



# 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

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## Basics

## Services

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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.)



## 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.

**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****Endoscopic nasal balloon dilation procedures\*****Functional endoscopic sinus surgery (FESS)\*****Gender affirmation surgery****Hyperthermic intraperitoneal chemotherapy (HIPEC)**

**Hyperbaric oxygen therapy** — prior authorization is no longer needed for Medicare Advantage members

**Knee arthroscopy** — prior authorization needed for Medicare Advantage members only

**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.



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### 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 cosmetic procedures:**

- 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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### Spinal procedures:

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

### Stimulators

- Electrical stimulation device used for cancer treatment
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### Urology

- Artificial urinary sphincter
- 

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

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### Ventricular assist devices

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### Whole exome sequencing

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\*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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**Here are the prescription drugs that need prior authorization. We've divided them into two lists. The first one includes blood-clotting factors. The second one includes all other medicines that need prior authorization.**

These lists show drugs you usually wouldn't give yourself. You may get them at a doctor's office. Or you may get them at a hospital without an overnight stay. These are not the same as the prescription drugs listed on your plan's formulary, or drug list.

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

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## Blood-clotting factors

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

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

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

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

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

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

**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])

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

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

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

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

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

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

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

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**Nuwiq** (simoctocog alfa)

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

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**Profilnine** (factor IX complex)

---

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

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

---

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

---

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

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

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

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

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

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

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**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) — 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)

Kisunla (donanemab-azbt)

Leqembi IV (lecanemab-irmb)

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

#### 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 the drug and site of care 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 the drug and site of care for oncology indications only

**Aveed** (testosterone undecanoate)

**Avzivi** (bevacizumab-tnjn)

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

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

**Belrapzo** (bendamustine HCl)

#### Bendamustine HCl

**Bendeka** (bendamustine HCl)

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

**Besponsa** (inotuzumab ozogamicin)

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### **Bizengri** (zenocutuzumab-zbco)

#### **Bortezomib**

commercial plans — prior authorization needed for multiple myeloma only

Medicare plans — prior authorization needed for all diagnoses

#### **Boruzu** (bortezomib)

commercial plans — prior authorization needed for multiple myeloma only

Medicare plans — prior authorization needed for all diagnoses

#### **Botulinum toxins:**

Botox (onabotulinumtoxinA) — prior authorization needed for commercial members only

Daxxify (daxibotulinumtoxin A)

Dysport (abobotulinumtoxinA)

Letybo (letibotulinumtoxinA-wlbg)

Myobloc (rimabotulinumtoxinB)

Xeomin (incobotulinumtoxinA)— prior authorization needed for commercial members only

### **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)

Breyanzi (lisocabtagene maraleucel)

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)

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

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

### **Elahere** (mirvetuximab soravtansine-gynx)

### **Emrelis** (telisotuzumab vedotin-tllv)

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**Elrexio** (elranatamab-bcmm)

**Empliciti** (elotuzumab)

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

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

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

### Enzyme replacement drugs (continued):

Nexvazyme (avalglucosidase alfa-ngpt) — prior authorization needed for the drug and site of care

Pombiliti (cipaglucosidase alfa-atga)

Strensiq (asfotase alfa)

Vimizim (elosulfase alfa) — prior authorization needed for the drug and site of care

VPRIV (velaglucerase alfa) — prior authorization needed for the drug and site of care

Xenpozyme (olipudase alfa-rpcp)— prior authorization needed for the drug and site of care

**Epkinly** (epcoritamab-bysp)

**Erbix** (cetuximab)

### Erythropoiesis-stimulating agents:

Aranesp (darbepoetin alfa) — prior authorization needed for commercial members only

Epogen (epoetin alfa)

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

Procrit (epoetin alfa)— prior authorization needed for commercial members only

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)

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**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)— prior authorization needed for commercial members only  
 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 no longer needed for Medicare Advantage members  
 Ziextenzo (pegfilgrastim-bmez)

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

Skytrofa (lonapegsomatropin-tcgd)

