Procedures, programs, and drugs that require precertification

Participating provider precertification list

Starting November 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. **Cataract surgery** - precertification required effective 7/1/2021
6. **Chiari malformation decompression surgery**
7. **Cochlear device and/or implantation**
8. **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.
9. **Dental implants**
10. **Dialysis visits**
    When request is initiated by a participating provider, and dialysis to be performed at a nonparticipating facility
11. **Dorsal column (lumbar) neurostimulators: trial or implantation**
12. **Electric or motorized wheelchairs and scooters**
13. **Endoscopic nasal balloon dilation procedures**
14. **Functional endoscopic sinus surgery (FESS)**
15. **Gender affirmation surgery**
16. **Hyperbaric oxygen therapy**
17. **Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics**
18. **Nonparticipating freestanding ambulatory surgical facility services, when referred by a participating provider**
19. **Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint**
20. **Osseointegrated implant**
21. **Osteochondral allograft/knee**
22. **Private duty nursing**
23. **Proton beam radiotherapy**
24. **Reconstructive or other procedures that may be considered cosmetic, such as:**
   - Blepharoplasty/canthoplasty
   - Breast reconstruction/breast enlargement
   - Breast reduction/mammoplasty
   - Excision of excessive skin due to weight loss
   - Gastoplasty/gastric bypass
   - Lipectomy or excess fat removal
   - Surgery for varicose veins, except stab phlebectomy
25. **Shoulder arthroplasty including revision procedures**
26. **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 – precertification required for sacroiliac joint fusion surgery effective 7/1/2021
   - Vertebral corpectomy – precertification required effective 7/1/2021

27. **Uvulopalatopharyngoplasty, including laser assisted procedures**
28. **Ventricular assist devices**
29. **Video electroencephalograph (EEG)**
30. **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)
**Advogenate** (antihemophilic factor [recombinant], PEGylated)
**Afsylta** (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-acl]
**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])
**Nuwig** (simoctocog alfa)
**Obizur** (antihemophilic factor [recombinant], porcine sequence)
**Profilnine** (factor IX complex)
**Rebinyn** (coagulation factor IX [recombinant], glycoPEGylated)
**Recombinate** (antihemophilic factor [recombinant])
**RiaSTAP** (fibrinogen concentrate [human])
**Rixubis** (coagulation factor IX [recombinant])
**Sevenfact** (coagulation factor VIIa [recombinant]-jcw)
**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])

Proprietary
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

Abraaxane (paclitaxel) — precertification required for Medicare Advantage members only

Acthar Gel/H. P. Acthar (corticotropin)

Adakveo (crizanlizumab-tmca) — precertification for the drug and site of care required

Ad cetris (brentuximab vedotin)

Aduhelm (aducanumab-avwa) — precertification for drug and site of care required effective 8/3/2021

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 — precertification required for oncology indications only
- 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)

Bortezomib — precertification required effective 9/1/2021 for multiple myeloma only

Botulinum toxins:

- Botox (onabotulinumtoxinA)

Botulinum toxins, cont.

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

Cablivi (caplacizumab-yhdp)

Calcitonin Gene-Related Peptide (CGRP) receptor inhibitors

- Vyepi (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 (tralescib) — precertification required effective 5/7/2021

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

Cyramza (ramucirumab)

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

Darzalex (daratumumab)

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

**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
- Nexvizyme (avalglucosidase alfa-ngpt) — precertification required effective 10/7/2021
- Strensiq (asfotase alfa)
- Vimizim (elosulfase alfa) — precertification for the drug and site of care required
- VPRIV (velaglucerase alfa) — precertification required effective 2/1/2021
- Udenyca (pegfilgrastim)

**Granulocyte-colony stimulating factors, cont.**
- Zarxio (injection filgrastim, G-CSF, biosimilar)
- Ziestenzo (pegfilgrastim-bmez)

**Growth hormone:**
- Genotropin* (somatropin)
- Humatrope* (somatropin)
- Increlex* (mecasermin)
- Norditropin* (somatropin)
- Nutropin AQ* (somatropin)
- Omnitrope* (somatropin)
- Saizen* (somatropin)
- Serostim* (somatropin)
- Skytrofa* (lonapegsomatropin-tcgd) — precertification required effective 11/1/2021
- Sogroya* (somapacitan-beco) — precertification required effective 2/11/2021
- Zomacton* (somatropin [rDNA origin])
- Zorbtive* (somatropin)

