



# 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.

# Table of contents

- Basics
- Services
- Medicines



**Click on the tabs above to go directly to each section.**

You can also use **Ctrl + F** on Windows® (**Command + F** on Mac®) to search the document for keywords.

- The basics of prior authorization . . . . . 3**  
Check out this section to learn what it is and why it’s important.
- The services that need prior authorization . . . . . 6**  
Check out this section to find out which services need prior authorization.
- The medicines that need prior authorization . . . . . 8**  
Check out this section to find out which prescription drugs need prior authorization.

---

**This information applies to:**

- Allina Health | Aetna plans
- Allina Health | Aetna Medicare plans

This document was last updated on November 1, 2022.

Basics

Services

Medicines



## 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.)

Basics

Services

Medicines



## 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, Allina Health | 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, Allina Health | 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.

Basics

Services

Medicines



## When you need it

This guide includes lists of the services and medicines that need prior authorization. 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
- Fertility services
- Certain types of genetic testing
- Out-of-network care



- ✓ 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.

Basics

Services

Medicines



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.

## Basics

## Services

## Medicines

### 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 Allina Health | 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.

[Basics](#)[Services](#)[Medicines](#)

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)

---

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

---

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

---

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

---

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

---

**Bebulin** (factor IX complex)

---

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

---

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

---

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

---

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

---

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

---

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

---

**Fibryga** (fibrinogen, human)

---

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

---

**Hemlibra** (emicizumab-kxwh)

---

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

---

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

---

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

---

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

---



Basics

Services

Medicines

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

---

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

---

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

---

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

---

**Monoclote-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])

---

Basics

Services

Medicines

## 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)

---

**Allymsys** (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

**Basics****Services****Medicines****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-gqgk)

---

**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  
Elelyso (taliglucerase alfa) — prior authorization needed for the drug and site of care

**Enzyme replacement drugs (continued):**

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-vjvk) — 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)

---

**Fusilev** (levoleucovorin)

---

## Basics

## Services

## Medicines

**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)  
Fylneta (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** (prior authorization needed for Medicare Advantage members only):

Skytrofa (lonapegsomatropin-tcgd)  
Sogroya (somapacitan-beco)

---

### **Hereditary angioedema agents:**

Berinert (C1 esterase inhibitor)  
Cinryze (C1 esterase inhibitor) — prior authorization needed for the drug and site of care  
Firazyr (icatibant acetate)  
Haegarda (C1 esterase inhibitor subcutaneous [human])  
Kalbitor (ecallantide)

### **Hereditary angioedema agents (continued):**

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 (inotersen)

---

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

---

**Ilaris** (canakinumab)

---

**Imlygic** (talimogene laherparepvec)

---

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

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

**Basics****Services****Medicines**

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)  
Rituxan Hycela (rituximab/hyaluronidase human)  
Ruxience (rituximab-pvvr)  
Simponi Aria (golimumab) — prior authorization needed for the drug and site of care

**Immunologic agents (continued):**

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)  
Vyvgart (efgartigimod alfa-fcab) — prior authorization needed effective March 15, 2022

**Injectable infertility drugs:**

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

**Injectafer** (ferric carboxymaltose injection)**Jelmyto** (mitomycin)**Khapzory** (levoleucovorin)

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

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

**Basics****Services****Medicines**

---

**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 capoate)

---

**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 (brolocizumab-dbli)  
Byooviz (ranibizumab-nuna)  
Eylea (aflibercept)  
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)

---

**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)

---

**Basics****Services****Medicines**

**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)  
Opdualag (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 (treprostinil sodium)  
Tyvaso (treprostinil)  
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

**Respiratory injectables (continued):**

Xolair (omalizumab)

**Rybrevant** (amivantamab-vmjw)

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

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

**Sarclisa** (isatuximab-irfc)

**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)

**Treanda** (bendamustine HCl)

**Trodelyv** (sacituzumab govitecan-hziy)

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

Basics

Services

Medicines

**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)  
Synjoynt, 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 Allina Health | 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 Allina Health | 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.

©2022 Allina Health and Aetna Insurance Company  
Y0130\_NR\_30659\_2022\_C  
1160350-01-04 (11/22)