**Gattex** (teduglutide)

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**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)  
 Stimufend (pegfilgrastim-fpgk)  
 Udenyca (pegfilgrastim)  
 Zarxio (injection filgrastim, G-CSF, biosimilar)  
 Ziextenzo (pegfilgrastim-bmez)

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**Growth hormone:**

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

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**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])  
 Kalbitor (ecallantide)  
 Ruconest (C1 esterase inhibitor)  
 Sajazir (icatibant acetate)  
 Takhzyro (lanadelumab-flyo)

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## Hereditary Transthyretin-mediated Amyloidosis (ATTR) Drugs

Amvuttra (vutrisiran)  
 Onpattro (patisiran) — prior authorization needed for the drug and site of care  
 Tegsedi (inotersen)

## HER2 receptor drugs:

Enhertu (fam-trastuzumab deruxtecan-nxki)  
 Herceptin (trastuzumab)  
 Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)  
 Herzuma (trastuzumab-pkrb)  
 Kadcyra (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) — prior authorization required effective March 1, 2023

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

Asceniv (immune globulin)  
 Bivigam (immune globulin)  
 Cutaquig (immune globulin)  
 Cuvitru (immune globulin SC [human])  
 Flebogamma (immune globulin)  
 GamaSTAN (immune globulin)  
 Gammagard, Gammagard S/D (immune globulin)

## Immunoglobulins (continued):

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 (tocilizumab) — prior authorization needed for the drug and site of care  
 Actemra SC (tocilizumab) — prior authorization needed for Medicare Advantage members only  
 Cimzia (certolizumab pegol)  
 Cosentyx (secukinumab) — prior authorization needed for Medicare Advantage members only  
 Enspryng (satralizumab) — prior authorization needed for Medicare Advantage members only  
 Entyvio (vedolizumab) — prior authorization needed for the drug and site of care  
 Ilumya (tildrakizumab)  
 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) — prior authorization needed effective September 14, 2023  
 Simponi Aria (golimumab) — prior authorization needed for the drug and site of care  
 Skyrizi (risankizumab-rzaa) — prior authorization needed for Medicare Advantage members only

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Skyrizi IV (risankizumab-rzaa)  
 Spevigo (spesolimab-sbzo)  
 Stelara (ustekinumab)  
 Stelara IV (ustekinumab)  
 Tremfya (guselkumab) — prior authorization needed for Medicare Advantage members only  
 Truxima (rituximab-abbs)  
 Vyvgart (efgartigimod alfa-fcab)  
 Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) — prior authorization needed effective September 12, 2023

### Injectable infertility drugs:

Chorionic gonadotropin  
 Bravelle (urofollitropin)  
 Cetrotide (cetorelix acetate)  
 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) — prior authorization required effective July 1, 2023

### Jelmyto (mitomycin)

**Jesduvroq** (daprodustat) — prior authorization needed for Medicare Advantage members only effective October 1, 2023

### Khapzory (levoleucovorin)

### Kimtrak (tebentafusp-tebn)

**Korsuva** (difelikefalin) — prior authorization required effective July 1, 2023

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

**Lantidra** (donislecel-jujn) — prior authorization needed effective November 1, 2023

### Lartruvo (olaratumab)

**Lunsumio** (mosunetuzumab) — prior authorization required effective March 28, 2023

### Luteinizing hormone-releasing hormone (LHRH) agents:

Camcevi (leuprolide mesylate)  
 Eligard (leuprolide acetate)  
 Firmagon (degarelix)  
 Lutrate (leuprolide acetate) — prior authorization required effective March 1, 2023  
 Lupron Depot (leuprolide acetate), 7.5 mg  
 Trelstar (triptorelin pamoate)  
 Zoladex (goserelin)

### Makena (hydroxyprogesterone capoate)

### Monjuvi (tafasitamab-cxix)

### Multiple sclerosis drugs:

Avonex (interferon beta-1a) — prior authorization needed for Medicare Advantage members only  
 Briumvi (ublituximab) — prior authorization required effective April 11, 2023  
 Kesimpta (ofatumumab) — prior authorization needed for Medicare Advantage members only  
 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

Basics

Services

Medicines

Tyruko (natalizumab-sztn) — prior authorization needed for the drug and site of care effective November 28, 2023

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### **Muscular dystrophy drugs:**

Amondys 45 (casimersen) — prior authorization needed for the drug and site of care

Elevidys (delandistrogene moxeparvovec) — prior authorization needed for the drug and site of care effective September 14, 2023

Exondys 51 (eteplirsen) — prior authorization needed for the drug and site of care

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

Vyondys 53 (golodirsen) — prior authorization needed for the drug and site of care

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

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**Myalept** (metreleptin)

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**Natpara** (parathyroid hormone)

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**Nulibry** (fosdenopterin)

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**Omisirge** (omidubicel) — prior authorization required effective July 1, 2023