**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)
- Takhzyro (lanadelumab)

**HER2 receptor drugs:**
- Enhertu (fam-trastuzumab deruxtecan-nxki)
- Herceptin (trastuzumab)
- Herceptin Hylaec (trastuzumab and hyaluronidase-opsk)
- Herzuma (trastuzumab-pkrb)
- Kadcyla (ado-trastuzumab emtansine)
- Kanjinti (trastuzumab-anns)
- Margenza (margetuximab-cmkb) — precertification required effective 4/1/2021
- Ogivri (trastuzumab-dkst)
- Ontruzant (trastuzumab-dttb)
- Perjeta (pertuzumab)
- Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf)
- Trazimera (trastuzumab-qyyp)
- Ilaris* (canakinumab)

**Imlygic** (talimogene laherparepvec)

**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)
- GaMSANT S/D (immune globulin)
- Gammagard, Gammagard S/D (immune globulin)
- Gammagard, Gammagard S/D (immune globulin)
- Gammaked (immune globulin)

**Granulocyte-colony stimulating factors:**
- Anesp (darbepoetin alfa)
- Epogen (epoetin alfa)
- Mericera (epoetin beta)
- Procrit (epoetin alfa)
- Retacrit (recombinant human erythropoietin)
- Evkeeza (evinacumab-dgnb) — precertification for the drug and site of care required effective 5/7/2021
- Evrysdi (risdiplam)
- Feraheme (ferumoxytol)
- Fusilev (levoleucovorin)
- Gattex (teduglutide)
- Givlaara (givosiran) — precertification for the drug and site of care required

**Erythropoiesis-stimulating agents:**
- Aranesp (darbepoetin alfa)
- Epogen (epoetin alfa)
- Mircera (epoetin beta)
- Procrit (epoetin alfa)
- Retacrit (recombinant human erythropoietin)
- Evkeeza (evinacumab-dgnb) — precertification for the drug and site of care required effective 5/7/2021
- Evrysdi (risdiplam)
- Feraheme (ferumoxytol)
- Fusilev (levoleucovorin)
- Gattex (teduglutide)
- Givlaara (givosiran) — precertification for the drug and site of care required

**Granulocyte-colony stimulating factors:**
- Fulphila (pegfilgrastim-j mdb)
- Granix (injection tbo-filgrastim)
- Leukine (injection sargramostim, GM-CSF)
- Neulasta (injection pegfilgrastim)
- Neupogen (injection filgrastim, G-CSF)
- Nivestym (filgrastim-aafi)
- Nyvepria (pegfilgrastim-apgf) — precertification required effective 2/1/2021
- Udenyca (pegfilgrastim)
Immunoglobulins, cont.
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
Humira* (adalimumab)
Ilumya* (tildrakizumab)
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* (brolucizumab)
Simponi* (golimumab)
Simponi Aria (golimumab) — precertification for the drug and site of care required
Skyrizi* (risankizumab-rzza)
Stelara* (ustekinumab)
Stelara IV (ustekinumab)
Taltz* (ixekizumab)
Tremfya* (guselkumab)
Truxima (rituximab-abbs)
Xeljanz, Xeljanz XR* (tofacitinib)

Injectable infertility drugs:
chorionic gonadotropin

Injectable infertility drugs, cont.
Bravelle (urofollitropin)
Cetrotide (cetrorelix acetate)
Follistim AQ (follicitropin beta)
Ganirelix AC (ganirelix acetate)
Gonal-f (follicitropin alfa)
Gonal-f RFF (follicitropin alfa)
Menopur (menotropins)
Novarel (chorionic gonadotropin)
Ovidrel (choriogonadotropin alfa)
Pregnyl (chorionic gonadotropin)

Injectafer (ferric carboxymaltose injection)

Khazpory (levoeleucovorin)

Kyprolis (carfilzomib) — precertification required effective 9/1/2021 for multiple myeloma only

Lartruvo (olaratuzumab)

Luteinizing hormone-releasing hormone (LHRH) agents:
Camcevi (leuproline mesylate) — precertification required effective 8/1/2021
Eiligard (leuproline acetate)
Firmagon (degarelix)
Lupron Depot (leuproline acetate), 7.5 mg
Trelstar (tiotroporelin pamoate)
Zoladex (goserelin)

Lumoxiti (moxetumomab pasudotox-tdfk)

Makena (hydroxyprogesterone capoate)

Monjuvi (talsafatimab-cxix)

