

*Effective May 1, 2026*

**THIS LIST APPLIES TO ALL COMMERCIAL FULLY-INSURED MEMBERS**

Certain drugs require prior authorization in order to be covered under your health plan. Prior authorization review is the process of determining the medical necessity of a proposed procedure, surgery or treatment (including prescribed drug intervention) relative to approved criteria. Prior authorization is required to ensure that the drug is medically necessary and you will receive the benefits to which you are entitled.

Requests for prior authorization must be received before the services or drugs are provided/ administered. Failure of a network provider to contact SummaCare for required authorization of items covered under your benefit plan will relieve the health plan and you from any financial responsibility for the service if those services are rendered before notifying the plan.

Certain drugs that require prior authorization may also be subject to SummaCare's Site of Care Policy. These drugs are noted with “++”. For more information refer to the policy on our website at: [SummaCare.com](http://SummaCare.com)

**NOTE:** Your in-network providers are responsible for obtaining authorization 48 hours prior to administering these prescription drugs. If you use a provider that is not in your network, it is your responsibility to obtain any required prior authorization.

For Providers: Network providers are responsible for obtaining authorization at least 48 hours before rendering these prescription drugs.

How to request prior authorization for drugs covered under the medical benefit:

- Fax submission of requests for prior authorization should be used for non-urgent requests.
- Routine requests: Fax 330-996-8992
- Urgent requests: Call 330-996-8710 or 888-996-8710 (TTY 800-750-0750)
- Oncology requests: For all drugs marked with “\*” Call 855-774-1315
- Pharmacy benefit requests (Rx ONLY): Fax 858-790-7100

SummaCare provides coverage under the medical benefit for many drugs that are administered in an office, home or outpatient setting. We require certain drugs to receive prior authorization before being administered. The following drugs may require prior authorization:

5FU (fluorouracil) *	ADSTILADRIN (nadofaragen Firadenovec-vncg) *
ABECMA (idecabtagene vicleucel) *	ADVATE (factor product)
ABRAXANE (paclitaxel) *	ADYNOVATE (factor product)
ACTEMRA IV (tocilizumab) * ++	ADZYNMA (adamts13)
ACTHAR GEL (corticotropin)	AFSTYLA (factor product)
ACTIMMUNE (interferon gamma-1b) *	AHZANTIVE (afibercept-mrbb)
ADAKVEO (crizanlizumab-tmca)	AKYNZEO (fosnetupitant/palonosetron) *
ADCETRIS (brentuximab vedotin) *	ALDURAZYME (laronidase) ++
ADRIAMYCIN (doxorubicin) *	

## Medical Prior Authorization List

(For Drugs Administered in an Office, Home or Outpatient Setting)



