



# 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, 2022.

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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
- Physical therapy, occupational therapy and speech therapy



 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.

# The services that need prior authorization

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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.

# The services that need prior authorization

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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:
  - Carpal tunnel surgery
  - Complex wound repair
  - Cystourethroscopy
  - Hemorrhoidectomy
  - Hernia repair
  - Hysteroscopy
  - Intranasal dermatoplasty

- Lithotripsy
- Prostate biopsy
- Septoplasty
- Skin tissue transfer or rearrangement
- Subcutaneous soft tissue excision
- Tonsillectomy, ages 12 and older

**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)
- Arthrodesis for spine deformity
- Cervical laminoplasty\*
- Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures\*
- Kyphectomy\*
- Laminectomy with rhizotomy
- Sacroiliac joint fusion surgery
- Spinal fusion surgery
- Vertebral corpectomy

## **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.

# The medicines that need prior authorization

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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)

**Afystyla** (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-aucI)

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**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** (antihemophilic factor [recombinant])

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

**Nuwiq** (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]-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)

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

### **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 effective July 8, 2022, for oncology indications only

### **Amyotrophic lateral sclerosis (ALS) drugs:**

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)

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

### **Botulinum toxins:**

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

**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) — prior authorization needed effective March 23, 2022

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

- Abecma (idecabtagene vicleucel)
- Breyanzi (lisocabtagene maraleucel)
- Carvykti (ciltacabtagene autoleucel) — prior authorization needed effective May 27, 2022
- Kymriah (tisagenlecleucel)
- Tecartus (brexucabtagene autoleucel)
- Yescarta (axicabtagene ciloleucel)

**Cortrophin Gel** (repository corticotropin) — prior authorization needed effective February 9, 2022

**Cosela** (trilaciclib)

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

**Cyramza** (ramucirumab)

**Danyelza** (naxitamab-gqqk)

**Darzalex** (daratumumab)

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

**Empliciti** (elotuzumab)

**Enjaymo** (sutimlimab-jome) — prior authorization for the drug and site of care needed effective May 1, 2022

## 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

## Enzyme replacement drugs (continued):

- Elelyso (taliglucerase alfa) — 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
- Lumizyme (alglucosidase alfa) — prior authorization needed for the drug and site of care
- Mepsevii (vestronidase alfa-vjbk) — prior authorization needed for the drug and site of care
- Naglazyme (galsulfase) — prior authorization needed for the drug and site of care
- Nexviazyme (avalglucosidase alfa-ngpt) — prior authorization needed for the drug and site of care
- 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

**Erbitux** (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

**Evrysdi** (risdiplam)

**Feraheme** (ferumoxytol)

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## Fusilev (levoleucovorin)

**Fyarro** (sirolimus protein-bound particles for injectable suspension) — prior authorization needed effective March 15, 2022

## Gattex (teduglutide)

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

## Granulocyte-colony stimulating factors:

Fulphila (pegfilgrastim-jmdb)  
Fylnetra (pegfilgrastim-pbbk) - prior authorization needed effective October 25, 2022  
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) — prior authorization needed effective May 25, 2022  
Udenyca (pegfilgrastim)  
Zarxio (injection filgrastim, G-CSF, biosimilar)  
Ziextenzo (pegfilgrastim-bmez)

## Growth hormone:

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

## Hereditary angioedema agents (continued):

Firazyr (icatibant acetate)  
Haegarda (C1 esterase inhibitor subcutaneous [human])  
Kalbitor (ecallantide)  
Ruconest (C1 esterase inhibitor)  
Sajazir (icatibant acetate)  
Takhzyro (lanadelumab-flyo)

## Hereditary Transthyretin-mediated Amyloidosis (ATTR) Drugs

Amvuttra (vutrisiran) — prior authorization needed effective September 22, 2022  
Onpattro (patisiran) — prior authorization needed for the drug and site of care  
Tegsedi (inotuzumab ozogamicin)

## 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)  
Ogviri (trastuzumab-dkst)  
Ontruzant (trastuzumab-dttb)  
Perjeta (pertuzumab)  
Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf)  
Trazimera (trastuzumab-qyyp)

## Ilaris (canakinumab)

## Imlygic (talimogene laherparepvec)

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

Asceniv (immune globulin)  
Bivigam (immune globulin)  
Carimune NF (immune globulin)  
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 (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)

**Immunologic agents (continued):**

Rituxan Hycela (rituximab/hyaluronidase human)  
Ruxience (rituximab-pvvr)  
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) — prior authorization needed effective September 12, 2022  
Stelara (ustekinumab) — prior authorization needed for Medicare Advantage members only  
Stelara IV (ustekinumab)  
Tremfya (guselkumab) — prior authorization needed for Medicare Advantage members only  
Truxima (rituximab-abbs)  
Vylvgart (efgartigimod alfa-fcab) — prior authorization needed effective March 15, 2022