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### **Ophthalmic injectables:**

Beovu (brolucizumab-dblI)

Byooviz (ranibizumab-nuna)

Cimerli (ranibizumab-eqrn)

Eylea (aflibercept)

Eylea HD (aflibercept) — prior authorization needed effective October 2, 2023

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### **Ophthalmic injectables (continued):**

Izervay (avacincaptad pegol) — prior authorization required effective November 10, 2023

Lucentis (ranibizumab)

Luxturna (voretigene neparvovec-rzyl) — prior authorization needed for the drug and site of care

Macugen (pegaptanib)

Susvimo (ranibizumab)

Syfovre (pegcetacoplan) — prior authorization required effective July 1, 2023

Tepezza (teprotumumab-trbw) — prior authorization needed for the drug and site of care

Vabysmo (faricimab-svoa)

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### **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)

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

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**Padcev** (enfortumab vedotin)

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**Paclitaxel** protein-bound particles — prior authorization needed for Medicare Advantage members only effective July 1, 2023

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Basics

Services

Medicines

**Paroxysmal nocturnal hemoglobinuria (PNH)**

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

Ultomiris (ravulizumab-cwvz) — prior authorization needed for the drug and site of care

**Parsabiv** (etelcalcetide)**PD1/PDL1 drugs** (precertification for the drug and site of care required):

Bavencio (avelumab)

Imfinzi (durvalumab)

Jemperli (dostarlimab-gxly)

Keytruda (pembrolizumab)

Libtayo (cemiplimab-rwlc)

Opdivo (nivolumab)

Opdualag (nivolumab and relatlimab-rmbw)

Tecentriq (atezolizumab)

Zynyz (retifanlimab-dlwr) — prior authorization required effective July 1, 2023

**Pedmark** (sodium thiosulfate)**Pepaxto** (melphalan flufenamide)**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) — prior authorization required effective July 1, 2023

Pluvicto (lutetium Lu 177 vipivotide tetraxetan) — prior authorization required effective July 1, 2023

**Reblozyl** (luspatercept-aamt)**Respiratory injectables** (prior authorization needed for the drug and site of care):

Cinqair (reslizumab)

Fasenra (benralizumab)

Nucala (mepolizumab)

**Respiratory injectables (continued):**

Tezspire (tezepelumab-ekko) — prior authorization for the drug and site of care

Xolair (omalizumab)

**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 elice)

**Somatostatin agents:**

Bynfezia (octreotide)

Lanreotide (ciplā) — prior authorization required effective March 1, 2023

Sandostatin (octreotide)

Sandostatin LAR (octreotide acetate)

Basics

Services

Medicines

Signifor (pasireotide)  
 Signifor LAR (pasireotide)  
 Somatuline (lanreotide)  
 Somavert (pegvisomant)

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

**Spravato** (esketamine)

**Synagis** (palivizumab)

**Talvey** (talquetamab-tgvs) — prior authorization required effective November 10, 2023

**Tecvayli** (teclistamab-cqyv)

**Tivdak** (tisotumab vedotin-tftv)

**Treanda** (bendamustine HCl)

**Trodelyv** (sacituzumab govitecan-hziy)

**Tzielid** (teplizumab-mzww) — prior authorization required effective March 17, 2023

**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, Trilon (1% sodium hyaluronate)  
 Synvisc, Synvisc-One (hylan)

**Vivimusta** (bendamustine hydrochloride) — prior authorization required effective March 17, 2023

**Vyjuvek** (beremagene geperpavec) — prior authorization required effective August 11, 2023

**Xgeva** (denosumab)

**Xofigo** (radium Ra 223 dichloride)

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

**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

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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

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## 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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Հայերեն լեզուով կատարվող հարցերի և խնդիրների հարցումները, կարող եք դիմել մեր հարցումների և խնդիրների կենտրոնին: Հարցումները կատարվում են անվճար: (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)

បើលោកអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេសសេរីកម្មជំនួយផ្នែកភាសាមានផ្តល់ជូនដោយឥតគិតថ្លៃសូមចូលមើលគេហទំព័ររបស់យើងខ្ញុំ ឬហៅទៅកាន់លេខទូរស័ព្ទដែលមានរាយនៅក្នុងឯកសារនេះ។ (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)

आपकी भाषा में हमारे वेबसाइट पर या हमारे फ़ोन नंबर पर हमें सहायता प्राप्त करने के लिए सहायता मिल सकती है। (Hindi)

หากคุณพูดภาษาอื่นนอกเหนือจากภาษาอังกฤษ สามารถขอรับบริการช่วยเหลือด้านภาษาได้ ฟรี เข้าไปที่เว็บไซต์ของเรา หรือโทรติดต่อหมายเลขโทรศัพท์ ที่แสดงไว้ในเอกสารนี้ (Thai)