ALHEMO (concizumab-mtci)  
ALIMTA (premetrexed disodium) \*  
ALKERAN (melphalan) \*  
ALOXI (palonosetron) \*  
ALPHANATE (antihemophilic factor)  
ALPHANINE SD (antihemophilic factor)  
ALPROLIX (factor product)  
ALTUVIIIIO (factor product)  
ALYGLO (immune globulin) ++  
ALYMSYS (bevacizumab-maly) \*  
AMONDYS (casimersen)  
AMTGVI (lifilucel) \*  
AMVUTTRA (vutrisiran)  
ANKTIVA (nogapendekin alfa inbakicept) \*  
APHEXDA (motixafortide)  
ARA-C (cytarabine) \*  
ARALAST (alpha proteinase inhibitor) ++  
ARANESP (darbepoetin alfa) \*  
ARCALYST (rilonacept)  
AREDIA (pamidronate disodium) \*  
ARRANON (nelarabine) \*  
ARZERRA (ofatumumab) \*  
ASCENIV (immune globulin) ++  
ASPARLAS (calaspargase pegol-mknl) \*  
AUCATZYL (obecabtagene autoleicel) \*  
AUKELSO (denosumab)\*  
AVASTIN (bevacizumab) \*  
AVSOLA (infliximab-axxq)++  
AVTOZMA (tocilizumab-anoh) \*  
AVZIVI (bevacizumab-tnjn) \*  
BAVENCIO (avelumab) \*  
BCNU (carmustine)\*  
BELEODAQ (belinostat) \*  
BELRAPZO (bendamustine hcl)\*  
BENDAMUSTINE \*  
BENDEKA (bendamustine hcl) \*  
BENEFIX (factor product)  
BENLYSTA IV (belimumab)  
BEOVU (brolucizumab)  
BEQVEZ (fidanacogene elaparvovec)  
BERINERT (c1 esterase inhibitor) ++  
BESPONSA (inotuzumab ozogamicin) \*  
BESREMI (ropeginterferon alfa-2b-njft)\*  
BILDYOS (denosumab-nxxp)++  
BILPREVDA (denosumab-nxxp)\*  
BIVIGAM (immune globulin) ++  
BKEMV (eculizumab-aeeb)  
BLENOXANE (bleomycin) \*  
BLINCYTO (blinatumomab) \*  
BOMYNTRA (denosumab-bnht) \*  
BORTEZOMIB \*  
BOSAYA (denosumab)++  
BOTOX (onabotulinumtoxin A)  
BREYANZI (lisocabtagene maraleucel) \*  
BRINEURA (cerliponase)  
BRIUMVI (ublituximab-xiiy)  
BYOOVIZ (ranibizumab-nuna)  
CABLIVI (caplacizumab-yhdp)  
CAMCEVI (leuprolide mesylate) \*  
CAMPTOSAR (irinotecan) \*  
CARVYKTI (ciltacabtagene autoleucel) \*  
CASGEVY (exagamglogene autotemcel)  
CEREZYME (imiglucerase) ++  
CERUBIDINE (daunorubicin) \*  
CIMERLI (ranibizumab-eqrn)  
CIMZIA (certolizumab pegol)  
CINQAIR (reslizumab)  
CINRYZE (C1 inhibitor) ++  
CINVANTI (aprepitant) \*  
CLOLAR (clofarabine) \*  
COAGADEX (factor product)  
COLUMNVI (glofitamab-gxbm) \*  
CONEXXENCE (denosumab-bnht) ++  
CONSENTYX IV (secukinumab)  
CORIFACT (factor product)  
COSELA (trilaciclib) \*  
COSMEGEN (dactinomycin) \*  
CRYSVITA (burosumab-twza) \*  
CUTAQUIG (immune globulin)  
CUVITRU (immune globulin)  
CYCLOPHOSPHAMIDE \*  
CYRAMZA (ramucirumab) \*  
CYTOXAN (cyclophosphamide) \*

## Medical Prior Authorization List

(For Drugs Administered in an Office, Home or Outpatient Setting)