### Hereditary angioedema agents:

Beriner (C1 esterase inhibitor)  
 Cinryze (C1 esterase inhibitor) — prior authorization needed for the drug and site of care  
 Dawnzera (Donidalorsen Sodium)  
 Firazyr (icatibant acetate)— prior authorization needed for commercial members only

### Hereditary angioedema agents (continued):

Haegarda (C1 esterase inhibitor subcutaneous [human]) — prior authorization needed for commercial members only  
 Kalbitor (ecallantide)  
 Ruconest (C1 esterase inhibitor)  
 Sajazir (icatibant acetate) — prior authorization needed for commercial members only  
 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  
 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  
 Kadcylla (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

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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)

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

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

### **Ilaris** (canakinumab)

### **Imdelltra** (tarlatamb-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])  
 GamaSTAN (immune globulin)  
 Gammagard (immune globulin)  
 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)

### **Immunoglobulins (continued)**

Yimmugo (immune globulin intravenous, human-dira)

### **Immunologic agents:**

Actemra IV (tocilizumab) — prior authorization needed for the drug and site of care  
 Avtozma (tocilizumab-anoh) — prior authorization needed for 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  
 Illumya (tildrakizumab)  
 Imaavy (nipocalimab-aahu) — prior authorization needed for the drug and site of care  
 Imuldosa (ustekinumab-srlf)  
 Omvoh (mirikizumab-mrkz)  
 Orencia SQ (abatacept) — prior authorization needed for Medicare Advantage members only  
 Orencia IV (abatacept) — prior authorization needed for the drug and site of care  
 Otulfi SQ/IV (ustekinumab-aaaz)  
 Pyzchiva IV (ustekinumab-ttwe)  
 Pyzchiva SC (ustekinumab-ttwe) — prior authorization needed for commercial members only  
 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)  
 Selarsdi (ustekinumab-aekn)  
 Simponi Aria (golimumab) — prior authorization needed for the drug and site of care  
 Skyrizi IV (risankizumab-rzaa)  
 Spevigo (spesolimab-sbzo)



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Starjemza (ustekinumab-hmny)  
 Stelara SC (ustekinumab) — prior authorization needed for commercial members only  
 Stelara IV (ustekinumab)  
 Steqeyma (ustekinumab-stba)  
 Tofidence (tocilizumab-bavi)  
 Tremfya IV (guselkumab)  
 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  
 ustekinumab  
 ustekinumab-aaaz  
 ustekinumab-aekn  
 ustekinumab-stba  
 ustekinumab-ttwe  
 Vyvgart (efgartigimod alfa-fcab)  
 Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) — prior authorization is needed for the drug and site of care. Site of care is only required for CIDP (Chronic Inflammatory Demyelinating Polyneuropathy)  
 Wezlana (ustekinumab-auub)  
 Yesintek (ustekinumab-kfce)

### Injectable infertility drugs:

Chorionic gonadotropin  
 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)

### Injectable infertility drugs (continued):

Pregnyl (chorionic gonadotropin)

### Iron Replacement Drugs:

Feraheme (ferumoxytol)

### Iron Replacement Drugs continued:

Injectafer (ferric carboxymaltose injection)

Monoferic (ferric derisomaltose)

### Jelmyto (mitomycin)

### Jobevne (bevacizumab-nwgd)

**Kebilidi** (eladocagene exuparvovec-tneq) — prior authorization needed for the drug and site of care

### Khapzory (levoleucovorin)

### Kimmtrak (tebentafusp-tebn)

### Korsuva (difelikefalin)

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

### Kyprolis (carfilzomib)

commercial plans — prior authorization needed for multiple myeloma

Medicare plans — prior authorization needed for all diagnoses

### Lantidra (donislecel-jujn)

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

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

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**Lunsumio** (mosunetuzumab)

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

commercial plans — prior authorization needed for prostate cancer only

Medicare plans — prior authorization needed for all diagnoses

Camcevi (leuprolide mesylate)

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)

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

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**Lymphir** (denileukin diftitox-cxdl)

