Procedures, programs and drugs that require precertification

Participating provider precertification list

Starting June 1, 2021

Applies to:
Aetna® plans, except Traditional Choice® plans
All health benefits and insurance plans offered and/or underwritten by Innovation Health plans, Inc., and Innovation Health Insurance Company, except indemnity plans
Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan

All health benefits and health insurance plans offered, underwritten and/or administered by the following:
Banner Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc. (Banner | Aetna), Texas Health + Aetna Health Insurance Company and/or Texas Health + Aetna Health Plan Inc. (Texas Health Aetna), Allina Health and Aetna Health Insurance Company (Allina Health | Aetna), Sutter Health and Aetna Administrative Services LLC (Sutter Health | Aetna)
Do I need a referral before I get care?

For benefit plans with a primary care physician (PCP), you may need a referral for specialist care. In such a case, your PCP must refer you to a specialist. Please check the back of your member ID card for your plan referral rules.

Do I need preapproval before I get care?

- **In-network provider care**
  Before you go for care to any participating provider, check with your doctor to be sure that all needed prior approvals are in place. A participating provider can be any provider of health care and includes a specialist or facility.
  Your network provider may need to get prior approval for additional care as part of an Aetna special program. This includes services like transplants and certain women’s health services (infertility, BRCA or pre-implantation genetic testing). Also, precertification may apply for local programs for services such as:
  - Cardiac catheterizations and rhythm implants
  - Hip and knee replacements
  - Pain management
  - Radiology/imaging services
  - Sleep studies
  The network provider gets prior approval, if needed. You don’t have to pay if the provider fails to get prior approval.

- **Out-of-network provider care**
  You may need approval to see out-of-network providers. Be sure to check your plan documents about prior approval rules. You must get prior approval, if needed. Your plan benefits may be less or not covered if you don’t get prior approval. That means you must pay for these charges.

- **Pharmacy**
  You might have different benefits for drugs covered under a pharmacy plan. These drugs may also have different prior approval requirements.

More questions?

Look at your member booklet to find out what your medical plan covers. Or log in to your secure member website. You can also call us at the toll-free number on your member ID card.

Services that require precertification:

1. **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)

2. **Ambulance**
   Precertification required for transportation by fixed-wing aircraft (plane)

3. **Arthroscopic hip surgery to repair impingement syndrome including labral repair**

4. **Autologous chondrocyte implantation**

5. **Chiari malformation decompression surgery**

6. **Cochlear device and/or implantation**

7. **Coverage at an in-network benefit level for out-of-network provider or facility unless services are emergent.** Some plans have limited or no out of network benefits.

8. **Dental implants**

9. **Dialysis visits**
   When request is initiated by a participating provider, and dialysis to be performed at a nonparticipating facility

10. **Dorsal column (lumbar) neurostimulators:**
     trial or implantation

11. **Electric or motorized wheelchairs and scooters**

12. **Endoscopic nasal balloon dilation procedures**

13. **Functional endoscopic sinus surgery (FESS)**

14. **Gender affirmation surgery**

15. **Hyperbaric oxygen therapy**

16. **Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics**

17. **Nonparticipating freestanding ambulatory surgical facility services, when referred by a participating provider**

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

19. **Osseointegrated implant**

20. **Osteochondral allograft/knee**

21. **Private duty nursing**

22. **Proton beam radiotherapy**

23. **Reconstructive or other procedures that maybe considered cosmetic, such as:**
    - Blepharoplasty/canthoplasty
    - 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

24. **Shoulder arthroplasty including revision procedures**
25. **Spinal procedures, such as:**
   - Artificial intervertebral disc surgery (cervical spine)
   - Arthrodesis for spine deformity
   - Cervical laminoplasty
   - Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures
   - Kyphectomy
   - Laminectomy with rhizotomy
   - Spinal fusion surgery

26. **Uvulopalatopharyngoplasty, including laser assisted procedures**
27. **Ventricular assist devices**
28. **Video electroencephalograph (EEG)**
29. **Whole exome sequencing**
Drugs and medical injectables

Blood-clotting factors (precertification for outpatient infusion of this drug class is required)

For the following services, providers should call **1-855-888-9046** for precertification with the following exceptions:

- For MHBP, please call CVS/Caremark at **1-800-237-2767**
- For the Foreign Service Benefit Plan, please call Express Scripts at **1-800-922-8279**
- For the Rural Carrier Benefit Plan, please call CVS/Caremark® at **1-800-237-2767**

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)
Bebulin (factor IX complex)
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)
Helixate FS (antihemophilic factor [recombinant])
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])
Jivi [antihemophilic factor (recombinant), PEGylated-aucl]
Koate, Koate-DVI (antihemophilic factor [human])
Kogenate FS (antihemophilic factor [recombinant])
Kovaltry (antihemophilic factor [recombinant])
Monoclate-P (antihemophilic factor [human])
Mononine (coagulation factor IX [human])
NovoEight (turoctocog alfa)
NovoSeven RT (coagulation factor VIIa [recombinant])
Nuviq (simoctocog alfa)
Obizur (antihemophilic factor [recombinant], porcine sequence)
Profilnine (factor IX complex)
Rebinyx (coagulation factor IX [recombinant], glycoPEGylated)
Recombinate (antihemophilic factor [recombinant])
RiaSTAP (fibrinogen concentrate [human])
Rixubis (coagulation factor IX [recombinant])
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 Solof (antihemophilic factor [recombinant])
Other drugs and medical injectables

For the following services, providers call 1-866-752-7021 or fax applicable request forms to 1-888-267-3277, with the following exceptions:

- For precertification of pharmacy-covered specialty drugs (noted with*) when you are enrolled in a commercial plan, your provider will call 1-855-240-0535. Or, they can fax applicable request forms to 1-877-269-9916.
- Your provider can use the drug-specific Specialty Medication Request Form located online under “Specialty Pharmacy Precertification.”
- Your provider can submit Specialty Pharmacy precertification requests electronically using provider online tools and resources at our provider portal with Aetna.
- Please see our Medicare online resources for more information about preferred products or to find a precertification fax form.
- When you’re enrolled in a Foreign Service Benefit Plan, MHBP or Rural Carrier Benefit Plan, ask your provider to use these contacts:
  - For precertification of pharmacy-covered specialty drugs:
    - Foreign Service Benefit Plan, call Express Scripts at 1-800-922-8279
    - MHBP and Rural Carrier Benefit Plan, call CVS Caremark at 1-800-237-2767
  - For precertification of all other listed drugs:
    - Foreign Service Benefit Plan, call 1-800-593-2354
    - MHBP, call 1-800-410-7778
    - Rural Carrier Benefit Plan, call 1-800-638-8432

**Abraxane** (paclitaxel) – precertification required for Medicare Advantage members only

**Acthar Gel/H. P. Acthar** (corticotrpin)

**Adakveo** (crizanluzumab-tmca) – precertification for the drug and site of care required

**Adcetris** (brentuximab vedotin)

**Alpha 1-proteinase inhibitor (human)** (precertification for the drug and site of care required):
  - Aralast NP (alpha 1-proteinase inhibitor)
  - Glassia (alpha 1-proteinase inhibitor)
  - Prolastin-C (alpha 1-proteinase inhibitor)
  - Zemaira (alpha 1-proteinase inhibitor)

**Amyotrophic Lateral Sclerosis (ALS) drugs:**
  - Radicava (edaravone) — precertification for the drug and site of care required

**Avastin** (bevacizumab), 10 mg

**Aveed** (testosterone undecanoate)

**Belrapzo** (bendamustine HCl)

**Bendeka** (bendamustine HCl)

**Benlysta** (belimumab) – precertification for the drug and site of care required

**Besponsa** (inotuzumab ozogamicin)

**Blenrep** (belantamab mafodotin-blmf)

**Botulinum toxins:**
  - Botox (onabotulinumtoxinA)
  - Dysport (abobotulinumtoxinA)
  - Myobloc (rimabotulinumtx oxinB)
  - Xeomin (incobotulinumtoxinA)

**Cablivi** (caplacizumab-yhdp)

**Calcitonin Gene-Related Peptide (CGRP) receptor inhibitors**
  - Vyepti (eptinezumab-jjmr) – precertification for the drug and site of care required