DACOGEN (decitabine)\*  
DANYELZA (naxitamab-gqgk) \*  
DARZALEX (daratumu+A55:B68mab) \*  
DARZALEX FASPRO (daratumumab-hyaluronidase) \*  
DATROWAY (datopotamab-deruxtecandlnk) \*  
DAXXIFY (daxibotulinumtoxina-lanm  
DOXIL (doxorubicin-liposome) \*  
DTIC-DOME (dacarbazine) \*  
DUROLANE (hyaluronate)  
DYSPOORT (abobotulinumtoxin A)  
ELAHERE (mirvetuximab soratansine-gynx) \*  
ELAPRASE (idursulfase) ++  
ELELYSO (taliglucerase-alfa)  
ELEVIDYS (delandistrogene moxeparvovec)  
ELFABRIO (pegunigalsidase alfa-iwxj)  
ELIGARD (leuprolide acetate)\*  
ELLENCE (epirubicin) \*  
ELOCTATE (factor product)  
ELOXATIN (oxaliplatin) \*  
ELREXFIO (elranatamab-bcmm) \*  
ELZONRIS (tagraxofusp-erzs) \*  
EMEND IV (fosaprepitant) \*  
EMPAVELI (pegcetacoplan)  
EMPLICITI (elotuzumab) \*  
EMRELIS (telisotuzumab vedotin-tllv)\*  
ENCELTO (revakinagene taroretcel-iwey)  
ENHERTU (fam-trastuzumab deruxtecan-nxki) \*  
ENJAYMO (sutimlimab-jome)  
ENOBY (denosumab-qbde)++  
ENTYVIO (vedolizumab) ++  
ENZEEVU (aflibercept-abzv)  
EPKINLY (epcoritamab-bysp) \*  
EPOGEN (epoetin alfa) \*  
EPYSQLI (eculizumab-aagh)  
ERBITUX (cetuximab) \*  
ERWINAZE (asparaginase) \*  
ESPEROCT (factor product)  
EUFLEXXA (hyaluronate)  
EVENITY (romosozumab-aqqg)  
EVKEEZA (evinacumab-dgnb)  
EVOMELA (melphalan)\*  
EXONDYS 51 (eteplirsen)  
EYDENZELT (aflibercept)  
EYLEA/EYLEA HD (aflibercept)  
FABRAZYME (agalsidase) ++  
FASENRA (benralizumab)  
FASLODEX (fluvestrant) \*  
FEIBA NF (factor product)  
FENSOLVI (leuprolide acetate) \*  
FIRAZYR (icatibant)  
FIRMAGON (degarelix) \*  
FLEBOGAMMA (immune globulin) ++  
FLOLAN (epoprostenol)  
FLUDARA (fludarabine) \*  
FOLOTYN (pralatrexate) \*  
FUDR (floxuridine) \*  
FULPHILA (pegfilgrastim-jmbd) \*  
FUSILEV (levoleucovorin) \*  
FYARRO (sirolimus) \*  
FYLNETRA (pegfilgrastim-pbbk) \*  
GAMIFANT (emapalumab-lzsg)  
GAMMAGARD (immune globulin) ++  
GAMMAKED (immune globulin) ++  
GAMMAPLEX (immune globulin) ++  
GAMUNEX-C (immune globulin) ++  
GAZYVA (obinutuzumab) \*  
GELSYN (hyaluronate and derivatives)  
GEMZAR (gemcitabine) \*  
GENVISC (hyaluronate and derivatives)  
GIVLAARI (givosiran)  
GLASSIA (proteinase inhibitor) ++  
GRANIX (tbo-filgrastim) \*  
HAEGARDA (c1 esterase inhibitor)  
HALAVEN (eribulin mesylate) \*  
HEMGENIX (etranacogene dezaparvovec)  
HEMLIBRA (emicizumab-kxwh)  
HEMOFIL M (antihemophilic factor)  
HERCEPTIN (trastuzumab) \*  
HERCEPTIN HYLECTA (trastuzumab and hyaluronidase-oysk) \*

## Medical Prior Authorization List

(For Drugs Administered in an Office, Home or Outpatient Setting)



