



Understanding prior authorization

Learn what it is and when you need it



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This information applies to:

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

This document was last updated on November 1, 2023.

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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, 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.

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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.

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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.

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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 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:
 - Anal fistula surgery
 - Ankle ligament repair
 - Arthrocentesis
 - Breast tissue excision
 - Carpal tunnel surgery
 - Circumcision - older than 28 days of age
 - Colposcopy

- Complex wound repair
- Conization of cervix
- Cystourethroscopy
- Dilation and curettage (D&C)
- Esophagogastroduodenoscopy (EGD)
- Excision of lesion of tendon sheath or joint capsule
- Ganglion excision
- Hemorrhoidectomy
- Hernia repair
- Hydrocele excision
- Hysteroscopy
- Implant removal (i.e., screw)
- Intranasal dermatoplasty
- Intravitreal injection
- Iridotomy/iridectomy, laser surgery
- Knee joint manipulation under general anesthesia
- Laparoscopic cholecystectomy
- Laparoscopy, diagnostic
- Laryngoscopy
- Lithotripsy
- Mohs surgery
- Nasal bone fracture, closed treatment
- Neuroplasty, ulnar
- Orchiopexy
- Penile angulation correction

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Site of service (continued)

- Prostate biopsy
- Prostate laser vaporization
- Radial fracture, open treatment
- Ruptured Achilles tendon repair
- Ruptured biceps or triceps tendon, reinsertion
- Septoplasty
- Skin tissue transfer or rearrangement
- Strabismus surgery
- Subcutaneous soft tissue excision
- Tendon sheath incision
- Tenodesis of long tendon of biceps
- Tonsillectomy, age 12 and older
- Transurethral electrosurgical resection of prostate (TURP)
- Trigger point injections
- Turbinate resection
- Tympanostomy

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)
- Artificial intervertebral disc surgery (lumbar spine)
- Arthrodesis for spine deformity
- Cervical laminoplasty*
- Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures*
- Kyphectomy*
- Laminectomy with rhizotomy
- Removal of spinal instrumentation — prior authorization needed September 1, 2023
- Sacroiliac joint fusion surgery
- Spinal fusion surgery
- Vertebral corpectomy
- Vertebroplasty/kyphoplasty

Uvulopalatopharyngoplasty, including laser-assisted procedures*

Ventricular assist devices

Whole exome sequencing

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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)

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)

Altuviio (efanesoctocog alfa) — prior authorization needed effective July 1, 2023

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])

Hemgenix (etranacogene dezaparvovec-drlb) — prior authorization needed effective March 17, 2023. Prior authorization is also needed for site of care effective May 1, 2023.

Hemlibra (emicizumab-kxwh)

Hemofil M (antihemophilic factor [human])

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

Idelvion (antihemophilic factor [recombinant])

Ixinity (coagulation factor IX [recombinant])

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

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

Kogenate FS (antihemophilic factor [recombinant])

Kovaltry (antihemophilic factor [recombinant])

Monoclalte-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])

Roctavian (valoctocogene roxaparvovec-rvox) — prior authorization needed for the drug and site of care effective October 2, 2023

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)

Adstiladrin (nadofaragene firadenovec-vncg) — prior authorization effective March 28, 2023

Alzheimer's Disease

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

Leqembi (lecanemab-irmb) — prior authorization for the drug and site of care needed effective April 5, 2023

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:

Qalsody (tofersen) — prior authorization needed effective July 1, 2023

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)

Bendamustine HCl — prior authorization needed effective July 1, 2023

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)

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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)

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

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

Columvi (glofitamab-gxbm) — prior authorization needed effective October 2, 2023

Compliment Inhibitors:

Veopoz (pozelimab-bbfg) — prior authorization needed for drug and site of care effective November 10, 2023

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)

Elahere (mirvetuximab soravtansine-gynx) — prior authorization needed effective March 1, 2023

Elrexio (elranatamab-bcmm) — prior authorization needed effective November 10, 2023

Empliciti (elotuzumab)

Enjaymo (sutimlimab-jome)

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
Elfabrio (pegunigalsidase alfa-iwxj)— prior authorization needed for the drug and site of care effective August 1, 2023
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
Lamzede (velmanase alfa) — prior authorization needed for drug and site of care effective July 1, 2023
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
Nexvazyme (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

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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) — prior authorization needed effective September 1, 2023

Erbix (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)

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:

Fulphila (pegfilgrastim-jmdb)

Fylnetra (pegfilgrastim-pbbk)

Granix (injection tbo-filgrastim)

Leukine (injection sargramostim, GM-CSF)

Granulocyte-colony stimulating factors (continued):

Neulasta (injection pegfilgrastim)

Neupogen (injection filgrastim, G-CSF)

Nivestym (filgrastim-aafi)

Nyvepria (pegfilgrastim-apgf)

Releuko (filgrastim-ayow)

Rolvedon (eflapegrastim-xnst)

Stimufend (pegfilgrastim-fpgk)

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)

Ruconest (C1 esterase inhibitor)

Sajazir (icatibant acetate)

Takhzyro (lanadelumab-flyo)

Hereditary Transthyretin-mediated Amyloidosis (ATTR) Drugs

Amvuttra (vutrisiran)

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

Tegsedi (inotersen)

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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)

