

Participating provider precertification list

Procedures, programs and drugs you must precertify

Effective March 10, 2017

For additional information, read all **general precertification information**.

Applies to: all Aetna plans, except Traditional Choice® plans; all Innovation Health® plans, except indemnity plans.^{1,2,4}

1. Inpatient confinements (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)³

2. Observation stays more than 24 hours

3. Ambulance

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

4. Autologous chondrocyte implantation, Carticel®

5. Cochlear device and/or implantation

6. Dental implants

7. Dialysis visits

- When request is initiated by a participating provider, and dialysis to be performed at a nonparticipating facility
- Call **1-866-503-0857** or fax applicable request forms to **1-888-267-3277**

8. Dorsal column (lumbar) neurostimulators: trial or implantation

9. Electric or motorized wheelchairs and scooters

10. Gastrointestinal (GI) tract imaging through capsule endoscopy

11. Gender reassignment surgery

12. Hip surgery to repair impingement syndrome

13. Home health care related services such as:

- Private duty nursing

14. Hyperbaric oxygen therapy

15. Lower limb prosthetics

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Innovation Health Insurance Company and Innovation Health Plan, Inc. (Innovation Health) are affiliates of Aetna Life Insurance Company (Aetna) and its affiliates. Aetna and its affiliates provide certain management services for Innovation Health.

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. Power morcellation with uterine myomectomy, with hysterectomy or for removal of uterine fibroids

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
- Cervicoplasty
- Excision of excessive skin due to weight loss
- Gastroplasty/gastric bypass
- Lipectomy or excess fat removal
- Surgery for varicose veins, except stab phlebectomy

23. Referral or use of nonparticipating physician or provider for non-emergent services, unless the member understands and consents to the use of a nonparticipating provider under their out-of-network benefits when available in their plan

24. Spinal procedures, such as:

- Artificial intervertebral disc surgery
- Cervical, lumbar and thoracic laminectomy/laminotomy procedures
- Spinal fusion surgery

25. Uvulopalatopharyngoplasty, including laser-assisted procedures

26. Ventricular assist devices

27. Drugs and medical injectables^{5,6}

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

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)

Bebulin VH (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 NF (anti-inhibitor coagulant complex)

Helixate (antihemophilic factor [recombinant])

Hemofil M (antihemophilic factor [human])

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

Idelvion (antihemophilic factor [recombinant])

Ixinity (coagulation factor IX [recombinant])

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])

Nuwiq (simoctocog alfa)

Obizur (antihemophilic factor [recombinant], porcine sequence)

Profilnine (factor IX complex)

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 (antihemophilic factor [recombinant])

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

- For precertification of pharmacy covered specialty drugs (noted with * below) when member is enrolled in a commercial plan, call **1-855-240-0535** or fax applicable request forms to **1-877-269-9916**.

Providers can use the drug-specific [Specialty Medication Request Form](#) located online under “Specialty Pharmacy Precertification.”

Acthar Gel (corticotropin)

Actimmune (interferon gamma-1b)

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)

Antiemetics:

Emend IV (fosaprepitant dimeglumine)

Benlysta (belimumab)

Botulinum toxins:

Botox (onabotulinumtoxinA)

Dysport (abobotulinumtoxinA)

Myobloc (rimabotulinumtoxinB)

Xeomin (incobotulinumtoxinA)

Cardiovascular — PCSK9 inhibitors:

Praluent (alirocumab)

Repatha (evolocumab)

Cyramza (ramucirumab)

Darzalex (daratumumab)

Emflaza (deflazacort) — precertification effective 3/10/2017

Empliciti (elotuzumab)

Enzyme replacement drugs:

Aldurazyme (laronidase)

Cerezyme (imiglucerase)

Elaprase (idursulfase)

Elelyso (taliglucerase alfa)

Fabrazyme (agalsidase beta)

Kanuma (sebelipase alfa)

Lumizyme (alglucosidase alfa)