HERCESSI (trastuzumab-strf) \*  
HERZUMA (trastuzumab-pkrb) \*  
HIZENTRA (immune globulin)  
HUMATE-P (factor product)  
HYALGAN (hyaluronate and derivatives)  
HYCANTIN (topotecan) \*  
HYMOVIS (hyaluronate and derivatives)  
HYMPAVZI (marstacimab-hncq)  
HYQVIA (immune globulin)  
IDAMYCIN (idarubicin) \*  
IDELVION (factor product)  
IFEX (ifosfamide) \*  
ILUMYA (tildrakizumab-asmn)  
IMAAVY (nipocalimab)  
IMDELLTRA (tarlatamab)  
IMFINZI (durvalumab) \*  
IMJUDO (tremelimumab-actl) \*  
IMLYGIC (talimogene laherparepvec) \*  
IMULDOSA (ustelimumab-srlf)  
INFLECTRA (infliximab-dyyb) ++  
INFUGEM (gemcitabine) \*  
INJECTAFER (ferric carboxymaltose)  
ISTODAX (romidepsin)\*  
IXEMPRA (ixabepilone) \*  
IXINITY (factor product)  
IZERVAY (avacinaptad pegol)  
JELMYTO (mitomycin)\*  
JEMPERLI (dostarlimab-gxly) \*  
JEVTANA (cabazitaxel) \*  
JIVI (factor product)  
JOBVNE (bevacizumab-nwgd)  
JUBBONTI (denosumab-bbdz) ++  
KADCYLA (trastuzumab emtansine) \*  
KALBITOR (ecallantide)  
KANJINTI (trastuzumab-anns) \*  
KANUMA (sebelipase) ++  
KEBIDILI (eladocogene exuparovec)  
KEYTRUDA (pembrolizumab) \*  
KHAPZORY (levoleucovorin) \*  
KIMMTRAK (tebentafusp-tebn) \*  
KISUNLA (donanemab)  
KOATE (factor product)  
KOGENATE FS (factor product)  
KOVALTRY (factor product)  
KRYSTEXXA (pegloticase)  
KYMRIAH (tisagenlecleucel) \*  
KYPROLIS (carfilzomib) \*  
LAMZEDE (velmanase alfa-tycv)  
LEMTRADA (alemtuzumab)  
LENMELDY (atidarsagene autotemcel)  
LEQEMBI (lecanemab)  
LEQVIO (inclisiran)  
LEUCOVORIN \*  
LEUKINE (sargramostim) \*  
LEUSTATIN (cladribine) \*  
LIBTAYO (cemiplimab-rwic) \*  
LOQTORZI (toripalimab-tpzi) \*  
LUCENTIS (ranibizumab)  
LUMIZYME (alglucosidase) ++  
LUNSUMIO (mosunetuzumab-axgb) \*  
LUPRON DEPOT (leuprolide acetate) \*  
LUXTURNA (voretigene neparvovec-rzyl)  
LYFEGENIA (lovotibeglogene autotemcel)  
LYMPHIR (denileukin diftitox-cxdl) \*  
MARGENZA (margetuximab)  
MEPSEVII (vestronidase alfa-vjbk)  
MESNEX (mesna) \*  
METHOTREXATE \*  
MIRCERA (methoxy polyethylene glycol-epoetin beta)  
MONJUVI (tafasitamb-cxix) \*  
MONONINE (factor product)  
MONOVISC (hyaluronate and derivatives)  
MOZOBIL (plerixafor)  
MUTAMYCIN (mitomycin) \*  
MVASI (bevacizumab-awwb) \*  
MYLOTARG (gemtuzumab ozogamicin) \*  
MYOBLOC (rimabotulinumtoxin B)  
NAGLAZYME (galsulfase)  
NAVELBINE (vinorelbine) \*  
NEULASTA (pegfilgrastim) \*  
NEUPOGEN (filgrastim) \*  
NEXVIAZYME (avalglucosidase alfa-ngpt)

## Medical Prior Authorization List

(For Drugs Administered in an Office, Home or Outpatient Setting)



NIPENT (pentostatin) \*  
NIVESTYM (filgrastim-aafi) \*  
NOVANTRONE (mitoxantrone) \*  
NOVOEIGHT (factor product)  
NOVOSEVEN RT (factor product)  
NPLATE (romiplostim)  
NUCLALA (mepolizumab)  
NUWIQ (factor product)  
NYPOZI (filgrastim-txid) \*  
NYVEPRIA (pegfilgrastim-apgf) \*  
OBIZUR (antihemophilic factor)  
OCREVUS (ocrelizumab) ++  
OCREVUS ZUNOVO (ocrelizumab)  
OCTAGAM (immune globulin) ++  
OGIVRI (trastuzumab-dkst) \*  
OMVOH IV (mirikizumab-mrkz)  
ONCASPAR (pegaspargase) \*  
ONCOVIN (vincristine sulfate) \*  
ONIVYDE (irinotecan liposomal) \*  
ONPATTRO (patisiran)  
ONTRUZANT (trastuzumab-dttb) \*  
OPDIVO (nivolumab) \*  
OPDIVO QVANTIG (nivolumab hyaluronidase) \*  
OPDUALAG (nivolumab-relatlimab-rmbw) \*  
OPUVIZ (afibercept-yszy)  
ORENCIA (abatacept) ++  
ORTHOVISC (hyaluronate and derivatives)  
OSENVELT (denosumab-bmvo) \*  
OSPONYV (denosumab-dssb) ++  
OTULFI (ustekinumab-aauz)  
OXLUMO (lumasiran)  
PADCEV (enfortumab vedotin-piiq) \*  
PANZYGA (immune globulin-ifas) ++  
PAPZIMEOS (zopapogene imadenovac-drba)  
PARAPLATIN (carboplatin) \*  
PAVBLU (afibercept-ayyh)  
PEDMARK (sodium thiosulfate) \*  
PEMETREXED \*  
PERJETA (pertuzumab) \*  
PHESGO (pertuzumab, trastuzumab, hyaluronidase) \*  
PHOTOFRIN (porfimer) \*  
PIASKY (crovalimab-akkz)  
PLATINOL (cisplatin) \*  
POLIVY (polatuzumab vedotin-piiq) \*  
POMBILITY (cipaglucoisidase alfa)  
PORTRAZZA (necitumumab) \*  
POTELIGEO (mogamulizumab-kpkc) \*  
PRIVIGEN (immune globulin) ++  
PROCRIT (epoetin alfa) \*  
PROFILNINE SD (factor product)  
PROLASTIN (alpha proteinase inhibitor) ++  
PROLEUKIN (aldesleukin) \*  
PROLIA (denosumab) ++  
PROVENGE (sipuleucel-T) \*  
PYZCHIVA IV (ustekinumab-ttwe)  
QALSODY (tofersen)  
QFITLIA (fitusiran)  
QIVIGY (immune globulin (human)-ifas)++  
RADICAVA (edaravone) ++  
REBINYN (factor product)  
REBLOZYL (luspatercept-aamt) \*  
RECOMBINATE (factor product)  
RELEUKO (filgrastim-ayow) \*  
RELISTOR (methylnaltrexone bromide) Rx ONLY  
REMICADE (infliximab) ++  
REMODULIN (treprostinil)  
RENFLEXIS (infliximab-abda) ++  
RETACRIT (epoetin alfa-epbx) \*  
RETHYMIC (allogenic thymus tissue)  
REVATIO (sildenafil)  
REVCOVI (elapeademase-lvlr)  
RIABNI (rituximab-arrx) \*  
RITUXAN (rituximab) \*  
RITUXAN HYCELA (rituximab-hyaluronidase) SQ \*  
RIXUBIS (factor product)  
ROCTAVIAN (rozanolixizumab)  
ROLVEDON (eflapegastim-xnst) \*  
RUCONEST (c1 esterase inhibitor)  
RUXIENCE (rituximab-pvvr) \*  
RYBREVANT (amivantamab-vmjw) \*  
RYLAZE (asparaginase) \*  
RYONCIL (remestemcel-l-rknd)

