# 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

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 as of September 1, 2026

# The basics of prior authorization



## 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.)

## 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.

## 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.

# The services that need prior authorization



**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)

**Arthroplasty**

- Total ankle

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

**Autologous chondrocyte implantation***

**Cardiology**

- Electrophysiological (EP) study
- Implantable loop recorder
- Watchman™

**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**

**Endoscopic nasal balloon dilation procedures***

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

**Gender affirmation surgery**

**Hip osteotomy**

**Hyperthermic intraperitoneal chemotherapy (HIPEC)**

**Hyperbaric oxygen therapy** — prior authoriation is no longer needed for Medicare Advantage members effective July 1, 2025

**Knee arthroscopy**

- Knee meniscectomy — prior authorization needed for Medicare Advantage only

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

*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



**Neurostimulator implantation**

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

**Osseointegrated implant***

**Osteochondral allograft/knee***

**Out-of-network freestanding ambulatory surgical center services, when referred by an in-network doctor**

**Private duty nursing**

**Prostate surgery**

- High intensity-focused ultrasound (HIFU)

**Proton beam radiotherapy**

**Reconstructive or other procedures that may be considered cosmetic:**

- 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:
  - Breast tissue excision
  - Complex wound repair
  - Cystourethroscopy
  - Septoplasty
  - Skin tissue transfer or rearrangement
  - Tenodesis of long tendon of biceps
  - Turbinate resection

**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.

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# The services that need prior authorization



**Spinal procedures:**

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

**Stimulators**

- Electrical stimulation device used for cancer treatment

**Urology**

- Artificial urinary sphincter

**Uvulopalatopharyngoplasty, including laser-assisted procedures***

**Ventricular assist devices**

**Whole exome sequencing**

**Whole genome sequencing**

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# The medicines that need prior authorization

**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.

Site of care does not apply to Medicare Part B Drugs.

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## Blood-clotting factors

**Advate** (antihemophilic factor, human recombinant)

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

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

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

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

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

**Altuviiio** (efanesoctocog alfa)

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

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

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

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

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

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

**Fesilty** (fibrinogen, human-chmt ) — prior authorization needed for the drug effective July 1, 2026

**Fibryga** (fibrinogen, human)

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

**Hemlibra** (emicizumab-kxwh)

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

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

# The medicines that need prior authorization



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

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

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

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

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

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

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

**Nuwiq** (simoctocog alfa)

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

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

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

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

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

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

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

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

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

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

**Xyntha, Xyntha Solofuse** (antihemophilic factor [recombinant])

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

**Adstiladrin** (nadofaragene firadenovec-vncg)

**Alpha 1-proteinase inhibitor (human)**

Prior authorization needed for the drug and site of care:

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

**Alymsys** (bevacizumab-maly) — prior authorization needed fordrug and site of care for oncology indications only

**Alzheimer's disease**

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

- Kisunla (donanemab-azbt)
- Leqembi (lecanemab-irmb)
- Leqembi SQ (lecanemab-irmb) — prior authorization needed for Medicare Advantage members only

**Amtagvi** (lifileucel) — prior authorization needed for drug and site of care

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

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

**Anktiva** (nogapendekin alfa inbakicept-pmln)

**Autoimmune infused infliximab**

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

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

**Avastin** (bevacizumab), 10 mg — prior authorization needed for drug and site of care for Ioncology indications only

**Aveed** (testosterone undecanoate)

**Avzivi** (bevacizumab-tnjn)

**Axtle** (pemetrexed, avyxa) — prior authorization needed for Medicare Advantage members

— prior authorization needed for commercial members effective July 1, 2026

**Belrapzo** (bendamustine HCl)

**Beizray** (docetaxel) — prior authorization needed for Medicare Advantage members

— prior authorization needed for commercial members effective July 1, 2026

**Bendamustine HCl**

# The medicines that need prior authorization



**Bendeka** (bendamustine HCl)

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

**Besponsa** (inotuzumab ozogamicin)

**Blenrep** (belantamab mafodotin) — prior authorization needed for the drug effective July 1, 2026

**Bortezomib**

Commercial plans — prior authorization needed for multiple myeloma only

Medicare plans — prior authorization needed for all diagnoses

**Boruzu** (Injection, bortezomib (boruzu), 0.1 mg)

**Botulinum toxins:**

- Botox (onabotulinumtoxinA) — prior authorization needed for commercial members only
- Daxxify (daxibotulinumtoxin A)
- Dysport (abobotulinumtoxinA)
- Letybo (letibotulinumtoxinA-wlbg)
- Myobloc (rimabotulinumtoxinB)
- Xeomin (incobotulinumtoxinA)— prior authorization needed for commercial members only