**Cardiovascular — PCSK9 inhibitors:**
  - Praluent* (alirocumab)
  - Repatha* (evolocumab)

**Chimeric Antigen Receptor T-Cell Therapy (CAR-T)** — Contact National Medical Excellence at 1-877-212-8811
  - Abecma (idecabtagene vicleucel) — precertification required effective 6/1/2021
  - Breyanzi (lisocabtagene maraleucel) — precertification required effective 5/7/2021
  - Kymriah (tisagenlecleucel)
  - Tecartus (brexucabtagene autoleucel)
  - Yescarta (axicabtagene ciloleucel)

**Cosela** (trilaciclib) — precertification required effective 5/7/2021

**Crysvis** (burosumab) — precertification for the drug and site of care required

**Cyramza** (ramucirumab)

**Danyelza** (naxitamab-gqgk) — precertification required effective 3/1/2021

**Darzalex** (daratumumab)

**Darzalex Faspro** (daratumumab and hyaluronidase-fiij)

**Dupixent** (dupilumab)

**Empliciti** (elotuzumab)
**Enzyme replacement drugs:**
- Aldurazyme (laronidase) — precertification required for the drug and site of care
- Brineura (cerliponase alfa)
- Cerezyme (imiglucerase) — precertification for the drug and site of care required
- Elaprase (idursulfase) — precertification for the drug and site of care required
- Elelyso (taliglucerase alfa) — precertification for the drug and site of care required
- Fabrazyme (agalsidase beta) — precertification for the drug and site of care required
- Kanuma (sebelipase alfa) — precertification for the drug and site of care required
- Lumizyme (alglucosidase alfa) — precertification for the drug and site of care required
- Mepsevii (vestronidase alfa-vjbk) — precertification for the drug and site of care required
- Naglazyme (galsulfase) — precertification for the drug and site of care required
- Strensiq (asfotase alfa)
- Evkeeza (evinacumab-dgnb) — precertification for the drug and site of care required effective 5/7/2021

**Erbilux** (cetuximab)

**Erythropoiesis-stimulating agents:**
- Aranesp (darbepoetin alfa)
- Epogen (epoetin alfa)
- Mircera (epoetin beta)
- Procrit (epoetin alfa)
- Retacrit (recombinant human erythropoietin)
- Viminiz (elosulfase alfa) — precertification for the drug and site of care required
- VPRIV (velaglucerase alfa) — precertification for the drug and site of care required

**Erbitux** (cetuximab)

**Growth hormone:**
- Genotropin* (somatropin)
- Humatrope* (somatropin)
- Increlex* (mecasermin)
- Norditropin*(somatropin)
- Nutropin AQ* (somatropin)
- Omnitrope* (somatropin)
- Saizen* (somatropin)
- Serostim* (somatropin)
- Sogroya* (somapacitan-beco) – precertification required effective 2/11/2021
- Zomacton* (somatropin [rDNA origin])
- Zorbttive* (somatropin)

**Hepatitis C drugs:**
- Daklinza* (daclatasvir)
- Epclusa* (sofosbuvir and velpatasvir)
- Harvoni* (sofosbuvir/ledipasvir)
- Mavyret* (glecaprevir/pibrentasvir)
- Olysio* (simeprevir)
- Sovaldi* (sofosbuvir)
- Technivie* (ombitasvir/paritaprevir/ritonavir)
- Viekira Pak* (paritaprevir/ritonavir/ombitasvir/dasabuvir)
- Viekira XR* (ombitasvir/paritaprevir/ritonavir and dasabuvir)
- Vosevi* (sofosbuvir/velpatasvir/voxilaprevir)
- Zepatier* (elbasvir/grazoprevir)

**Hereditary angioedema agents:**
- Berinert (C1 esterase inhibitor)
- Cinryze (C1 esterase inhibitor) — precertification for the drug and site of care required
- Firazyr (icatibant acetate)
- Haegarda (C1 esterase inhibitor subcutaneous [human])
- Kalbitor (ecallantide)
- Ruconest (C1 esterase inhibitor)
- Takhyzo (lanadelumab)