Multiple sclerosis drugs:
Aubagio* (teriflunomide)
Avonex* (interferon beta-1a)
Bafiertam* (monomethyl fumarate)
Betaseron* (interferon beta-1b)
Copaxone* (glatiramer acetate)
Extavia* (interferon beta-1b)
Gilenya* (fingolimod hydrochloride)
Glatopa* (glatiramer acetate injection)
Kesimpta* (ofatumumab)
Lemtrada (alemtuzumab) — precertification for the drug and site of care required
Mavenclad* (cladribine)
Mayzent* (saponimod)
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)
Tecfidera* (dimethyl fumarate)
Tysabri (natalizumab) — precertification for the drug and site of care required
Vumerity* (diroximel fumarate)
Zeposia* (ozanimod)

Muscular dystrophy drugs:
Amdonalds 45 (casimersen) — precertification for the drug and site of care required effective 6/1/2021

Luteinizing hormone-releasing hormone (LHRH) agents:
Muscular dystrophy drugs, cont.
Exondys 51 (eteplirsen) — precertification for the drug and site of care required
Emflaza* (deflazacort)
Viltespo (viltolarsen) — precertification for the drug and site of care required
Vyondys 53 (goldiprisen) — precertification for the drug and site of care required
Mvasi (bevacizumab-awwb) — precertification required for oncology indications only
Myalept (metreleptin)
Natpara (parathyroid hormone)
Nullbry (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)
Bonefix* (romosozumab-aqqg)
Forteo* (teriparatide)
Miacalcin (calcitonin)
Prolix (denosumab)
Tymlos* (abaloparatide)
Oxllumo (lumasiarn) — precertification for drug and site of care required effective 3/17/2021
Padcev (enfortumab vedotin)
Parabiv (etelcalcetide)
PD1/PDL1 drugs (precertification for the drug and site of care required):
Bavencio (avelumab)
Imfinzi (durvalumab)
Jemperli (dostarlimab-gxly) — precertification for the drug and site of care required effective 7/1/2021
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, tadalafil)
Adempas* (riociguat)
Pulmonary arterial hypertension drugs, cont.
Flolan (epoprostenol sodium)
Letairis* (ambrisentan)
Opsumit* (macitentan)
Orenitram* (treprostinil diolamine)
Remodulin (treprostinil sodium)
Revatio* (sildenafil citrate)
Tracleer* (bosentan)
Tyvaso (treprostinil)
Uptravi* (selexipag)
Veleti (epoprostenol sodium)
Ventavis (iloprost)
Reblozyl (luspatercept)
Respiratory injectables (precertification required and site of care required):
Cinqair (reslizumab)
Fasenra (benralizumab)
Nucala (mepolizumab)
Xolair (omalizumab)
Rybrevant (amivantamab-vmjw) — precertification required effective 8/6/2021
Ryplazim (plasminogen, human-tvmh) — precertification required effective 8/1/2021
Saphnelo (anifrolumab-fnia) — precertification for the drug and site of care required effective 10/7/2021
Sarclisa (isatuximab-irfc)
Spinraza (nusinersen) — precertification required and effective 7/1/2021 site of care required
Spravato (esketamine)
Synagis (palivizumab)
Tegsedi (inotersen)
Treanda (bendamustine HCl)
Trodvelv (sacituzumab govitecan-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)
Velcade (bortezomib) — precertification required effective 9/1/2021 for multiple myeloma only
Viscosupplementation:
Durolane (Hyaluronic acid)
Euflexxa, Hyalgan, Genvisc, Supartz FX, TriVisc, Visco 3 (sodium hyaluronate)
Viscosupplementation, cont.
  Gel-One (cross-linked hyaluronate)
  Gelsyn-3, Hymovis (hyaluronic acid)
  Monovisc, Orthovisc (sodium hyaluronate)
  Synojoynt, Triluron (1% sodium hyaluronate)
  Synvisc, Synvisc-One (hyaluronic acid)
  Xgeva (denosumab)
  Xofigo (radium Ra 223 dichloride)
  Yervoy (ipilimumab) — precertification for the drug
  and site of care required
  Zirabev (bevacizumab-bvzr) — precertification
  required for oncology indications only

Zolgensma (onasemnogene abeparvovec-xioi) — precertification for drug and site of care required
Zulresso (brexanolone)
Zynlonta (loncastuximab tesirine-lpyl) — precertification required effective 7/1/2021

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