**Cabenuva** (cabotegravir; rilpivirine) — prior authorization needed for drug and site of care for commercial members only effective April 1, 2026

**Cablivi** (caplacizumab-yhdp)

**Calcitonin gene-related peptide (CGRP) receptor inhibitors**

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

**Cardiovascular — PCSK9 inhibitors:**

- Leqvio (inclisiran)

**Casgevy** (exagamglogene autotemcel) — prior authorization needed for the drug and site of care

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

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

**Columvi** (glofitamab-gxbm)

**Complement Inhibitors:**

- Piasky (crovalimab-akkz) — prior authorization needed for the drug and site of care
- Veopoz (pozelimab-bbfg)

**Cortrophin Gel** (repository corticotropin)

**Cosela** (trilaciclib)

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

**Cyramza** (ramucirumab)

**Danyelza** (naxitamab-gqgk)

**Darzalex** (daratumumab)

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

**Datroway** (datopotamab deruxtecan-dlnk) — prior authorization needed for the drug and site of care

# The medicines that need prior authorization



**Decnupaz** (Pivekimab Sunirine-pvzy) — precertification required effective August 1, 2026

**Docivyx** (docetaxel)— prior authorization needed for Medicare Advantage members

— prior authorization needed for commercial members effective July 1, 2026

**Elahere** (mirvetuximab soravtansine-gynx)

**Elrexfio** (elranatamab-bcmm)

**Empliciti** (elotuzumab)

**Emrelis** (telisotuzumab vedotin-tllv)

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

**Enzyme replacement drugs:**

- Aldurazyme (laronidase) — prior authorization needed for the drug and site of care
- Adzynma (ADAMTS13, recombinant-krhn) — prior authorization needed for the drug and site of care
- Brineura (cerliponase alfa)
- Cerezyme (imiglucerase) — prior authorization needed for the drug and site of care
- Avlayah (tividenofusp alfa-eknm) — prior authorization needed effective May 1, 2026
- Elaprase (idursulfase) — prior authorization needed for the drug and site of care
- Elelyso (taliglucerase alfa) — prior authorization needed for the drug and site of care
- Elfabrio (pegunigalsidase alfa-iwxj)— prior authorization needed for the drug and site of care
- Fabrazyme (agalsidase beta) — prior authorization needed for the drug and site of care

**Enzyme replacement drugs (continued):**

- Kanuma (sebelipase alfa) — prior authorization needed for the drug and site of care
- Lamzede (velmanase alfa)
- Loargys (pegzilarginase) — prior authorization needed for the drug and site effective April 1, 2026
- 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
- Pombiliti (cipaglucosidase alfa-atga)
- Strensiq (asfotase alfa)
- Vimizim (elosulfase alfa) — prior authorization needed for the drug and site of care
- VPRIV (velaglucerase alfa) — prior authorization needed for the drug and site of care
- Xenpozyme (olipudase alfa-rpcp) — prior authorization needed for the drug and site of care

**Epkinly** (epcoritamab-bysp)

**Erbitux** (cetuximab)

**Erythropoiesis-stimulating agents:**

- Aranesp (darbepoetin alfa) — prior authorization needed for commercial members only
- Epogen (epoetin alfa)
- Mircera (methoxy polyethylene glycol-epoetin beta)— prior authorization needed for commercial members only

# The medicines that need prior authorization



Procrit (epoetin alfa)— prior authorization needed for commercial members only
Retacrit (recombinant human erythropoietin-epbx)