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**Lynozyfic IV** (Linvoseltamab – gcpt)

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**Monjuvi** (tafasitamab-cxix)

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**Multiple sclerosis drugs:**

Briumvi (ublituximab)

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

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**Multiple sclerosis drugs (continued):**

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

Ocrevus Zunovo (ocrelizumab and hyaluronidase) — prior authorization needed for the drug and site of care

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

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

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**Muscular dystrophy drugs:**

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

Amondys 45 (casimersen)

Elevidys (delandistrogene moxeparvovec)

Exondys 51 (eteplirsen)

Viltepso (viltolarsen)

Vyondys 53 (golodirsen)

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

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

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**Nulibry** (fosdenopterin)

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**Niktimvo** (axatilimab-csfr)

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**Omisirge** (omidubicel)

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**Basics****Services****Medicines****Ophthalmic injectables:**

Ahzantive (aflibercept-mrbb)  
Beovu (brolucizumab-dbli)  
Byooviz (ranibizumab-nuna)  
Cimerli (ranibizumab-eqrn)  
Encelto (revakinagene taroretsel-lwey)  
Enzeevu (aflibercept-abzv)  
Eylea (aflibercept)  
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:**

Bomyntra (denosumab-bnht)  
Conexxence (denosumab-bnht)  
denosumab-bnht  
denosumab-dssb  
Evenity (romosozumab-aqqg) — prior authorization needed for Medicare Advantage members only  
Forteo (teriparatide) — prior authorization needed for Medicare Advantage members only  
Jubbonti (denosumab-bbdz)

**Osteoporosis drugs (continued):**

Miacalcin (calcitonin) — prior authorization needed for Medicare Advantage members only  
Osenvelt (denosumab-bmwo)  
Ospomyv (denosumab-dssb)  
Prolia (denosumab)  
Stoboclo (denosumab-bmwo)  
Teriparatide — prior authorization needed for Medicare Advantage members only  
Wyost (denosumab-bbdz)  
Xbryk (denosumab-dssb)

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

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**Paclitaxel** protein-bound particles**Padcev** (enfortumab vedotin)**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)

## 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)  
 Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph)  
 Libtayo (cemiplimab-rwlc)  
 Loqtorzi (toripalimab-tpzi)  
 Opdivo (nivolumab)  
 Opdualag (nivolumab and relatlimab-rmbw)  
 Opdivo Qvantig (nivolumab and hyaluronidase-nvhy)  
 penpulimab-kcqx  
 Tecentriq (atezolizumab)  
 Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs)  
 Tevimbra (tislelizumab) — prior authorization needed for the drug and site of care  
 Unloxcyt (cosibelimab-ipdl)  
 Zynyz (retifanlimab-dlwr)

**Pedmark** (sodium thiosulfate)

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

**Pemrydi RTU** (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)  
 Omlyclo (omalizumab-igec)  
 Tezspire (tezepelumab-ekko) — prior authorization needed for the drug and site of care  
 Xolair (omalizumab)

**Rivfloza** (nedosiran)

**Rybrevant** (amivantamab-vmjw)

**Ryoncil** (remestemcel-L)

**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 (ciplra) — 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)— prior authorization needed for the drug and site of care for oncology indications only

**Velcade** (bortezomib)

commercial plans — prior authorization needed for multiple myeloma only

Medicare plans — prior authorization needed for all diagnoses

### 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)  
Synjojoynt (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)

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**Vivimusta** (bendamustine hydrochloride)

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**Vyjuvek** (beremagene geperpavec)

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**Vyloy** (zolbetuximab)

**Xgeva** (denosumab)

**Xofigo** (radium Ra 223 dichloride)

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

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**Yondelis** (trabectedin)

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**Zepzelca** (lurbinectedin)

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

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

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

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**Zulresso** (brexanolone)

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**Zusduri** (mitomycin)

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**Zynlonta** (loncastuximab tesirine-lpyl)

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**Zynteglo** (betibeglogene autotemcel) — prior authorization is needed for the drug and site of care

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