



Understanding your prior authorization for Medicare Advantage


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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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



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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. You do not have to do anything; your doctor will manage this process.

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 the review.

3.

We'll send you and your doctor a letter with the decision. The review process can take up to two weeks.

Medicare members:

- If the request is for special prescription drugs, we must notify you (and the physician or other prescriber) of the decision no later than 24 hours after receiving the supporting statement for urgent cases. And no later than 72 hours after receiving the supporting statement for standard cases.
- If the request involves reimbursement for prescription drugs or services already received, we must notify you (and the physician or other prescriber) of the decision (and make payment when approved) 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 with the prior authorization decision will have the instructions on how to file an appeal. You may also call the number on your member ID card and request an expedited appeal.

- You have **60 days** from the date of the letter to request an appeal.

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When you need it



This guide includes lists of the services and medicines that need prior authorization. In some plans, you might need prior authorization for the place where you get a service or medicine. We call this the site of service or site of care.



When you see a network doctor, they'll help you get the prior authorization you need.



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.*

Inpatient stays (except hospice)

For example, surgical and nonsurgical hospital stays, stays in a rehabilitation facility, or long-term acute care facility.

Private duty nursing and home health care in some states.

Skilled nursing facility (SNF) care

Procedures that may be considered cosmetic, such as:

- Blepharoplasty
- Breast enlargement
- Breast reduction/mammoplasty
- Dental implants
- Excision of excessive skin due to weight loss
- Gastroplasty/gastric bypass
- Lipectomy or excess fat removal
- Surgery for varicose veins, except stab phlebectomy

Medicare Part B prescription drugs (and select Part D drugs based on site of care) For Specialty Medications as listed on pages 8–15 of this document.

Select new drugs, therapies, services, and technologies.**

Services not covered by Medicare or that may be considered experimental and investigational.

*Aetna Medicare Advantage PPO only covers services approved under Traditional Medicare and administered by a Medicare-certified provider. If you are not sure if a service, treatment, or procedure may require prior authorization or is covered by Medicare, call the Member Services number on your member ID card for assistance.

**The customized City of New York prior authorization list can only be modified when there is mutual agreement among the City, MLC and Aetna every two years.



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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.

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])

Hemgenix (etranacogene dezaparvovec-drlb)

Hemlibra (emicizumab-kxwh)

Hemofil M (antihemophilic factor [human])

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

Idelvion (antihemophilic factor [recombinant])

Ixinity (coagulation factor IX [recombinant])

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

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

Kogenate FS (antihemophilic factor [recombinant])

Kovaltry (antihemophilic factor [recombinant])

Monoclate-P (antihemophilic factor [human])

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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])

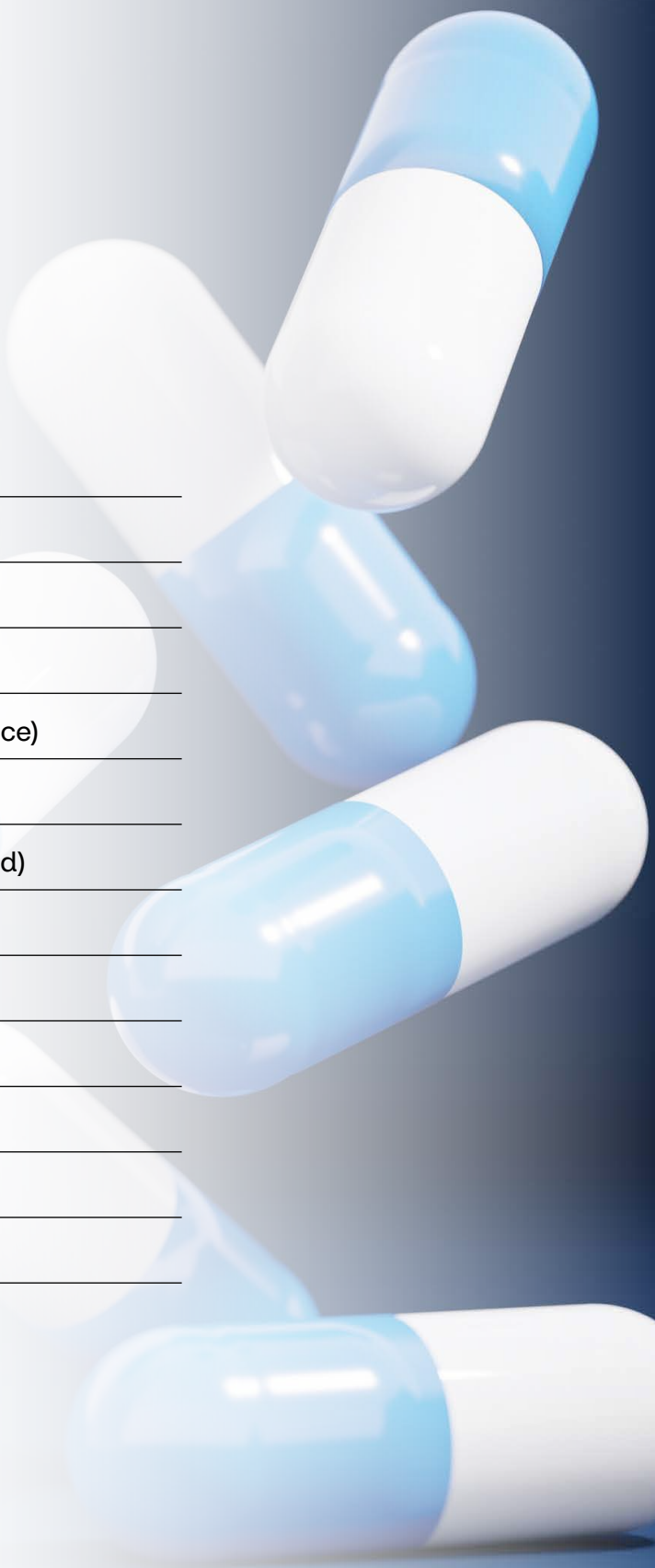
RiaSTAP (fibrinogen concentrate [human])