**Evdi** (trabectedin)— prior authorization needed for the drug effective August 1, 2026

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

**Evrysdi** (risdiplam)

**Ferrlecit** (sodium ferric gluconate)— prior authorization needed for commercial members only effective August 1, 2026

**Fusilev** (levoleucovorin)

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

**Gattex** (teduglutide)

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

**Granulocyte-colony stimulating factors:**

Armlupeg (pegfilgrastim-unne) — prior authorization needed effective April 1, 2026
Ennumo (pegfilgrastim-pccg)— prior authorization needed for the drug effective August 1, 2026
Filkri (filgrastim-laha) — prior authorization needed effective May 1, 2026
Fulphila (pegfilgrastim-jmdb) — prior authorization needed for commercial members only effective May 1, 2026
Fylnetra (pegfilgrastim-pbbk)
Granix (injection tbo-filgrastim)
Leukine (injection sargramostim, GM-CSF)

**Granulocyte-colony stimulating factors (continued):**

Neulasta (injection pegfilgrastim)— prior authorization needed for commercial members only
Neupogen (injection filgrastim, G-CSF)
Nypozi (filgrastim-txid)
Nivestym (filgrastim-aafi)
Nyvepria (pegfilgrastim-apgf)
Releuko (filgrastim-ayow)
Rolvedon (eflapegrastim-xnst)
Ryzneuta (efbemalenograstim alfa-vuxw)
Stimufend (pegfilgrastim-fpgk)
Udenyca (pegfilgrastim)
Udenyca OBI (pegfilgrastim-cbqv)
Zarxio (filgrastim-sndz) — prior authorization needed for commercial members only
Ziextenzo (pegfilgrastim-bmez)

**Growth hormone:**

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

**Hereditary angioedema agents:**

Berinert (C1 esterase inhibitor)
Cinryze (C1 esterase inhibitor) — prior authorization needed for the drug and site of care
Dawnzera (donidalorsen Sodium)
Firazyr (icatibant acetate)— prior authorization needed for commercial members only
Haegarda (C1 esterase inhibitor subcutaneous [human]) — prior authorization needed for commercial members only
Kalbitor (ecallantide)
Ruconest (C1 esterase inhibitor)
Sajazir (icatibant acetate)— prior authorization needed for commercial members only

# The medicines that need prior authorization



Takhzyro (lanadelumab-flyo)

**Hereditary transthyretin-mediated amyloidosis (ATTR) drugs**

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

Amvuttra (vutrisiran)

Onpattro (patisiran)

Wainua (eplontersen)

**HER2 receptor drugs:**

Enhertu (fam-trastuzumab deruxtecan-nxki)

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

Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)

Hercessi (trastuzumab-strf) — prior authorization needed for the drug and site of care

Herzuma (trastuzumab-pkrb) — prior authorization needed for the drug and site of care

Kadcyla (ado-trastuzumab emtansine) — prior authorization needed for the drug and site of care

Kanjinti (trastuzumab-anns) — prior authorization needed for the drug and site of care

Margenza (margetuximab-cmkb)

Ogivri (trastuzumab-dkst) — prior authorization needed for the drug and site of care

Ontruzant (trastuzumab-dttb) — prior authorization needed for the drug and site of care

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

Phesgo (pertuzumab/trastuzumab/ hyaluronidase-zzxf)

Poherdy (pertuzumab-dpzb)— prior authorization needed for drug and site of care effective April 1, 2026

**HER2 receptor drugs ( continued):**

Trazimera (trastuzumab-qyyp) — prior authorization needed for the drug and site of care

Ziihera (Injection, zanidatamab-hrii, 2 mg)

**Hypoxia-inducible factor prolyl hydroxylase (HIF PH) inhibitors:**

Vafseo (vadadustat) — prior authorization needed for Medicare Advantage members only

**Ilaris** (canakinumab)— prior authorization needed for drug and site of care effective April 1, 2026

**Imdelltra** (tarlatamab-dlle)

**Imlygic** (talimogene laherparepvec)

**Imjudo** (tremelimumab)

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

Alyglo (immune globulin intravenous, human-stwk)

Asceniv (immune globulin)

Bivigam (immune globulin)

Cutaquig (immune globulin)

Cuvitru (immune globulin SC [human])

Flebogamma/ flebogamma dif( immune globulin)— prior authorization needed effective March 1, 2026

GamaSTAN (immune globulin)— prior authorization for site of care no longer needed effective August 1, 2026

Gammagard (immune globulin)

Gammagard ERC ( immune globulin) — prior authorization needed effective March 1, 2026

