

# Procedures, programs and drugs you must precertify

Participating provider precertification list

Starting March 1, 2019

**Applies to:**

Aetna<sup>®</sup> plans, except Traditional Choice<sup>®</sup> plans

All health benefits and insurance plans offered and/or underwritten by Innovation Health plans, Inc., and Innovation Health Insurance Company, except indemnity plans  
Foreign Service Benefit Plan, MHBP and Rural Carrier Benefit Plan

All health benefits and health insurance plans offered, underwritten and/or administered by the following:

Banner Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc.

(Banner | Aetna), Texas Health + Aetna Health Insurance Company and/or Texas Health + Aetna Health Plan Inc.

(Texas Health Aetna), Allina Health and Aetna Health Insurance Company (Allina Health | Aetna),

Sutter Health and Aetna Administrative Services LLC (Sutter Health | Aetna)

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## Do I need a referral before I get care?

For benefit plans with a primary care physician (PCP), you may need a referral for specialist care. In such a case, your PCP must refer you to a specialist. Please check the back of your member ID card for your plan referral rules.

## Do I need preapproval before I get care?

### • In-network provider care

Before you go for care to any participating provider, check with your doctor to be sure that all needed prior approvals are in place. A participating provider can be any provider of health care and includes a specialist or facility.

Your network provider may need to get prior approval for additional care as part of an Aetna special program. This includes services like transplants and certain women's health services (infertility, BRCA or pre-implantation genetic testing).

Also, precertification may apply for local programs for services such as:

- Cardiac catheterizations and rhythm implants
- Hip and kneereplacements
- Pain management
- Radiology/imaging services
- Sleep studies

The network provider gets prior approval, if needed. You don't have to pay if the provider fails to get prior approval.

### • Out-of-network provider care

You may need approval to see out-of-network providers. Be sure to check your plan documents about prior approval rules. You must get prior approval, if needed. Your plan benefits may be less or not covered if you don't get prior approval. That means you must pay for these charges.

### • Pharmacy

You might have different benefits for drugs covered under a pharmacy plan. These drugs may also have different prior approval requirements.

## More questions?

Look at your member booklet to find out what your medical plan covers. Or log in to your secure member website. You can also call us at the toll-free number on your member ID card.

## Services that require precertification:

### 1. 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)

### 2. Ambulance

Precertification required for transportation by fixed-wing aircraft (plane)

### 3. Autologous chondrocyte implantation

### 4. Chiari malformation decompression surgery

### 5. Cochlear device and/or implantation

### 6. Coverage at an in-network benefit level for out-of-network provider or facility unless services are emergent. Some plans have limited or no out-of-network benefits.

### 7. Dental implants

### 8. Dialysis visits

When request is initiated by a participating provider, and dialysis to be performed at a nonparticipating facility

### 9. Dorsal column (lumbar) neurostimulators: trial or implantation

### 10. Electric or motorized wheelchairs and scooters

### 11. Endoscopic nasal balloon dilation procedures

### 12. Gender reassignment surgery

### 13. Hip surgery to repair impingement syndrome

### 14. Hyperbaric oxygen therapy

### 15. Lower limb prosthetics, such as microprocessor-controlled lower limb prosthetics

### 16. Nonparticipating freestanding ambulatory surgical facility services, when referred by a participating provider

### 17. Orthognathic surgery procedures, bone grafts, osteotomies and surgical management of the temporomandibular joint

### 18. Osseointegrated implant

### 19. Osteochondral allograft/knee

### 20. Private duty nursing

### 21. Proton beam radiotherapy

### 22. Reconstructive or other procedures that may be considered cosmetic, such as:

- Blepharoplasty/canthoplasty
- 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 stabphlebectomy

### 23. Shoulder arthroplasty

### 24. Spinal procedures, such as:

- Artificial intervertebral disc surgery (cervical spine)
- Cervical, lumbar and thoracic laminectomy and/or laminotomy procedures
- Laminectomy with rhizotomy
- Spinal fusion surgery

### 25. Uvulopalatopharyngoplasty, including laser assisted procedures

### 26. Ventricular assist devices

### 27. Video electroencephalograph (EEG)

### 28. Whole exome sequencing – precertification required effective 3/1/2019

# Drugs and medical injectables

## Blood-clotting factors (precertification for outpatient infusion of this drug class is required)

For the following services, providers call the precertification number listed on your card, with the following exceptions:

- For MHBP, please call CVS/Caremark at **1-800-237-2767**
- For the Foreign Service Benefit Plan, please call Express Scripts at **1-800-922-8279**
- For the Rural Carrier Benefit Plan, please call CVS/Caremark at **1-800-237-2767**

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)  
FEIBA, FEIBA NF (anti-inhibitor coagulant complex)  
Fibryga (fibrinogen, human)  
Helixate FS (antihemophilic factor [recombinant])  
Hemlibra (emicizumab-kxwh)  
Hemofil M (antihemophilic factor [human])  
Humate-P (antihemophilic factor/von Willebrand factor complex [human])  
Idelvion (antihemophilic factor [recombinant])  
Ixinity (coagulation factor IX [recombinant])  
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])  
Mononine (coagulation factor IX [human])  
NovoEight (turoctocog alfa)  
NovoSeven RT (coagulation factor VIIa [recombinant])  
Nuwq (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])  
Tretten (coagulation factor XIII a-subunit [recombinant])  
Vonvendi (von Willebrand factor [recombinant])  
Wilate (von Willebrand factor/coagulation factor VIII complex [human])  
Xyntha, Xyntha Solof (antihemophilic factor [recombinant])

## Other drugs and medical injectables

For the following services, providers call 1-866-503-0857 or fax applicable request forms to 1-888-267-3277, with the following exceptions:

- For precertification of pharmacy-covered specialty drugs (noted with\*) when you are enrolled in a commercial plan, your provider will call 1-855-240-0535 or fax applicable request forms to 1-877-269-9916.
- Your provider can use the drug-specific **Specialty Medication Request Form** located online under “Specialty Pharmacy Precertification.”
- Your provider can submit Specialty Pharmacy precertification requests electronically using provider online tools and resources at **NaviNet<sup>®</sup> drug precertification** or **CoverMyMeds with Aetna**.
- When you’re enrolled in a Foreign Service Benefit Plan, MHBP or Rural Carrier Benefit Plan, ask your provider to use these contacts:
  - **For precertification of pharmacy-covered specialty drugs:**
    - Foreign Service Benefit Plan, call Express Scripts at 1-800-922-8279
    - MHBP and Rural Carrier Benefit Plan, call CVS/ Caremark at 1-800-237-2767
  - **For precertification of all other listed drugs:**
    - Foreign Service Benefit Plan, call 1-800-593-2354
    - MHBP, call 1-800-410-7778; Rural Carrier Benefit Plan, call 1-800- 638-8432

**Acthar Gel/H. P. Acthar** (corticotropin)

**Adcetris** (brentuximab vedotin)

**Alpha 1-proteinase inhibitor (human):**

Aralast NP (alpha 1-proteinase inhibitor)

Glassia (alpha 1-proteinase inhibitor)

Prolastin-C (alpha 1-proteinase inhibitor)

Zemaira (alpha 1- proteinase inhibitor)

**Amyotrophic Lateral Sclerosis (ALS) drugs:**

Radicava (edaravone) — precertification for the drug and site of care required

**Benlysta** (belimumab)

**Besponsa** (inotuzumab ozogamicin)

**Botulinum toxins:**

Botox (onabotulinumtoxinA)

Dysport (abobotulinumtoxinA)

Myobloc (rimabotulinumtoxinB)

Xeomin (incobotulinumtoxinA)

**Calcitonin Gene-Related Peptide (CGRP) receptor inhibitors-**

**Cardiovascular — PCSK9 inhibitors:**

Praluent (alirocumab)

Repatha (evolocumab)

**Chimeric Antigen Receptor T-Cell Therapy (CAR-T) —**

Contact National Medical Excellence at 1-877-212-8811

Kymriah (tisagenlecleucel)

Yescarta (axicabtagene ciloleucel)

**Crysvita (burosumab)** – precertification for the drug and site of care required

**Cyramza** (ramucirumab)

**Darzalex** (daratumumab)

**Dupixent\*** (dupilumab)

**Empliciti** (elotuzumab)

**Enzyme replacement drugs:**

Aldurazyme (laronidase)

Brineura (cerliponase alfa)

**Enzyme replacement drugs, cont.:**

Cerezyme (imiglucerase)