## Medical Prior Authorization List

(For Drugs Administered in an Office, Home or Outpatient Setting)



RYSTIGGO (rozanolixizumab)  
RYTELO (imetelstt) \*  
RYZNEUTA (efbemalenograstim) \*  
SANDOSTATIN (octreotide) \*  
SAPHNELO (anifrolumab-fnia)  
SARCLISA (isatuximab-irfc) \*  
SCENESSE (afamelanotide)  
SELARSDI IV (ustekinumab-aekn)  
SEVENFACT (factor product)  
SIMPONI ARIA (golimumab) ++  
SKYRIZI IV (risankizumab)  
SKYSONA (elivaldogene autoemcel)  
SOLIRIS (eculizumab) ++  
SOMATULINE DEPOT (lanreotide) \*  
SPEVIGO (spesolimab)  
SPINRAZA (nusinersen)  
SPRAVATO (esketamine)  
STELARA IV ONLY (ustekinumab)  
STEQEYMA (ustekinumab-fpgk)  
STIMUFEND (pegfilgrastim-fpgk) \*  
STOBOCLO (denosumab-bmwo) ++  
SUPARTZ FX (hyaluronate and derivatives)  
SUPPRELIN LA (histralin) implant  
SUSTOL (granisetron) \*  
SUSVIMO (ranibizumab)  
SYFOVRE (pegcetacoplan)  
SYLVANT (siltuximab) \*  
SYNAGIS (palivizumab)  
SYNOJOYNT (hyaluronic acid derivatives)  
TAKHZYRO (lanadelumab-flyo) Rx ONLY  
TALVEY (talquetamab-tgvs) \*  
TAXOL (paclitaxel) \*  
TAXOTERE (docetaxel) \*  
TECARTUS (brexucabtagene autoleucl) \*  
TECELRA (afamitresgene autoleucl) \*  
TECENTRIQ (atezolizumab) \*  
TECENTRIQ HYBREZA (atezolizumab-hyaluronidase) \*  
TECVAYLI (teclistamab-cqyv) \*  
TEMODAR oral (temozolomide) \*  
TEPEZZA (tazemetostat)  
TEPYLUTE (thiotepa) \*  
TESTOPEL (testosterone pellets)  
TEVIMBRA (tislelizumab) \*  
TEZSPIRE (tezepelumab-ekko)  
THERACYS (bcg) \*  
THIOPLEX (thiotepa) \*  
TICE (bcg) \*  
TIVDAK (tisotumab vedotin-tftw) \*  
TOFIDENCE (tocilizumab-bavi) \*  
TOPOSAR (etoposide) \*  
TORISEL (temsirolimus) \*  
TRAZIMERA (trastuzumab-qyyp) \*  
TREANDA (bendamustine hcl) \*  
TRELSTAR (triptorelin pamoate) \*  
TREMIFYA IV (guselkumab)  
TRETEN (factor product)  
TRILURON (hyaluronate and derivatives)  
TRIPTODUR (triptorelin pamoate)  
TRISENOX (arsenic trioxide) \*  
TRIVISC (hyaluronate and derivatives)  
TRODELVY (sacituzumab govitecan-hziy) \*  
TROGARZO (ibalizumab-uiyk) ++  
TRUXIMA (rituximab-abbs) \*  
TYENNE (tocilizumab) \*  
TYRUKO (natalizumab)  
TYSABRI (natalizumab) ++  
TZIELD (teplizumab-mcww)  
UDENYCA (pegfilgrastim-cbqv) \*  
ULTOMIRIS (ravulizumab-cwvz) ++  
UNITUXIN (dinutuximab) \*  
UPLIZNA (inebilizumab-cdon)  
UPTRAVI (Selexipag)  
VABYSMO (faricimab)  
VALSTAR (valrubicin) \*  
VECTIBIX (panitumumab) \*  
VEGZELMA (bevacizumab-adcd) \*  
VELBAN (vinblastine) \*  
VELCADE (bortezomib) \*  
VELETRI (epoprostenol sodium)  
VEOPOZ (pozelimab-bbfg)  
VIDAZA (azacitidine) \*  
VILTEPSO (viltolarsen)