Myozyme (alglucosidase alfa)

Naglazyme (galsulfase)

Strensiq (asfotase alfa)

Vimizim (elosulfase alfa)

VPRIV (velaglucerase alfa)

Erbix (cetuximab)

Erythropoiesis-stimulating agents:

Aranesp (darbepoetin alfa)

Epogen (epoetin alfa)

Epogen (epoetin alfa)

Mircera (epoetin beta)

Procrit (epoetin alfa)

Exondys 51 (eteplirsen) — review of drug and site of care required

Fusilev (levoleucovorin)

Gattex (teduglutide)

Gazyva (obinutuzumab)

Granulocyte-colony stimulating factors:

Granix (injection tbo-filgrastim)

Leukine (injection sargramostim, GM-CSF)

Neulasta (injection pegfilgrastim)

Neupogen (injection filgrastim, G-CSF)

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)

Tev-Tropin (somatropin)

Zorbtive* (somatropin)

Zomacton* (somatropin [rDNA origin])

Hepatitis C drugs:

Daklinza (daclatasvir)

Epclusa (sofosbuvir and velpatasvir)

Harvoni (sofosbuvir/ledipasvir)

Olysio (simeprevir)

Sovaldi (sofosbuvir)

Technivie (ombitasvir/paritaprevir/ritonavir)

Viekira Pak (paritaprevir/ritonavir/ombitasvir/dasabuvir)

Viekira XR (ombitasvir/paritaprevir/ritonavir and dasabuvir)

Zepatier (elbasvir/grazoprevir)

Hereditary angioedema agents:

Cinryze (C1 esterase inhibitor)

Berinert (C1 esterase inhibitor)

Firazyr (icatibant acetate)

Kalbitor (ecallantide)

Ruconest (C1 esterase inhibitor)

HER2 receptor drugs:

Herceptin (trastuzumab)

Kadcyla (ado-trastuzumab emtansine)

Perjeta (pertuzumab)

Ilaris* (canakinumab)

Imlygic (talimogene laherparepvec)

Immunoglobulins (review of drug and site of care required):

Bivigam (immune globulin)

Carimune NF (immune globulin)

Cuvitru (immune globulin sc [human])

Flebogamma (immune globulin)

GamaSTAN (immune globulin)

Gammagard (immune globulin)

Gammaked (immune globulin)

Gammaplex (immune globulin)

Gamunex-C (immune globulin)

Hizentra (immune globulin)

HyQvia (immune globulin)

Octagam (immune globulin)

Privigen (immune globulin)

Immunologic agents:

Actemra* (tocilizumab)

Actemra SC* (tocilizumab)

Cimzia* (certolizumab pegol)

Cosentyx* (secukinumab)

Enbrel* (etanercept)

Entyvio (vedolizumab)

Humira* (adalimumab)

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Inflixtra (infliximab-dyyb)
Kineret* (anakinra)
Orenicia* (abatacept)
Otezla* (apremilast)
Remicade (infliximab)
Rituxan (rituximab)
Simponi* (golimumab)
Simponi Aria (golimumab)
Stelara* (ustekinumab)
Stelara* IV (ustekinumab)
Taltz* (ixekizumab)
Xeljanz,* Xeljanz XR* (tofacitinib)

Injectable infertility drugs:

All 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)
Repronex (menotropins)

Keytruda (pembrolizumab)

Krystexxa (pegloticase)

Lartuvo (olaratumab) —
precertification effective 1/20/2017

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)
Plegridy* (peginterferon beta-1a)
Rebif* (interferon beta-1a)
Tecfidera* (dimethyl fumarate)
Tysabri (natalizumab)
Zinbryta* (daclizumab)

Myalept (metreleptin)

Natpara (parathyroid hormone)

Opdivo (nivolumab)

Ophthalmic injectables:

Eylea (aflibercept)
Lucentis (ranibizumab)
Macugen (pegaptanib)

