



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 9**
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 as of March 1, 2025.

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)

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 and scooters

Endoscopic nasal balloon dilation procedures*

Functional endoscopic sinus surgery (FESS)*

Gender affirmation surgery

Hyperthermic intraperitoneal chemotherapy (HIPEC)

Hyperbaric oxygen therapy

Knee arthroscopy — prior authorization needed for Medicare Advantage members only effective February 1, 2025

Knee meniscectomy — prior authorization needed for Medicare Advantage members 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.

Basics

Services

Medicines

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

Proton beam radiotherapy

Prostate surgery

- High intensity-focused ultrasound (HIFU)
-

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 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:
 - 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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Basics

Services

Medicines

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 — prior authorization needed effective July 1, 2024
 - Removal of spinal instrumentation
 - Sacroiliac joint fusion surgery
 - Spinal fusion surgery
 - Surgery for spine 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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[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.

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

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)

BeneFix (coagulation factor IX [recombinant])

Beqvez (fidanacogene elaparvovec-dzkt) — prior authorization needed for drug and site of care

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)

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

Hemlibra (emicizumab-kxwh)

Hemofil M (antihemophilic factor [human])

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

Basics

Services

Medicines

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)

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

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) — prior authorization needed for drug and site of care

Adstiladrin (nadofaragene firadenovec-vncg)

Alzheimer's disease

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

Aduhelm (aducanumab-avwa)

Kisunla (donanemab-azbt)

Leqembi (lecanemab-irmb)

Alpha 1-proteinase inhibitor (human)

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

Aralast NP (alpha 1-proteinase inhibitor)

Glassia (alpha 1-proteinase inhibitor)

Prolastin-C (alpha 1-proteinase inhibitor)

Zemaira (alpha 1-proteinase inhibitor)

Alymsys (bevacizumab) — prior authorization needed for oncology indications 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 oncology indications only

Aveed (testosterone undecanoate)

Avzivi (bevacizumab-tnjn)

Belrapzo (bendamustine HCl)

Bendamustine HCl

Bendeka (bendamustine HCl)

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

Besponsa (inotuzumab ozogamicin)

Bizengri (zenocutuzumab-zbco) — prior authorization needed effective March 14, 2025

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

Bortezomib

commercial plans — precertification required for multiple myeloma only

Medicare plans — precertification required for all diagnoses

Boruzu (bortezomib)

commercial plans — precertification required for multiple myeloma only effective February 1, 2025

Medicare plans — precertification required for all diagnoses effective February 1, 2025

Botulinum toxins:

Botox (onabotulinumtoxinA)
Daxxify (daxibotulinumtoxin A)
Dysport (abobotulinumtoxinA)
Letybo (letibotulinumtoxinA-wlbg)
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)

Casgevvy (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, obe-cel) — prior authorization needed effective February 26, 2025
Breyanzi (lisocabtagene maraleucel)

CAR-T (continued):

Carvykti (ciltacabtagene autoleucel)
Kymriah (tisagenlecleucel)
Tecartus (brexucabtagene autoleucel)
Yescarta (axicabtagene ciloleucel)

Columvi (glofitamab-gxbm)

Compliment 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)

Elahere (mirvetuximab soravtansine-gynx)

Elrexvio (elranatamab-bcmm)

Empliciti (elotuzumab)

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

Basics**Services****Medicines****Enzyme replacement drugs:**

- Adzynma (ADAMTS13, recombinant-krhn) — prior authorization needed for the drug and site of care
- 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
- 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
- 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
- Pombiliti (cipaglucosidase alfa-atga)
- Strensiq (asfotase alfa)
- Vimizim (elosulfase alfa) — prior authorization needed for the drug and site of care

Enzyme replacement drugs (continued):

- 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)
- Epogen (epoetin alfa)

Erythropoiesis-stimulating agents (continued):

- 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

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)

Basics

Services

Medicines

Neulasta (injection pegfilgrastim)
Neupogen (injection filgrastim, G-CSF)
Nivestym (filgrastim-aafi)
Nypozi (filgrastim-txid)
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 (prior authorization needed for Medicare Advantage members only):