## Medical Prior Authorization List

(For Drugs Administered in an Office, Home or Outpatient Setting)



VIMIZIM (elosulfase alfa)  
VISCO-3 (hyaluronate and derivatives)  
VISUDYNE (verteporfin)  
VONDYS 53 (golodirsen)  
VONVENDI (factor product)  
VPRIV (velaglucerase) ++  
VYEPTI (eptinezumab-jjmr)  
VYJUVEK (beremagene geperpavec-svdt)  
VYLOY (zolbetuximab-clzb) \*  
VYVGART (efgartigimod alfa) ++  
VYVGART HYTRULO (efgartigimod alfa) ++  
VYXEOS (daunorubicin/cytarabine liposome) \*  
WEZLANA IV (ustekinumab-auub)  
WILATE (factor product)  
WINREVAIR (sotatercept-csrk)  
WYOST (denosumab-bbdz) \*  
XBRYK (denosumab-dssb) \*  
XEMBIFY (immune globulin)++  
XENPOZYME (olipudase alfa-rpcp)  
XEOMIN (incobotulinumtoxin A)  
XGEVA (denosumab) \*  
XIAFLEX (collagenase)  
XOLAIR (omalizumab)  
XTRENBO (denosumab-qbde)\*  
XYNTHA/XYNTHA SOLOFUSE (antihemophilic factor)  
YERVOY (ipilimumab) \*  
YESAFILI (aflibercept-jbvf) \*  
YESCARTA (axicabtagene) \*  
YESINTEK (ustekinumab-kfce)  
YIMMUGO (immune globulin) ++  
YONDELIS (trabectedin) \*  
ZALTRAP (ziv-aflibercept) \*  
ZANOSAR (streptozocin) \*  
ZARXIO (filgrastim-sndz) \*  
ZEMAIRA (alpha proteinase inhibitor) ++  
ZEPZELCA (lurbinectedin) \*  
ZEVASKYN (prademagene zamikeracel)  
ZIENTENZO (pegfilgrsdtim-bmez) \*  
ZIIHERA (zanidatamab-hrii) \*  
ZILRETTA (triamcinolone acetonide)  
ZIRABEV (bevacizumab) \*  
ZOLADEX (goserelin acetate) \*  
ZOLGENSMA (onasemnogene abeparvovec)  
ZOMETA (zoledronic acid) \*  
ZYNLONTA (loncastuximab-lpyl) \*  
ZYNTGLO (betibeglogene autotemcel)  
ZYNYZ (retifanlibmab-dlwr) \*