Imjudo (tremelimumab) — prior authorization needed effective March 1, 2023

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

Asceniv (immune globulin)
Bivigam (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)

Immunoglobulins (continued):

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
Emspryng (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)
Rystiggo (rozanolixizumab-noli)— prior authorization needed September 14, 2023
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)
Spevigo (spesolimab-sbzo)
Stelara (ustekinumab)
Stelara IV (ustekinumab)
Tremfya (guselkumab) — prior authorization needed for Medicare Advantage members only
Truxima (rituximab-abbs)
Vyvgart (efgartigimod alfa-fcab)

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Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) — prior authorization needed September 12, 2023

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)

Iron Replacement Drugs:

Feraheme (ferumoxytol)
Injectafer (ferric carboxymaltose injection)
Monoferric (ferric derisomaltose) — prior authorization needed effective July 1, 2023

Jelmyto (mitomycin)

Jesduvroq (daprodustat) — prior authorization needed for Medicare Advantage members only effective October 1, 2023

Khapzory (levoleucovorin)**Kimmtrak** (tebentafusp-tebn)

Korsuva (difelikefalin) — prior authorization needed effective July 1, 2023

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

Lantidra (donislecel-jujn) — prior authorization needed effective November 1, 2023

Lartruvo (olaratumab)

Lunsumio (mosunetuzumab) — prior authorization needed March 28, 2023

Luteinizing hormone-releasing hormone (LHRH) agents:

Camcevi (leuprolide mesylate)
Eligard (leuprolide acetate)
Firmagon (degarelix)
Lutrate (leuprolide acetate) - prior authorization needed effective March 1, 2023
Lupron Depot (leuprolide acetate), 7.5 mg
Trelstar (triptorelin pamoate)
Zoladex (goserelin)

Makena (hydroxyprogesterone capoate)**Monjuvi** (tafasitamab-cxix)**Multiple sclerosis drugs:**

Avonex (interferon beta-1a) — prior authorization needed for Medicare Advantage members only
Briumvi (ublituximab) — prior authorization needed effective April 11, 2023
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
Tyruko (natalizumab-sztn) — prior authorization needed for the drug and site of care effective November 28, 2023

Muscular dystrophy drugs:

Amondys 45 (casimersen) — prior authorization needed for the drug and site of care
Elevidys (delandistrogene moxeparvovec) — prior authorization needed for the drug and site of care September 14, 2023
Exondys 51 (eteplirsen) — prior authorization needed for the drug and site of care

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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)

Omisirge (omidubicel) — prior authorization needed effective July 13, 2023

Ophthalmic injectables:

Beovu (brolucizumab-dblI)

Byooviz (ranibizumab-nuna)

Cimerli (ranibizumab-eqrn)

Eylea (aflibercept)

Eylea HD (aflibercept) — prior authorization needed effective October 2, 2023

Izervay (avacincaptad pegol) — prior authorization needed effective November 10, 2023

Lucentis (ranibizumab)

Luxturna (voretigene neparvovec-rzyl) — prior authorization needed for the drug and site of care

Macugen (pegaptanib)

Susvimo (ranibizumab)

Syfovre (pegcetacoplan) — prior authorization needed effective July 1, 2023

Ophthalmic injectables (continued):

Tepezza (teprotumumab-trbw) — prior authorization needed for the drug and site of care

Vabysmo (faricimab-svoa)

Osteoporosis drugs:

Bonsity (teriparatide) — prior authorization needed for Medicare Advantage members only

Evenity (romosozumab-aqqg) — prior authorization needed for Medicare Advantage members only

Forteo (teriparatide) — prior authorization needed for Medicare Advantage members only

Miacalcin (calcitonin) — prior authorization needed for Medicare Advantage members only

Prolia (denosumab)

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

Paclitaxel protein-bound particles — prior authorization needed effective July 1, 2023

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)

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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)
Tecentriq (atezolizumab)
Zynyz (retifanlimab-dlwr) — prior authorization needed effective July 1, 2023

Pedmark (sodium thiosulfate)

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)

Radiopharmaceutical Drugs

Metastron (Strontium-89 Chloride injection) — prior authorization needed effective July 1, 2023
Pluvicto (lutetium Lu 177 vipivotide tetraxetan) — prior authorization needed effective July 1, 2023

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 needed for the drug and site of care
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)

Skysona/Lenti-D (elivaldogene autotemcel or eli-cel) - prior authorization is also needed for site of care effective May 1, 2023.

Somatostatin agents:

Bynfezia (octreotide)
Lanreotide (ciplā) — prior authorization needed effective March 1, 2023
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

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Spravato (esketamine)

Synagis (palivizumab)

Talvey (talquetamab-tgvs) — prior authorization needed effective November 10, 2023

Tecvayli (teclistamab-cqyv)

Tivdak (tisotumab vedotin-tftv)

Treanda (bendamustine HCl)

Trodelyv (sacituzumab govitecan-hziy)

Tzield (teplizumab-mzww) — precertification needed effective March 17, 2023

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

Vectibix (panitumumab)

Vegzelma (bevacizumab-adcd)

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)

Vivimusta (bendamustine hydrochloride) — prior authorization needed effective March 17, 2023

Vyjuvek (beremagene geperpavec) — prior authorization needed effective August 11, 2023

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)

Zynteglo (betibeglogene autotemcel) - prior authorization is also for site of care effective May 1, 2023.



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