Skytrofa (lonapegsomatropin-tcgd)

Hereditary angioedema agents:

Berinerter (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]) — prior authorization needed for commercial members only
Kalbitor (ecallantide)
Ruconest (C1 esterase inhibitor)
Sajazir (icatibant acetate)
Takhzyro (lanadelumab-flyo)

Hereditary transthyretin-mediated amyloidosis (ATTR) drugs:

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

Hereditary transthyretin-mediated amyloidosis (ATTR) drugs (continued):

Tegsedi (inotersen)
Wainua (eplontersen)

HER2 receptor drugs:

Enhertu (fam-trastuzumab deruxtecan-nxki)
Herceptin (trastuzumab) — prior authorization needed for 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 drug and site of care
Kadcyla (ado-trastuzumab emtansine) — prior authorization needed for drug and site of care
Kanjinti (trastuzumab-anns) — prior authorization needed for drug and site of care
Margenza (margetuximab-cmkb)
Ogivri (trastuzumab-dkst) — prior authorization needed for drug and site of care
Ontruzant (trastuzumab-dttb) — prior authorization needed for drug and site of care
Perjeta (pertuzumab) — prior authorization needed for drug and site of care
Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf)
Trazimera (trastuzumab-qyyp) — prior authorization needed for drug and site of care
Ziihera (zanidatamab-hrii) — prior authorization needed effective March 14, 2025

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

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

Ilaris (canakinumab)

Basics

Services

Medicines

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 (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)
 - Yimmugo (immune globulin intravenous, human – dira)
-

Immunologic agents:

- Actemra IV (tocilizumab) — 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
- Ilumya (tildrakizumab)
- Omvoh (mirikizumab-mrkz)
- Orencia SQ (abatacept) — prior authorization needed for Medicare Advantage members only

Immunologic agents (continued):

- Orencia IV (abatacept) — prior authorization needed for the drug and site of care
 - Riabni (rituximab-arrx) — prior authorization needed for drug and site of care
 - Rituxan (rituximab) — prior authorization needed for drug and site of care
 - Rituxan Hycela (rituximab/hyaluronidase human)
 - Ruxience (rituximab-pvvr) — prior authorization needed for drug and site of care
 - Rystiggo (rozanolixizumab-noli)
 - Simponi Aria (golimumab) — prior authorization needed for the drug and site of care
 - Skyrizi IV (risankizumab-rzaa)
 - Spevigo (spesolimab-sbzo)
 - Stelara SC (ustekinumab) — prior authorization needed for commercial members only
 - Stelara IV (ustekinumab)
 - Tofidence (tocilizumab-bavi)
 - Tremfya IV (guselkumab) — prior authorization needed effective February 1, 2025
 - Truxima (rituximab-abbs) — prior authorization needed for drug and site of care
 - Tyenne (tocilizumab-aazg) — prior authorization needed for the drug and site of care effective July 1, 2024
 - 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)
-

Injectable infertility drugs:

- Bravelle (urofollitropin) — prior authorization needed for commercial members only
- Chorionic gonadotropin
- Cetrotide (cetorelix acetate)
- Follistim AQ (follitropin beta)
- Ganirelix AC (ganirelix acetate)
- Gonal-f (follitropin alfa)

Basics

Services

Medicines

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)

Jelmyto (mitomycin)

Jesduvroq (daprodustat) — prior authorization needed for Medicare Advantage members only

Kebilidi (eladocagene exuparvovec-tneq) — prior authorization needed for the drug and site of care effective February 26, 2025

Khapzory (levoleucovorin)

Kimtrak (tebentafusp-tebn)

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

Krystexxa (pegloticase)

Kyprolis (carfilzomib)

commercial plans — precertification required for prostate cancer only

Medicare plans — precertification required for all diagnoses

Lantidra (donislecel-jujn)

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

Lunsumio (mosunetuzumab)