## Medical Prior Authorization List

(For Drugs Administered in an Office, Home or Outpatient Setting)



### IMPORTANT INFORMATION:

If the provider submits the request for prior authorization electronically through SummaCare Plan Central (our portal), we shall respond to all prior authorization requests within forty-eight hours for urgent care services, or ten calendar days for any prior authorization request that is not for an urgent care service, of the time the request is received by us. Upon receipt of the prior authorization, we will provide an electronic receipt to the provider acknowledging that the prior authorization request was received.

Our response shall indicate whether the request is approved or denied. If the prior authorization is denied, we shall provide the specific reason for the denial.

If the prior authorization request is incomplete, we shall indicate the specific additional information that is required to process the request.

We shall disclose to all participating providers any new prior authorization requirement at least thirty days prior to the effective date of the new requirement. This notice may be sent via electronic mail or standard mail and shall be noted "Notice of Changes to Prior Authorization Requirements." The notice is not required to contain a complete listing of all changes made to the prior authorization requirements, but shall include specific information on where the provider may locate the information on our web site or our portal.

All Preferred Providers shall promptly notify us of any changes to their electronic mail or standard mail address.

We will make available to all Preferred Providers on our web site or provider portal a listing of the prior authorization requirements, including specific information or documentation that a provider must submit in order for the prior authorization request to be considered complete.

We will make available on our web site information about the policies, contracts, or agreements we offer that clearly identifies specific services, drugs, or devices to which a prior authorization requirement exists.

For an adverse prior authorization determination, the appeal process relating to that shall include all of the following:

- a) For urgent care services, the appeal shall be considered within forty-eight hours after we receive the appeal.
- b) For all other matters, the appeal shall be considered within ten calendar days after we receive the appeal.
- c) The appeal shall be between the provider requesting the service in question and a clinical peer.
- d) If the appeal does not resolve the disagreement, either the covered person or an authorized representative as defined in section 3922.01 of the Revised Code may request an external review under Chapter 3922 of the Revised Code to the extent Chapter 3922 of the Revised Code is applicable.

Except in cases of fraudulent or materially incorrect information, we will not retroactively deny a prior authorization for a health care service, drug, or device when all of the following are met:

SCIC-132296171 2020 RX Prior Auth IndPY2024

## Medical Prior Authorization List

(For Drugs Administered in an Office, Home or Outpatient Setting)



- a) The provider submits a prior authorization request to us for a health care service, drug, or device;
- b) We approve the prior authorization request after determining that all of the following are true:
  - 1. You or your dependent is eligible under the health benefit plan.
  - 2. The health care service, drug, or device is covered under your benefit plan.
  - 3. The health care service, drug, or device meets our standards for medical necessity and prior authorization.
- c) The provider renders the health care service, drug, or device pursuant to the approved prior authorization request and all of the terms and conditions of the provider's contract with us;
- d) On the date the provider renders the prior approved health care service, drug, or device, all of the following are true:
  - 1. The member is eligible under the health benefit plan.
  - 2. The member's condition or circumstances related to the member's care has not changed.
  - 3. The provider submits an accurate claim that matches the information submitted by the provider in the approved prior authorization request.

All services, even if authorized, are subject to your benefit plan contract coverage and exclusions, eligibility and network design. Approvals are not a guarantee of coverage, as your benefit plan contract may retroactively terminate at a future date.

Services not listed on this document may not be covered because they are listed as exclusions on your plan contract. Your benefit plan contract exclusions and current status of eligibility may be verified online at [SummaCare.com](https://summacare.com). Call the customer service number on your member identification card to inquire about eligibility and coverage.

Providers may visit Plan Central at <https://summacare.myplancentral.com> to view eligibility and benefits or register for a user account. For additional questions, please email [contactproviderservices@summacare.com](mailto:contactproviderservices@summacare.com).

To find the most current list of services, surgeries, durable medical equipment or drugs covered under your medical benefit requiring prior authorization, please visit [SummaCare.com](https://summacare.com) or call the customer service number located on your member identification card. If you are unsure as to what requires prior authorization, please call customer service.