Elaprase (idursulfase)

ElELYso (taliglucerase alfa)

Fabrazyme (agalsidase beta)

Kanuma (sebelipase alfa)

Lumizyme (alglucosidase alfa)

Mepsevii (vestronidase alfa-vjkb)

Naglazyme (galsulfase)

Strensiq (asfotase alfa)

Vimizim (elosulfase alfa)

VPRIV (velaglucerase alfa)

**Erbix** (cetuximab)

**Erythropoiesis-stimulating agents:**

Aranesp (darbepoetin alfa)

Epogen (epoetin alfa)

Mircera (epoetin beta)

Procrit (epoetin alfa)

Retacrit (recombinant human erythropoietin)

**Fusilev** (levoleucovorin)

**Gattex** (teduglutide)

**Gazyva** (obinutuzumab)

**Granulocyte-colony stimulating factors:**

Fulphila (pegfilgrastim-jmdb)

Granix (injection tbo-filgrastim)

Leukine (injection sargramostim, GM-CSF)

Neulasta (injection pegfilgrastim)

Neupogen (injection filgrastim, G-CSF)

Nivestym (filgrastim-aafi)

Udenyca (pegfilgrastim) – precertification required effective 3/1/2019

Zarxio (injection filgrastim, G-CSF, biosimilar)

**Growth hormone:**

Genotropin\* (somatropin)  
 Humatrope\* (somatropin)  
 Increlex\* (mecasermin)  
 Norditropin\*(somatropin)  
 Nutropin AQ\* (somatropin)  
 Omnitrope\* (somatropin)  
 Saizen\* (somatropin)  
 Serostim\* (somatropin)  
 Zomacton\* (somatropin [rDNA origin])  
 Zorbtive\* (somatropin)

**Hepatitis C drugs:**

Daklinza (daclatasvir)  
 Epclusa (sofosbuvir and velpatasvir)  
 Harvoni (sofosbuvir/ledipasvir)  
 Mavyret (glecaprevir/pibrentasvir)  
 Olysio (simeprevir)  
 Sovaldi (sofosbuvir)  
 Technivie (ombitasvir/paritaprevir/ritonavir)  
 Viekira Pak (paritaprevir/ritonavir/ ombitasvir/dasabuvir)  
 Viekira XR (ombitasvir/paritaprevir/ritonavir and dasabuvir)  
 Vosevi (sofosbuvir/velpatasvir/voxilaprevir)  
 Zepatier (elbasvir/grazoprevir)

**Hereditary angioedema agents:**

Berinert (C1 esterase inhibitor)  
 Cinryze (C1 esterase inhibitor)  
 Firazyr (icatibant acetate)  
 Haegarda (C1 esterase inhibitor subcutaneous [human])  
 Kalbitor (ecallantide)  
 Ruconest (C1 esterase inhibitor)  
 Takhzyro (lanadelumab)

**HER2 receptor drugs:**

Herceptin (trastuzumab)  
 Kadcyla (ado-trastuzumab emtansine)  
 Perjeta (pertuzumab)

**Ilaris\*** (canakinumab)**Imlygic** (talimogene laherparepvec)**Immunoglobulins** (precertification for the drug and site of care required):

Bivigam (immune globulin)  
 Carimune NF (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)  
 Priviligen (immune globulin)

**Immunologic agents:**

Actemra (tocilizumab) — precertification for the drug and site of care required  
 Actemra\* SC (tocilizumab)  
 Cimzia\* (certolizumab pegol)  
 Cimzia IV (certolizumab pegol)

**Immunologic agents, cont**

Cosentyx\* (secukinumab)  
 Enbrel\* (etanercept)  
 Entyvio (vedolizumab) — precertification for the drug and site of care required  
 Humira\* (adalimumab)  
 Ilumya\* (tildrakizumab)  
 Inflectra (infliximab-dy yb) — precertification for the drug and site of care required  
 Kevzara\* (sarilumab)  
 Kineret\* (anakinra)  
 Olumiant\* (baricitinib)  
 Orencia SQ\* (abatacept)  
 Orencia IV (abatacept) — precertification for the drug and site of care required  
 Otezla\* (apremilast)  
 Remicade (infliximab) — precertification for the drug and site of care required  
 Renflexis (infliximab-abda) — precertification for the drug and site of care required  
 Rituxan (rituximab)  
 Siliq\* (brodalumab)  
 Simponi\* (golimumab)  
 Simponi Aria (golimumab) — precertification for the drug and site of care required  
 Stelara\* (ustekinumab)  
 Stelara IV (ustekinumab)  
 Taltz\* (ixekizumab)  
 Tremfya\* (guselkumab)  
 Xeljanz,\* Xeljanz XR\* (tofacitinib)