Luteinizing hormone-releasing hormone (LHRH) agents:

commercial plans — precertification required for prostate cancer only

Medicare plans — precertification required for all diagnoses

Camcevi (leuprolide mesylate)

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)

Trelstar (triptorelin pamoate)

Zoladex (goserelin)

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

Lymphir (denileukin diftitox-cxdl)

Monjuvi (tafasitamab-cxix)

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

Basics

Services

Medicines

Ocrevus Zunovo (ocrelizumab and hyaluronidase) — prior authorization needed for the drug and site of care effective February 1, 2025
Tyruko (natalizumab-sztn) — prior authorization needed for the drug and site
Tysabri (natalizumab) — prior authorization needed for the drug and site of care

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)

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

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

Nulibry (fosdenopterin)

Omisirge (omidubicel)

Niktimvo (axatilimab-csfr)

Ophthalmic injectables:

Ahzantive (aflibercept-mrbb)
Beovu (brolucizumab-dblI)
Byooviz (ranibizumab-nuna)
Cimerli (ranibizumab-eqrn)
Enzeevu (aflibercept-abzv)
Eylea (aflibercept)

Ophthalmic injectables (continued):

Eylea HD (aflibercept)
Izervay (avacincaptad pegol)
Lucentis (ranibizumab)
Luxturna (voretigene neparvovec-rzyl) — prior authorization needed for the drug and site of care
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:

Evenity (romosozumab-aqqg)
Forteo (teriparatide) — prior authorization needed for Medicare Advantage members only
Miacalcin (calcitonin) — prior authorization needed for Medicare Advantage members only
Prolia (denosumab)
Teriparatide — **prior authorization needed for Medicare Advantage members only**

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

Paclitaxel protein-bound particles

Padcev (enfortumab vedotin)

Basics

Services

Medicines

Paroxysmal nocturnal hemoglobinuria (PNH)

(prior authorization needed for 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)
Libtayo (cemiplimab-rwlc)
Loqtorzi (toripalimab-tpzi)
Opdivo (nivolumab)
Opdualag (nivolumab and relatlimab-rmbw)
Tecentriq (atezolizumab)
Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) — prior authorization needed effective February 1, 2025
Tevimbra (tislelizumab)
Unloxyt (cosibelimab-ipdl) — prior authorization needed effective March 14, 2025
Zynyz (retifanlimab-dlwr)

Pedmark (sodium thiosulfate)

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

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)

Reblozyl (luspatercept-aamt)

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

Cinqair (reslizumab)
Fasenra (benralizumab)
Nucala (mepolizumab)
Tezspire (tezepelumab-ekko)
Xolair (omalizumab)

Rivfloza (nedosiran)

Rybrevant (amivantamab-vmjw)

Ryplazim (plasminogen, human-tvmh)

Rytelo (imetelstat)

Basics**Services****Medicines**

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 needed for the drug and site of care

Somatostatin agents:

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

Sandostatin (octreotide)

Sandostatin LAR (octreotide acetate) — prior authorization needed for drug and site of care

Signifor (pasireotide) — prior authorization needed for commercial members only

Signifor LAR (pasireotide)

Somatuline (lanreotide) — prior authorization needed for 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)

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)

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)

Velcade (bortezomib)

commercial plans — precertification required for multiple myeloma only

Medicare plans — precertification required for all diagnoses

Viscosupplementation:

Durolane (Hyaluronic acid) — prior authorization needed for commercial members only

Euflexxa (1% sodium hyaluronate) — prior authorization needed 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)

Monovisc (high molecular weight hyaluronan)

Orthovisc (high molecular weight hyaluronan)

Basics

Services

Medicines

Supartz FX (sodium hyaluronate)
Synjoynt (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)

Xgeva (denosumab)

Xofigo (radium Ra 223 dichloride)

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

Zepzelca (lurbinectedin) — prior authorization needed effective September 1, 2024

Zirabev (bevacizumab-bvzr)

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 needed for the drug and site of care effective



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