Gammagard S/D (immune globulin)

Gammaked (immune globulin)

Gammaplex (immune globulin)

Gamunex-C (immune globulin)

Hizentra (immune globulin)

HyQvia (immune globulin)

# The medicines that need prior authorization



Octagam (immune globulin)
Panzyga (immune globulin)
Privigen (immune globulin)
Qivigy (immune globulin intravenous, human-kthm) — prior authorization needed effective July 1, 2026
Xembify (immune globulin)
Yimmugo (immune globulin intravenous, human – dira)

**Immunologic agents**:

Actemra IV (tocilizumab) — prior authorization needed for the drug and site of care
Avtozma (tocilizumab-anoh) — prior authorization needed for the drug and site of care
Cimzia (certolizumab pegol)
Cosentyx IV (secukinumab)
Enspryng (satralizumab) — prior authorization needed for Medicare Advantage members only
Entyvio (vedolizumab) — prior authorization needed for the drug and site of care
Gazyva (obinutuzumab)— prior authorization needed for commercial members only effective August 1, 2026
Ilumya (tildrakizumab)
Imaavy(nipocalimab-aahu) — prior authorization needed for the drug and site of care
Immgolis Intri (golimumab-sldi)— prior authorization needed for the drug and site of care effective August 1, 2026
Imuldosa (ustekinumab-srlf)
Omvoh (mirikizumab-mrkz,)
Orencia SQ (abatacept) — prior authorization needed for Medicare Advantage members only
Orencia IV (abatacept) — prior authorization needed for the drug and site of care
Otulfi SQ/IV (ustekinumab-aauz)

**Immunologic agents (continued):**

Papzimeos (zopapogene imadenovec-drba) — prior authorization needed effective May 1, 2026
Pyzchiva IV (ustekinumab-ttwe)
Pyzchiva SQ (ustekinumab-ttwe) — prior authorization needed for commercial members only
Riabni (rituximab-arrx) — prior authorization needed for the drug and site of care
Rituxan (rituximab) — prior authorization needed for the drug and site of care
Rituxan Hycela (rituximab/hyaluronidase human)
Ruxience (rituximab-pvvr) — prior authorization needed for the drug and site of care
Rystiggo (rozanolixizumab-noli)
Selarsdi (ustekinumab-aekn)
Simponi Aria (golimumab) — prior authorization needed for the drug and site of care
Skyrizi IV (risankizumab-rzaa)
Spevigo (spesolimab-sbzo) — prior authorization needed for drug and site of care effective April 1, 2026
Starjemza (ustekinumab-hmny)
Steqeyma (ustekinumab-stba)
Stelara SC (ustekinumab) — prior authorization needed for commercial members only
Stelara IV (ustekinumab)
Tofidence (tocilizumab-bavi)
Tremfya IV (guselkumab)
Truxima (rituximab-abbs) — prior authorization needed for the drug and site of care
Tyenne (tocilizumab-aazg) — prior authorization needed for the drug and site of care
ustekinumab
ustekinumab-aauz
ustekinumab-aekn

# The medicines that need prior authorization



ustekinumab-stba
ustekinumab-ttwe
Vyvgart (efgartigimod alfa-fcab)
Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) — prior authorization is needed for the drug and site of care. Site of care is only required for CIDP (Chronic Inflammatory Demyelinating Polyneuropathy)
Wezlana (ustekinumab-auub)
Yesintek (ustekinumab-kfce)

**Injectable infertility drugs:**

Cetrotide (cetrorelix acetate)
Chorionic gonadotropin
Follistim AQ (follitropin beta)
Ganirelix AC (ganirelix acetate)
Gonal-f (follitropin alfa)
Gonal-f RFF (follitropin alfa)
Menopur (menotropins)
Novarel (chorionic gonadotropin)
Ovidrel (choriogonadotropin alfa)
Pregnyl (chorionic gonadotropin)

**Inlexzo** (gemcitabine intravesical system) — prior authorization needed effective July 1, 2026

**Iron replacement agents:**

Feraheme (ferumoxytol)
Injectafer (ferric carboxymaltose injection)
Monoferric (ferric derisomaltose)

**Itvisma** (onasemnogene abeparvovec-brve)— prior authorization needed for drug and site of care effective April 1, 2026