**Injectable infertility drugs:**

Chorionic gonadotropin  
 Bravelle (urofollitropin)  
 Cetrotide (cetrotorelix 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)

**Khapzory** (levoleucovorin) – precertification required effective 3/1/2019**Krystexxa** (pegloticase)**Lartruvo** (olaratumab)**Lumoxiti** (moxetumomab pasudotox-tdfk)**Makena** (hydroxyprogesterone caproate)**Multiple sclerosis drugs:**

Aubagio\* (teriflunomide)  
 Avonex\* (interferon beta-1a)  
 Betaseron\* (interferon beta-1b)  
 Copaxone\* (glatiramer acetate)  
 Extavia\* (interferon beta-1b)  
 Gilenya\* (fingolimod hydrochloride)  
 Glatopa\* (glatiramer acetate injection)  
 Lemtrada (alemtuzumab) — precertification for the drug and site of care required  
 Ocrevus (ocrelizumab) — precertification for the drug and site of care required

**Multiple sclerosis drugs, cont**

Plegridy\* (peginterferon beta-1a)

Rebif\* (interferon beta-1a)

Tecfidera\* (dimethyl fumarate)

Tysabri (natalizumab) — precertification for the drug and site of care required

**Muscular dystrophy drugs:**

Exondys 51 (eteplirsen) — precertification for the drug and site of care required

Emflaza\* (deflazacort)

**Myalept** (metreleptin)**Natpara** (parathyroid hormone)**Onpatro (patisiran)** — precertification for the drug and site of care required**Ophthalmic injectables:**

Eylea (aflibercept)

Lucentis (ranibizumab)

Luxtorna (voretigene neparvovec-rzyl) —precertification for the drug and site of care required

Macugen (pegaptanib)

**Osteoporosis drugs:**

Forteo\* (teriparatide)

Miacalcin (calcitonin)

Prolia (denosumab)

Tymlos\* (abaloparatide)

**Parsabiv (etelcalcetide)****PD1/PDL1 drugs:**

Bavencio (avelumab)

Imfinzi (durvalumab)

Keytruda (pembrolizumab)

Libtayo (cemiplimab-rwlc)

Opdivo (nivolumab)

Tecentriq (atezolizumab)

**Provenge** (sipuleucel-T)**Pulmonary arterial hypertension drugs:**

All epoprostenol sodium and sildenafil citrate\*

Adcirca\* (tadalafil)

Adempas\* (riociguat)

Flolan (epoprostenol sodium)

Letairis\* (ambrisentan)

Opsumit\* (macitentan)

Orenitram\* (treprostinil diolamine)

Remodulin (treprostinil sodium)

Revatio\* (sildenafil citrate)

Tracleer\* (bosentan)

Tyvaso (treprostinil)

Uptravi\* (selexipag)

Veletri (epoprostenol sodium)

Ventavis (iloprost)

**Respiratory injectables:**

Cinqair (reslizumab)

Fasenra (benralizumab)

Nucala (mepolizumab)

Xolair (omalizumab)

**Soliris** (eculizumab) — precertification for the drug and site of care required**Spinraza** (nusinersen)**Synagis** (palivizumab)**Tegsedi** (inotersen)**Ultomiris** (Ravulizumab-Cwvz) – precertification for drug and site of care required effective 3/15/19**Vectibix** (panitumumab)**Viscosupplementation:**

Durolane (Hyaluronic acid)

Euflexxa, Hyalgan, Genvisc, Supartz, TriVisc, Visco 3 (sodium hyaluronate)

Gel-One (cross-linked hyaluronate)

Gelsyn-3, Hymovis (hyaluronic acid)

Monovisc, Orthovisc (sodium hyaluronate)

Synvisc, Synvisc-One (hylan)

**Xgeva** (denosumab)**Xofigo** (radium Ra 223 dichloride)**Yervoy** (ipilimumab)

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