**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)

**Kimmtrak** (tebentafusp-tebn) — prior authorization needed effective April 15, 2022

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

**Lartruvo** (olaratumab)

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

Camcevi (leuprolide mesylate)  
Eligard (leuprolide acetate)  
Firmagon (degarelix)  
Lupron Depot (leuprolide acetate), 7.5 mg  
Trelstar (triptorelin pamoate)  
Zoladex (goserelin)

**Lumoxiti** (moxetumomab pasudotox-tdfk)

**Makena** (hydroxyprogesterone caproate)

**Monjuvi** (tafasitamab-cxix)

**Multiple sclerosis drugs:**

Avonex (interferon beta-1a) — prior authorization needed for Medicare Advantage members only  
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

**Muscular dystrophy drugs:**

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

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

**Myalept** (metreleptin)

**Natpara** (parathyroid hormone)

**Nulibry** (fosdenopterin)

**Ophthalmic injectables:**

Beovu (brolucizumab-dbll)  
Byooviz (ranibizumab-nuna)  
Eylea (afibercept)  
Lucentis (ranibizumab)  
Luxturna (voretigene neparvovec-rzyl) — prior authorization needed for the drug and site of care  
Macugen (pegaptanib)  
Susvimo (ranibizumab) — prior authorization needed effective February 1, 2022  
Tepezza (teprotumumab-trbw) — prior authorization needed for the drug and site of care  
Vabysmo (faricimab-svoa) — prior authorization needed effective May 1, 2022

**Osteoporosis drugs:** — prior authorization needed for Medicare Advantage members only

Bonsity (teriparatide)  
Evenity (romosozumab-aqqg)  
Forteo (teriparatide)  
Miacalcin (calcitonin)  
Prolia (denosumab)

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

**Padcev** (enfortumab vedotin)

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

Bavencio (avelumab)

Imfinzi (durvalumab)

Jemperli (dostarlimab-gxly)

Keytruda (pembrolizumab)

Libtayo (cemiplimab-rwlc)

Opdivo (nivolumab)

Opduvalag (nivolumab and relatlimab-rmbw) – prior authorization needed effective July 1, 2022

Tecentriq (atezolizumab)

## Pepaxto (melphalan flufenamide)

## Polivy (polatuzumab vedotin-piiq)

## Provenge (sipuleucel-T)

## Pulmonary arterial hypertension drugs:

All epoprostenol sodium and sildenafil citrate

Flolan (epoprostenol sodium)

Remodulin (treprostинil sodium)

Tyvaso (treprostинil)

Veletri (epoprostenol sodium)

Ventavis (iloprost)

## Reblozyl (luspatercept-aamt)

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

Cinqair (reslizumab)

Fasenra (benralizumab)

Nucala (mepolizumab)

Tezspire (tezepelumab-ekko) — prior authorization for the drug and site of care needed effective March 23, 2022

Xolair (omalizumab)

## Rybrevant (amivantamab-vmjw)

## Ryplazim (plasminogen, human-tvmh)

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

## Sarclisa (isatuximab-irfc)

## Somatostatin agents:

Bynfezia (octreotide)

Sandostatin (octreotide)

Sandostatin LAR (octreotide acetate)

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)

## Tivdak (tisotumab vedotin-tftv)

# The medicines that need prior authorization

Basics

Services

Medicines

**Treanda** (bendamustine HCl)

**Trodelvy** (sacituzumab govitecan-hziy)

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

**Vectibix** (panitumumab)

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

**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)



Trademarks are the property of their respective owners.

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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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](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)



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 telefono na nakalista sa dokumentong ito. (Tagalog)

영어가아닌언어를쓰시는경우,언어지원서비스를무료로이용하실수있습니다.저희웹사이트를방문하시거나본문서에  
기재된 전화번호로 연락해 주십시오. (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)

英語をお話しにならない方は、無料の言語支援サービスを受けることができます。弊社のウェブサイトにアクセスするか、または本書に記載の電話番号にお問い合わせください。 (Japanese)

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

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

បើចោរកម្ពស់យាយភាសាដូនប្រាំពីភាសាអង់គ្លេសវិកម្មជំនួយខ្លួនក្នុងភាសាមានផ្តល់ផ្តល់ដោយតាតគិតថ្មីស្ថាប់លើគោលការណ៍។ (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)

,

(Hindi)

หากคุณพูดภาษาอื่นนอกเหนือจากภาษาอังกฤษ สามารถขอรับบริการช่วยเหลือด้านภาษาได้ ฟรี เข้าไปที่ “เว็บไซต์” ของ  
เรา หรือโทรศัพท์หมายเลขโทรศัพท์ที่แสดงไว้ในเอกสารนี้ (Thai)