**Jelmyto** (mitomycin)

**Jobevne** (bevacizumab-nwgd)

**Khapzory** (levoleucovorin)

**Kimmtrak** (tebentafusp-tebn)

**Korsuva** (difelikefalin) — prior authorization needed for commercial members only

**Kresladi** (marnetegragene autotemcel) — prior authorization needed effective July 1, 2026

**Krystexxa** (pegloticase) — prior authorization needed for the drug and site of care

**Kyprolis** (carfilzomib)

commercial plans — prior authorization needed for Multiple Myeloma only

Medicare plans — prior authorization needed for all diagnoses

**Kyxata** (Carboplatin) — prior authorization needed for Medicare members only effective April 1, 2026

**Lantidra** (donislecel-jujn)

**Lenmeldy** (atidarsagene autotemcel) — prior authorization needed for the drug and site of care

**Lunsumio** (mosunetuzumab)

**Lunsumio Velo** (mosunetuzumab-axgb) — prior authorization needed effective April 1, 2026

# The medicines that need prior authorization



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

commercial plans — prior authorization needed for prostate cancer only

Medicare plans — prior authorization needed for all diagnoses

- Camcevi (leuprolide mesylate)
- Camcevi ETM (leuprolide mesylate)— prior authorization needed effective July 1, 2026
- Eligard (leuprolide acetate) — prior authorization needed for commercial members only
- Firmagon (degarelix) — prior authorization needed for commercial members only
- Lutrate (leuprolide acetate)
- Lupron Depot (leuprolide acetate), 7.5 mg
- Trelstar (triptorelin pamoate)
- Vabrinty (leuprolide acetate) — prior authorization needed for commercial members only effective August 1, 2026
- Zoladex (goserelin)

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**Lyfgenia** (lovotibeglogene autotemcel) — prior authorization needed for the drug and site of care

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**Lymphir** (denileukin diftitox-cxdl)

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**Lynozyfic** (Linvoseltamab – gcpt)

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**Monjuvi** (tafasitamab-cxix)

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**Multiple sclerosis drugs:**

- Briumvi (ublituximab)
- Lemtrada (alemtuzumab) — prior authorization needed for the drug and site of care
- Ocrevus (ocrelizumab) — prior authorization needed for the drug and site of care

**Multiple sclerosis drugs (continued):**

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

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**Muscular dystrophy drugs:**

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

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

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**Mvasi** (bevacizumab-awwb) — prior authorization needed for the drug and site of care for oncology indications only

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**Myalept** (metreleptin) — prior authorization needed for commercial members only

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**Niktimvo** (axatilimab-csfr)

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**Nulibry** (fosdenopterin)

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**Omisirge** (omidubicel)

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**Ophthalmic injectables:**

- Ahzantive (aflibercept-mrbb)
- Beovu (brolucizumab-dbll)
- Byooviz (ranibizumab-nuna)
- Cimerli (ranibizumab-eqrn)
- Encelto (revakinagene taroretcel-lwey)
- Enzeevu (aflibercept-abzv)

# The medicines that need prior authorization



Eydenzelt (aflibercept-boav)— prior authorization needed effective April 1, 2026
Eylea (aflibercept)
Eylea HD (aflibercept)
Izervay (avacincaptad pegol)
Lucentis (ranibizumab)
Lumvoa (veligrotug-vvze)— prior authorization needed for drug and site of care effective August 1, 2026
Luxturna (voretigene neparvovec-rzyl) — prior authorization needed for the drug and site of care
Lytenava (bevacizumab-vikg) — prior authorization needed effective September 1, 2026
Nufymco (ranibizumab-leyk)— prior authorization needed effective May 1, 2026
Opuviz (aflibercept-yszy)
Pavblu (aflibercept-ayyh)
Susvimo (ranibizumab)
Syfovre (pegcetacoplan)
Tepezza (teprotumumab-trbw) — prior authorization needed for the drug and site of care
Vabysmo (faricimab-svoa)
Yesafili (aflibercept-jbvf)

**Osteoporosis drugs:**

Aukelso (denosumab-kyqq)— prior authorization needed effective April 1, 2026
Bildyos (denosumab-nxxp) — prior authorization needed effective April 1, 2026
Bilprevda (denosumab-nxxp) — prior authorization needed effective April 1, 2026
Bomyntra (denosumab-bnht)
Boncresa (denosumab-mobz)— prior authorization needed effective July 1, 2026