**HER2 receptor drugs:**
- Enhertu (fam-trastuzumab deruxtecan-nxki)
- Herceptin (trastuzumab)
- Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)
- Herzuma (trastuzumab-pkrb)
- Kadzyla (ado-trastuzumab emtansine)
- Kanjinti (trastuzumab-ansns)
- Margenza (margetuximab-cmkb) – precertification required effective 4/1/2021
- Ogivri (trastuzumab-dkst)
- Ontruzant (trastuzumab-dttb)
- Perjeta (pertuzumab)
- Phesgo (pertuzumab/trastuzumab/hyaluronidase-zxf)
- Trazimera (trastuzumab-qyyp)

**Ilaris* (canakinumab)

**Imlygic** (talimogene laherparepvec)

---

*Proprietary*
Immunoglobulins (precertification for the drug and site of care required):
Asceniv (immune globulin)
Bivigam (immune globulin)
Carimune NF (immune globulin)
Cutaquig (immune globulin)
Cuvitru (immune globulin SC [human])
Flebogamma (immune globulin)
GamaSTAN S/D (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:
Avsola (infliximab-axxq) — precertification for the drug and site of care required
Actemra (tocilizumab) — precertification for the drug and site of care required
Actemra* SC (tocilizumab)
Cimzia* (certolizumab pegol)
Cosentyx* (secukinumab)
Enbrel* (etanercept)
Enspryng* (satralizumab)
Entyvio (vedolizumab) — precertification for the drug and site of care required
Kevzara* (sarilumab)
Kineret* (anakinra)
Olumiant* (baricitinib)
Orencia SQ* (abatacept)
Orencia IV (abatacept) — precertification for the drug and site of care required
Otezla* (apremilast)
Remicade (infliximab) — precertification for the drug and site of care required
Renflexis (infliximab-abda) — precertification for the drug and site of care required
Riabni (rituximab-arrx) — precertification required effective 4/2/2021
Rinvoq (upadacitinib)
Rituxan (rituximab)
Rituxan Hygea (rituximab/hyaluronidase human)
Ruxience (rituximab-pvvr)
Siliq* (brodalumab)
Simponi* (golimumab)

Immunologic agents, cont.
Simponi Aria (golimumab) — precertification for the drug and site of care required
Skyrizi* (risankizumab-rzaa)
Stelara* (ustekinumab)
Stelara IV (ustekinumab)
Taltz* (ixekizumab)
Tremfya* (guselkumab)
Truxima (rituximab-abbs)
Xeljanz,* Xeljanz XR* (tofacitinib)

Injectable infertility drugs:
chorionic gonadotropin
Bravelle (urofollitropin)
Cetrotide (cetrorelix 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)

Injectafer (ferric carboxymaltose injection)

Jelmyto (mitomycin)
Khapzory (levoleucovorin)
Lartruvo (olaratumab)
Luteinizing hormone-releasing hormone (LHRH) agents:
E eligard (leuprolide acetate)
Firmagon (degarelix)
Lupron Depot (leuprolide acetate), 7.5 mg
Trelstar (triptorelin pamoate)
Zoladex (goserelini)

Lumoxiti (moxetumomab pasudotox-tdfk)
Makena (hydroxyprogesterone capoate)
Monjuvi (tafasitamab-cxix)

Multiple sclerosis drugs:
Aubagio* (teriflunomide)
Avonex* (interferon beta-1a)
Bafiertam* (monomethyl fumarate)
Betaseron* (interferon beta-1b)
Copaxone* (glatiramer acetate)
Extavia* (interferon beta-1b)
Gileny* (fingolimod hydrochloride)
Glatopa* (glatiramer acetate injection)
Kesimpta* (ofatumumab)
Lemtrada (alemtuzumab) — precertification for the drug and site of care required
Mavenclad* (cladribine)
Mayzent* (siponimod)
Ocrevus (ocrelizumab) — precertification for the drug and site of care required
Plegridy* (peginterferon beta-1a)
Ponvory* (ponesimod) — precertification required effective 5/1/2021
Rebif* (interferon beta-1a)
**Multiple sclerosis drugs, cont.**
- **Tecfidera** (dimethyl fumarate)
- **Tysabri** (natalizumab) — precertification for the drug and site of care required
- **Vumerity** (diroximel fumarate)
- **Zeposia** (ozanimod)