Osteoporosis drugs:

Forteo* (teriparatide)
Miacalcin (calcitonin)
Prolia (denosumab)

Pegylated interferons:

Infergen (interferon alfacon-1)
Intron A (interferon alfa-2b)
Pegasys (peginterferon alfa-2a)
PegIntron (peginterferon alfa-2b)

Rebetron (ribavirin and peginterferon alfa-2b)

Roferon-A (interferon alfa-2a)

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)
Nucala (mepolizumab)
Xolair (omalizumab)

Soliris (eculizumab) — review of drug and site of care required

Spinraza (nusinersen) —
precertification effective 3/10/2017

Synagis (palivizumab)

Tecentriq (atezolizumab)

Temodar oral formulation
(temozolomide)

Vectibix (panitumumab)

Viscosupplementation:

Euflexxa, Hyalgan, Genvisc, Supartz (sodium hyaluronate)
Gel-One (cross-linked hyaluronate)
Gelsyn-3, Hymovis (hyaluronic acid)
Monovisc, Orthovisc (sodium hyaluronate)
Synvisc, Synvisc-One (hylan)

Xeloda (capecitabine)

Xgeva (denosumab)

Xofigo (radium Ra 223 dichloride)

Yervoy (ipilimumab)

Zaltrap (ziv-aflibercept)

28. Special programs

BRCA genetic testing — 1-877-794-8720

Through our expanded national provider network:

Ambry **1-866-262-7943**

BioReference, GeneDX, Genpath **1-888-729-1206**

Counsyl **1-888-268-6795**

Dynacare Northwest, Inc. **1-800-533-0567** (only for members who live in Washington or West Virginia)

Invitae **1-800-436-3037**

Medical Diagnostic Laboratories **1-877-269-0090**

Myriad Genetics **1-800-469-7423**

Quest **1-866-436-3463**

Providers can use the **BRCA form located online under the “Medical Precertification” section** to submit precertification requests.

Find genetic counselors online — for a list of our contracted providers, including our telephonic provider (InformedDNA), visit our **provider directory**.

Cardiac rhythm implantable devices

Precertification for all members with plans applicable to this precertification list unless services are emergent:

- Providers in all states where applicable, except metro and upstate New York and northern New Jersey, should contact MedSolutions DBA eviCore healthcare to request preauthorization. You can reach MedSolutions DBA eviCore healthcare:
 - Online at **www.evicore.com**
 - By phone at **1-888-693-3211** between 7 a.m. and 8 p.m. ET
 - By fax at **1-844-822-3862**, Monday through Friday during normal business hours, or as required by federal or state regulations
- Providers in metro and upstate New York and northern New Jersey should contact CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:
 - Online at **www.evicore.com**

- By phone at **1-888-622-7329** for metro and upstate New York or **1-888-647-5940** for northern New Jersey

Chiropractic precertification

- HMO-based plan members only
 - AZ through American Specialty Health (ASH) **1-800-972-4226**
 - HMO-based plan and group Medicare members only
 - CA through American Specialty Health (ASH) **1-800-972-4226**
 - HMO-based, Aetna Health Network OptionSM, Aetna Health Network OnlySM and Aetna Medicare Advantage plan members only
 - Metro and upstate New York through American Chiropractic Network (OptumHealth) **1-888-329-5180**
 - NJ through Triad Healthcare New Jersey IPA, Inc. DBA eviCore healthcare New Jersey IPA **1-800-409-9081**
 - For all members (with commercial and Aetna Medicare Advantage plans applicable to this precertification list):
 - GA through American Specialty Health (ASH) **1-800-972-4226**
 - For all members (enrolled in commercial, Aetna Medicare Advantage and international plans applicable to this precertification list) when the provider is contracted with OptumHealth/Aetna:
 - NC and SC through OptumHealth **1-800-344-4584**
- ### Hip and knee arthroplasties
- Precertification for all members with plans applicable to this precertification list unless services are emergent:
- Providers in all states where applicable, except metro and upstate New York and northern New Jersey, should contact MedSolutions DBA eviCore healthcare to request preauthorization. You can reach MedSolutions DBA eviCore healthcare:
 - Online at **www.evicore.com**