Rixubis (coagulation factor IX [recombinant])

Sevenfact (coagulation factor VIIa [recombinant]-jncw)

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

Vonvendi (von Willebrand factor [recombinant])



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Other prescription drugs

Abraxane (paclitaxel protein-bound particles)

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 for oncology indications only

Amyotrophic lateral sclerosis (ALS) drugs:

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

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)

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)

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)

(CAR-T) therapy

Cortrophin Gel (repository corticotropin)

Cosela (trilaciclib)

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

Cyramza (ramucirumab)

Danyelza (naxitamab-gqqk)

Darzalex (daratumumab)

Darzalex Faspro (daratumumab and hyaluronidase-fihj)

Elahere (mirvetuximab soravtansine-gynx)

Empliciti (elotuzumab)

Enjamo (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

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

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

Xenpozyme (olipudase alfa-rpcp)

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)

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)

Neulasta (injection pegfilgrastim)

Neupogen (injection filgrastim, G-CSF)

Nivestym (filgrastim-aafi)

Nyvepria (pegfilgrastim-apgf)

Releuko (filgrastim-ayow)

Rolvedon (eflapegrastim-xnst)

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Stimufend (pegfilgrastim-fpgk)
Udenyca (pegfilgrastim)
Zarxio (injection filgrastim, G-CSF, biosimilar)
Ziextenzo (pegfilgrastim-bmez)

Growth hormone:

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

Hereditary angioedema agents:

Berinert (C1 esterase inhibitor)
Cinyryze (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) — precertification for the drug and site of care required
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)

Imjudo (tremelimumab)

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

Asceniv (immune globulin):
Bivigam (immune globulin)
Carimune NF (immune globulin)
Cutaquig (immune globulin)
Cuvitru (immune globulin SC [human])
Flebogamma (immune globulin)
GamaSTAN S/D (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)
Cimzia (certolizumab pegol)
Cosentyx (secukinumab)
Enspryng (satralizumab)

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

Ilumya (tildrakizumab)

Orencia SQ (abatacept)

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

Skyrizi (risankizumab-rzaa)

Skyrizi IV (risankizumab-rzaa)

Spevigo (spesolimab-sbz)

Stelara (ustekinumab)

Stelara IV (ustekinumab)

Tremfya (guselkumab)

Truxima (rituximab-abbs)

Vyvgart (efgartigimod alfa-fcab)

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 (levoleuovorin)

Kimmtrak (tebentafusp-tebn)

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

Lartruvo (olaratumab)

Luteinizing hormone-releasing hormone (LHRH) agents:

Camcevi (leuprolide mesylate)

Eligard (leuprolide acetate)

Firmagon (degarelix)

Lutrate (leuprolide acetate)

Lupron Depot (leuprolide acetate), 7.5 mg — prior authorization required for oncology indications only

Trelstar (triptorelin pamoate)

Zoladex (goserelin)

Lumoxiti (moxetumomab pasudotox-tdfk)

Makena (hydroxyprogesterone capoate)

Monjuvi (tafasitamab-cxix)

Multiple sclerosis drugs:

Avonex (interferon beta-1a)

Kesimpta (ofatumumab)

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

Amondys 45 (casimersen)

Exondys 51 (eteplirsen)

Viltepso (viltolarsen)

Vyondys 53 (golodirsen)

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

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Myalept (metreleptin)

Natpara (parathyroid hormone)

Nulibry (fosdenopterin)**Ophthalmic injectables:****Beovu** (brolucizumab-dbll)**Byooviz** (ranibizumab-nuna)**Cimerli™** (ranibizumab-eqrn)**Eylea** (aflibercept)**Lucentis** (ranibizumab)**Luxturna** (voretigene neparvovec-rzyl) — prior authorization needed for the drug and site of care**Macugen** (pegaptanib)**Susvimo** (ranibizumab)**Tepezza** (teprotumumab-trbw) — prior authorization needed for the drug and site of care**Vabysmo** (faricimab-svoa)

Osteoporosis drugs:**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) (prior authorization needed for these drugs and site of care):**Soliris** (eculizumab)**Ultomiris** (ravulizumab-cwvz)

Parsabiv (etelcalcetide)

PD1/PDL1 drugs (prior authorization needed for the drug and site of care):**Bavencio** (avelumab)**Imfinzi** (durvalumab)**Jemperli** (dostarlimab-gxly)**Keytruda** (pembrolizumab)**Libtayo** (cemiplimab-rwlc)**Opdivo** (nivolumab)**Opdualag** (relatlimab and nivolumab)**Tecentriq** (atezolizumab)

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)**Velettri** (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)**Xolair** (omalizumab)

Rybrevant (amivantamab-vmjw)

Ryplazim (plasminogen, human-tvmh)

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

Sarclisa (isatuximab-irfc)

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

Somatostatin agents:

Bynfezia (octreotide)

Lanreotide (ciplā)

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)

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)

Velcade (bortezomib) — prior authorization needed for multiple myeloma only

Vegzelma (bevacizumab) — prior authorization required for oncology indications 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)

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)

Zynteglo (betibeglogene autotemcel)

Zynlonta (loncastuximab tesirine-lpyl)

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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. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.