**Osteoporosis drugs (continued):**

Bonsity (teriparatide) — prior authorization needed for Medicare Advantage members only
Bosaya (denosumab-kyqq)— prior authorization needed effective April 1, 2026
Conexxence (denosumab-bnht)
denosumab-bnht
denosumab-dssb
Enoby (denosumab-qbde)— prior authorization needed effective April 1, 2026
Evenity (romosozumab-aqqg)
Forteo (teriparatide) — prior authorization needed for Medicare Advantage members only
Jubbonti (denosumab-bbdz)
Jubereq (denosumab-desu)— prior authorization needed effective April 1, 2026
Miacalcin (calcitonin) — prior authorization needed for Medicare Advantage members only
Osenvelt (denosumab-bmwo)
Ospomyv (denosumab-dssb)
Osvyrti (denosumab-desu) — prior authorization needed effective April 1, 2026
Oziltus (denosumab-mobz) — prior authorization needed effective July 1, 2026
Ponlimsi (denosumab-adet) — prior authorization needed effective May 1, 2026
Prolia (denosumab)
Stoboclo (denosumab-bmwo)
Wyost (denosumab-bbdz)
Xbryk (denosumab-dssb)
Xtrenbo (denosumab-qbde) — prior authorization needed effective April 1, 2026

**Otarmeni** (lunsotogene parvec-cwah) — prior authorization needed effective July 1, 2026

# The medicines that need prior authorization



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

**Paclitaxel protein-bound particles** (American Regent) — prior authorization needed for Medicare Advantage members only

**Padcev** (enfortumab vedotin)

**Paroxysmal nocturnal hemoglobinuria (PNH)**

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

- Bkemv (eculizumab-aaeb)
- Epysqli (eculizumab-aagh)
- Soliris (eculizumab)
- Ultomiris (ravulizumab-cwvz)

**Parsabiv** (etelcalcetide) — prior authorization needed for commercial members only

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

- Bavencio (avelumab)
- Imfinzi (durvalumab)
- Jemperli (dostarlimab-gxly)
- Keytruda (pembrolizumab)
- Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph)
- Libtayo (cemiplimab-rwlc)
- Loqtorzi (toripalimab-tpzi)
- Opdivo (nivolumab)
- Opdivo Qvantig (nivolumab and hyaluronidase-nvhy)
- Opdualag (nivolumab and relatlimab-rmbw)
- penpulimab-kcqx
- Tecentriq (atezolizumab)

**PD1/PDL1 drugs (continued):**

- Tevimbra (tislelizumab)
- Unloxcyt (cosibelimab-ipdl)
- Zynyz (retifanlimab-dlwr)

**Pedmark** (sodium thiosulfate)

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

— prior authorization needed for commercial members effective July 1, 2026

**Pemrydi RTU** (pemetrexed) — prior authorization needed for Medicare Advantage members

— prior authorization needed for commercial members effective July 1, 2026

**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)
- Winrevair (sotatercept-csrk)

**Radiopharmaceutical Drugs**

- Metastron (Strontium-89 Chloride injection)
- Pluvicto(lutetium Lu 177 vipivotide tetraxetan)
- Xofigo (radium Ra 223 dichloride)

# The medicines that need prior authorization



**Ranluspec** (ranibizumab-hkdz)— prior authorization needed effective August 1, 2026

**Reblozyl** (luspatercept-aamt)

**Redemplo** (plozasiran)— prior authorization needed for drug and site of care effective April 1, 2026

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

- Cinqair (reslizumab)
- Exdensur (depemokima) — prior authorization needed effective April 1, 2026
- Fasenra (benralizumab)
- Nucala (mepolizumab)
- Omlyclo (omalizumab-igec)
- Tezspire (tezepelumab-ekko)
- Xolair (omalizumab)

**Revtorpyk** (gedatolisib)— prior authorization needed effective September 1, 2026

**Rivfloza** (nedosiran)

**Rybrevant** (amivantamab-vmjw)

**Rybrevant Faspro** (amivantamab and hyaluronidase-lpuj) — prior authorization needed for drug and site of care effective April 1, 2026