- By phone at **1-888-693-3211** between 7 a.m. and 8 p.m. ET

- By fax at **1-844-822-3862**, Monday through Friday during normal business hours, or as required by federal or state regulations

- Providers in metro and upstate New York and northern New Jersey should contact CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:
 - Online at **www.evicore.com**
 - By phone at **1-888-622-7329** for metro and upstate New York or **1-888-647-5940** for northern New Jersey

Infertility program — 1-800-575-5999

Mental health or substance abuse services precertification — See the member’s ID card

National Medical Excellence Program®

1-877-212-8811 for all major organ transplant evaluations and transplants including, but not limited to, kidney, liver, heart, lung and pancreas, and bone marrow replacement or stem cell transfer after high-dose chemotherapy

Oncology pathway solutions (chemotherapy for cancer diagnosis)

The program applies to all Aetna Medicare members, and the following members, who have a cancer diagnosis and receive chemotherapy services in a physician’s office, outpatient hospital or ambulatory facility:

- Members 18 or older in a commercial fully insured HMO/POS/PPO plan
- Members 18 or older in a commercial self-insured HMO/POS/PPO plan when the plan sponsor has elected to participate in the program

Providers in all states where program is applicable should contact New Century Health

- By phone at **1-877-624-8601** (option 5), Monday – Friday, 8 a.m. – 8 p.m. ET
- By fax at **1-877-624-8602**

Outpatient physical therapy (PT) and occupational therapy (OT) precertification

- Through OrthoNet **1-800-771-3205**
 - Metro New York and northern New Jersey — for HMO-based and Aetna Medicare Advantage plan members only
 - CT — for all members with plans applicable to this precertification list
- Through OptumHealth **1-800-344-4584 (only OptumHealth/Aetna-contracted providers should call this number for questions and service requests)**
 - DC, GA, NC, SC, VA — For all members with plans applicable to this precertification list
 - Program also applies to members in Chicago, Northern IL and Northwest IN (Lake and Porter counties)

Pain management

Precertification for all members with plans applicable to this precertification list unless services are emergent:

- Providers in all states where applicable, except metro and upstate New York and northern New Jersey, should contact MedSolutions DBA eviCore healthcare to request preauthorization. You can reach MedSolutions DBA eviCore healthcare:
 - Online at **www.evicore.com**
 - By phone at **1-888-693-3211** between 7 a.m. and 8 p.m. ET
 - By fax at **1-844-822-3862**, Monday through Friday during normal business hours, or as required by federal or state regulations
- Providers in metro and upstate New York and northern New Jersey should contact CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:
 - Online at **www.evicore.com**
 - By phone at **1-888-622-7329** for metro and upstate New York or **1-888-647-5940** for northern New Jersey

Pre-implantation genetic testing — 1-800-575-5999

Pediatric Congenital Heart Surgery Program — See the member's ID card to contact the precertification unit

Polysomnography (attended sleep studies)

Precertification for all members with plans applicable to this precertification list when performed in any facility except inpatient, emergency room and observation bed status

- Providers in all states where applicable, except metro and upstate New York and northern New Jersey, should contact MedSolutions DBA eviCore healthcare to request preauthorization. You can reach MedSolutions DBA eviCore healthcare:
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- Providers in metro and upstate New York and northern New Jersey should contact CareCore National DBA eviCore healthcare to request preauthorization. You can reach CareCore National DBA eviCore healthcare:
 - Online at **www.evicore.com**
 - By phone at **1-888-622-7329** for metro and upstate New York or **1-888-647-5940** for northern New Jersey

Radiation oncology

Precertification for all members with HMO-based and Aetna Medicare Advantage plans only when performed in any facility except inpatient, emergency room and observation bed status