**Muscular dystrophy drugs:**
- **Amondys 45** (casimersen) — precertification for the drug and site of care required effective 6/1/2021
- **Exondys 51** (eteplirsen) — precertification for the drug and site of care required
- **Emflaza** (deflazacort)
- **Viltepso** (viltolarsen) — precertification for the drug and site of care required
- **Vyondys 53** (golodirsen) — precertification for the drug and site of care required

**Mvasi** (bevacizumab-awwb)
**Myalept** (metreleptin)
**Natpara** (parathyroid hormone)
**Nulibry** (fosdenopterin) — precertification required effective 6/1/2021
**Onpattro** (patisiran) — precertification for the drug and site of care required

**Ophthalmic injectables:**
- **Beovu** (brolucizumab-dbll)
- **Eylea** (aflibercept)
- **Lucentis** (ranibizumab)
- **Luxturna** (voretigene neparvovec-rzyl) — precertification for the drug and site of care required
- **Macugen** (pegaptanib)
- **Tepezza** (teprotumumab-trbw) — precertification for the drug and site of care required

**Osteoporosis drugs:**
- **Bonsity** (teriparatide)
- **Evenity** (romosozumab-aqqg)
- **Forteo** (teriparatide)
- **Miacalcin** (calcitonin)
- **Prolia** (denosumab)
- **Tymlos** (abaloparatide)

**Oxlumo** (lumasiran) — precertification for the drug and site of care required effective 3/17/2021

**Padcev** (enfortumab vedotin)
**Parsabiv** (etelcalcetide)

**PD1/PDL1 drugs** (precertification for the drug and site of care required):
- **Bavencio** (avelumab)
- **Imfinzi** (durvalumab)
- **Keytruda** (pembrolizumab)
- **Libtayo** (cemiplimab-rwlc)
- **Opdivo** (nivolumab)
- **Tecentriq** (atezolizumab)

**Pepaxto** (melphalan flufenamide) — precertification required effective 6/1/2021

**Polivy** (polatuzumab vedotin-piiq)
**Provenge** (sipuleucel-T)

**Pulmonary arterial hypertension drugs:**
- All epoprostenol sodium and sildenafil citrate*
- **Adcirca** (Alyq, tadalaafil)
- **Adempas** (riociguat)
- **Flolan** (epoprostenol sodium)
- **Letairis** (ambrisentan)
- **Opsumit** (macitentan)
- **Orenitram** (treprostinil diolamine)
- **Remodulin** (treprostinil sodium)
- **Revatio** (sildenafil citrate)
- **Tracleer** (bosentan)
- **Tyvaso** (treprostinil)
- **Uptravi** (selexipag)
- **Veletri** (epoprostenol sodium)
- **Ventavis** (iloprost)

**Reblozyl** (luspatercept)

**Respiratory injectables** (precertification required and site of care required):
- **Cinqair** (reslizumab)
- **Fasenra** (benralizumab)
- **Nucala** (mepolizumab)
- **Xolair** (omalizumab)

**Sarclisa** (isatuximab-irfc)
**Soliris** (eculizumab) — precertification for the drug and site of care required

**Somatostatin agents:**
- **Bynfezia** (octreotide)
- **Sandostatin** (octreotide)
- **Sandostatin LAR** (octreotide acetate)
- **Signifor** (pasireotide)
- **Signifor LAR** (pasireotide)
- **Somatuline** (lanreotide)
- **Somavert** (pegvisomant)

**Spinraza** (nusinersen)
**Spravato** (esketamine)
**Synagis** (palivizumab)
**Tegsedi** (inotersen)
**Treanda** (bendamustine HCl)
**Trodelvy** (sacituzumab govticecan-hziy)
**Ultomiris** (Ravulizumab-cwvz) — precertification for drug and site of care required
**Uplizna** (inebilizumab-cdon) — precertification for the drug and site of care required

**Vectibix** (panitumumab)

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

**Xgeva** (denosumab)
**Xofigo** (radium Ra 223 dichloride)
Yervoy (ipilimumab) — precertification for the drug and site of care required
Zirabev (bevacizumab-bvzr)

Zolgensma (onasemnogene abeparvovec-xioi) — precertification for drug and site of care required
Zulresso (brexanolone)