**Ryoncil** (remestemcel-L)

**Ryplazim** (plasminogen, human-tvmh)

**Rytelo** (imetelstat)

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

**Saphnelo SC** (Anifrolumab-fnia) — prior authorization needed for the drug and site of care effective July 1, 2026

**Sarclisa** (isatuximab-irfc)

**Sarclisa Escena SC** (isatuximab-irfc)— prior authorization needed effective September 1, 2026

**Skysona**/Lenti-D (elivaldogene autotemcel or eli-cel)

**Somatostatin agents:**

- Lanreotide (cipla) — prior authorization needed for the drug and site of care
- Sandostatin (octreotide)
- Sandostatin LAR (octreotide acetate) — prior authorization needed for the drug and site of care
- Signifor (pasireotide) — prior authorization needed for commercial members only
- Signifor LAR (pasireotide)
- Somatuline (lanreotide) — prior authorization needed for the drug and site of care

**Somavert** (pegvisomant) — prior authorization needed for commercial members only

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

**Spravato** (esketamine)

**Synagis** (palivizumab)

# The medicines that need prior authorization



**Talvey** (talquetamab-tgvs)

**Tecelra** (afamitresgene autoleucel) — prior authorization needed for drug and site of care

**Tecvayli** (teclistamab-cqyv)

**Tivdak** (tisotumab vedotin-tftv)

**Treanda** (bendamustine HCl) — prior authorization needed for Medicare Advantage members only effective July 1, 2026

**Tregzi** (T cells-vldq)— precertification required effective August 1, 2026

**Trodelvy** (sacituzumab govitecan-hziy)

**Tzield** (teplizumab-mzwv)

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

**Vectibix** (panitumumab)

**Vegzelma** (bevacizumab-adcd) — prior authorization needed for drug and site of care for oncology indications only

**Velcade** (bortezomib)

commercial plans — prior authorization needed for multiple myeloma only

Medicare plans — prior authorization needed for all diagnoses

**Venofer** (iron sucrose)— prior authorization needed for commercial members only effective August 1, 2026

**Viscosupplements:**

- Durolane (Hyaluronic acid) — prior authorization needed for commercial members only
- Euflexxa (1% sodium hyaluronate) — prior authorization nneeded for commercial members only
- Gel-One (cross-linked hyaluronate)
- Gelsyn-3 (sodium hyaluronate 0.84%)
- Genvisc 850 (sodium hyaluronate)
- Hyalgan (sodium hyaluronate)
- Hymovis (high molecular weight viscoelastic hyaluronan)
- Hymovis One (viscoelastic hyaluronan)— prior authorization needed for the drug and site of care effective April 1, 2026
- Monovisc (high molecular weight hyaluronan)
- Orthovisc (high molecular weight hyaluronan)
- Supartz FX (sodium hyaluronate)
- Synojoynt (1% sodium hyaluronate)
- Synvisc, Synvisc-One (hylan G-F 20) — prior authorization needed for commercial members only
- Triluron (sodium hyaluronate)
- TriVisc (sodium hyaluronate)
- Visco 3 (sodium hyaluronate)

**Vivimusta** (bendamustine hydrochloride)

**Vyjuvek** (beremagene geperpavec)

**Vyloy ( zolbetuximab, 1 mg)**

**Waskyra** (etuvetidigene autotemcel)— prior authorization needed for the drug and site of care effective April 1, 2026

**Xgeva** (denosumab)

# The medicines that need prior authorization



**Xofigo** (radium Ra 223 dichloride)

**Yartemlea** (narsoplimab) — prior authorization needed effective April 1, 2026

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

**Yondelis** (trabectedin)

**Zepzelca** (lurbinectedin)

**Zevaskyn** (prademagene zamikeracel) — prior authorization needed for the drug and site of care

**Zirabev** (bevacizumab-bvzr) — prior authorization needed for the drug and site of care for oncology indications only

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

**Zusduri** (mitomycin)

**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.

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

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

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

## HOW TO FILE A GRIEVANCE

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

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

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

**OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

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

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

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

  Complaint forms are available at **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.
- **Electronically:** Send an email to **CivilRights@dhcs.ca.gov**.

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**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)

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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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