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 - Online at **www.evicore.com**
 - By phone at **1-888-622-7329** for metro and upstate New York or **1-888-647-5940** for northern New Jersey

Radiology imaging

Precertification for all members with plans applicable to this precertification list when performed in any facility except inpatient, emergency room and observation bed status

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Transthoracic echocardiogram

Precertification for all members with plans applicable to this precertification list when performed in any facility except inpatient, emergency room and observation bed status

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 - By phone at **1-888-622-7329** for metro and upstate New York or **1-888-647-5940** for northern New Jersey

General information

1. We collect information before elective inpatient admissions and/or selected ambulatory procedures and services take place. This is called precertification and notification.
 - a. Requests for precertification and notification must be received before you render services. We encourage providers to submit precertification requests at least two weeks before the scheduled services.
 - b. Failure to contact the member's health plan (the "health plan") for precertification will relieve the health plan or employers and members from any financial liability for the applicable service(s), if those services are rendered.
 - c. This material is for your information only. It's not meant to direct treatment decisions.
 - d. Precertification is the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage.
 - e. The review of items on this list may vary at our discretion. Approval for a particular service or supply doesn't mean we'll approve a subsequent service.
 - f. In Texas, precertification means the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage. Precertification does not mean payment for care or services to fully insured HMO and PPO members as defined by Texas law.
 - g. We prefer you submit precertification requests and inquiries electronically. If you need help with precertification, please call our Aetna Voice Advantage® line using the appropriate phone number on the member's ID card. Select the precertification option.
 - h. Visit **Clinical Policy Bulletins** and our **online provider directory**.
 - i. As long as there are no changes to member eligibility and plan coverage for the procedure/service requested, precertification approvals are valid for six months in all states unless otherwise indicated at the time services are precertified.
 - j. Services not included on the precertification list are subject to the coverage terms of the member's plan.
2. Not all plans are offered in all service areas and not all plans include all services listed. For example, precertification programs don't apply to fully insured members in Indiana. Innovation Health Insurance Company and Innovation Health Plan, Inc. (Innovation Health) are affiliates of Aetna Life Insurance Company (Aetna) and its affiliates. Aetna and its affiliates provide certain management services for Innovation Health.
 - a. Precertification is required when Aetna or Innovation Health is secondary payer.
3. Precertification is required for maternity and newborn stays that exceed the standard length of stay (LOS). Standard LOS for vaginal deliveries is three days or less; standard LOS for Cesarean section is five days or less.
4. All services deemed "never effective" are excluded from coverage. Aetna defines a service as "never effective" when it is not recognized according to professional standards of safety and effectiveness in the United States for diagnosis, care or treatment. Visit the secure website, available through **www.aetna.com**, for more information. Select "Claims," "CPT/HCPCS Coding Tool," "Clinical Policy Code Lookup."
5. For precertification of oral medications not on this list, contact Aetna Pharmacy Management at **1-800-414-2386**.
 - a. Call **1-866-782-2779** for information on injectable medications not listed.
6. For drugs administered orally, by injection or infusion:
 - a. Drugs newly approved by the U.S. Food and Drug Administration (FDA) may be subject to precertification review.
 - b. Fully insured Texas and Louisiana members continue to be covered for drugs added to the precertification list in accordance with their current plan design until their plan renewal date.
 - c. Fully insured California HMO members and fully insured Connecticut PPO members covered for drugs added to the precertification list continue to have coverage. Drug coverage continues for these California members as long as the drug is appropriately prescribed and considered safe and effective treatment for the medical condition. Drug coverage continues for these Connecticut members as long as the drug is medically necessary and more medically beneficial than other covered drugs.
 - d. The prescribing provider responds to requests for additional information. For fully insured members with a Colorado state contract, precertification requests will be approved or denied within time frames mandated by Colorado Regulation 4-2-49 RX Prior Authorization.

www.aetna.com