



Effective May 1, 2026 - PROVIDER COPY

THIS LIST APPLIES TO ALL MEDICARE 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.

NOTE: Network providers are responsible for obtaining authorization at least 48 hours before administering these prescription drugs. If the provider is not in the plan network, it is the member's responsibility to verify that prior authorization has been obtained.

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
- 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) *	AHZANTIVE (afibercept-mrbb)
ABECMA (idecabtagene vicleucel) *	AKYNZEO (fosnetupitant/palonosetron) *
ABRAXANE (paclitaxel) *	ALDURAZYME (laronidase)
ACTEMRA IV (tocilizumab) *	ALHEMO (concizumab-mtci)
ACTHAR GEL (corticotropin)	ALIMTA (premetrexed disodium) *
ACTIMMUNE (interferon gamma-1b) *	ALKERAN (melphalan) *
ADAKVEO (crizanlizumab-tmca)	ALOXI (palonosetron) *
ADCETRIS (brentuximab vedotin) *	ALPHANATE (antihemophilic factor)
ADRIAMYCIN (doxorubicin) *	ALPHANINE SD (antihemophilic factor)
ADSTILADRIN (nadofaragen Firadenovec-vncg) *	ALPROLIX (factor product)
ADVATE (factor product)	ALTUVIIIIO (factor product)
ADYNOVATE (antihemophilic factor VIII)	ALYGLO (immune globulin)
ADZYNMA (adamts13)	ALYMSYS (bevacizumab-maly) *
AFSTYLA (factor product)	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-tjnj) *
 BAVENCIO (avelumab) *
 BCNU (carmustine) *
 BELEODAQ (belinostat) *
 BELRAPZO (bendamustine) *
 BENDAMUSTINE *
 BENDEKA (bendamustine) *
 BENEFIX (factor product)
 BENLYSTA IV (belimumab)
 BEOVU (brolucizumab)
 BEQVEZ (fidanacogene elaparvovec)
 BERINERT (c1 esterase inhibitor)
 BESPONSA (inotuzumab ozogamicin) *
 BESREMI (ropeginterferon alfa-2b-njft)*
 BILPREVDA (denosumab-nxxp)*
 BIVIGAM (immune globulin)
 BKEMV (eculizumab-aeab)
 BLENOXANE (bleomycin) *
 BLINCYTO (blinatumomab) *
 BOMYNTRA (denosumab-bnht) *
 BORTEZOMIB *
 BREYANZI (lisocabtagene maraleucel) *
 BRINEURA (cerliponase alfa)
 BRIUMVI (ublituximab-xiiy)

BYOOVIZ (ranibizumab-nuna)
 CABLIVI IV (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 esterase inhibitor)
 CINVANTI (aprepitant) *
 CLOLAR (clofarabine) *
 COAGADEX (factor product)
 COLUMNVI (glofitamab-gxbm) *
 CONSENTYX IV (secukinumab)
 CORIFACT (factor product)
 COSELA (trilaciclib) *
 COSMEGEN (dactinomycin) *
 CRYSVITA (burosumab-twza)
 CUTAQUIG (immune globulin)
 CUVITRU (immune globulin)
 CYCLOPHOSPHAMIDE *
 CYRAMZA (ramucirumab) *
 CYTOXAN (cyclophosphamide) *
 DACOGEN (decitabine) *
 DANYELZA (naxitamab-ggqk) *
 DARZALEX (daratumumab) *
 DARZALEX FASPRO (daratumumab-hyaluronidase) *
 DATROWAY (datopotamab deruxtecandlnk)*
 DAXXIFY (daxibotulinumtoxina-lanm
 DOXIL (doxorubicin-liposome) *
 Drug List
 DTIC-DOME (dacarbazine) *
 DUROLANE (hyaluronate)
 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)
 EMLICITI (elotuzumab) *
 EMRELIS (telisotuzumab vedotin-tllv)*
 ENCELTO (revakinagene taroetcel-iwey)
 ENHERTU (fam-trastuzumab deruxtecan-nxki) *
 ENJAYMO (sutimlimab-jome)
 ENTYVIO (vedolizumab)
 ENZEEVU (afibercept-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 (afibercept)
 EYLEA/EYLEA HD (afibercept)
 FABRAZYME (agalsidase)
 FASENRA (benralizumab)
 FASLODEX (fulvestrant) *
 FEIBA NF (factor product)
 FENSOLVI (leuprolide acetate) *
 FIRAZYR (icatibant)
 FIRMAGON (degarelix) *
 FLEBOGAMMA (immune globulin)
 FLOLAN (epoprostenol sodium)
 FLUDARA (fludarabine) *
 FOLOTYN (pralatrexate) *
 FUDR (floxuridine) *
 FULPHILA (pegfilgrastim-jmdb) *
 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 dezaparovec)
 HEMLIBRA (emicizumab-kxwh)
 HEMOFIL M (antihemophilic factor)
 HERCEPTIN (trastuzumab) *
 HERCEPTIN HYLECTA (trastuzumab, 10 mg and Hyaluronidase-oysk) *
 HERCESSI (trastuzumab-strf) *
 HERZUMA (trastuzumab-pkrb) *
 HIZENTRA (immune globulin)
 HUMATE-P (factor product)
 HYALGAN (hyaluronate and derivatives)
 HYCAMTIN (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)
 JOBEVNE (bevacizumab-nwgd)*
 KADCYLA (trastuzumab emtansine) *
 KALBITOR (ecallantide)
 KANJINTI (trastuzumab-anns) *
 KANUMA (sebelipase alfa)
 KEBIDILI (eladocogene exuparvovec)
 KEYTRUDA (pembrolizumab) *
 KHAPZORY (levoleucovorin) *
 KIMMTRAK (tebentafusp-tebn) *
 KISUNLA (donanemab)
 KOATE (factor product)
 KOGENATE FS (factor product)
 KOVALTRY (factor product)
 KRYSTEXXA (pegloticase)
 KYMRIAHA (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-vjvk)
 MESNEX (mesna) *
 METHOTREXATE *
 MIRCERA (methoxy polyethylene glycol-epoetin beta)
 MONJUVI (tafasitamab-cxix) *
 MONONINE (coagulation factor ix)
 MONOVISC (hyaluronate and derivatives)
 MOZOBIL (plerixafor)
 MUTAMYCIN (mitomycin) *
 MVASI (bevacizumab-awwb) *
 MYLOTARG (gemtuzumab ozogamicin) *
 NAGLAZYME (avalglucosidase alfa-ngpt)
 NAVELBINE (vinorelbine) *
 NEULASTA (pegfilgrastim) *
 NEUPOGEN (filgrastim) *
 NEXVIAZYME (avalglucosidase alfa-ngpt)
 NIPENT (pentostatin) *
 NIVESTYM (filgrastim-aafi) *
 NOVANTRONE (mitoxantrone) *
 NOVOEIGHT (factor product)
 NOVOSEVEN RT (factor product)
 NPLATE (romiplostim)
 NUCALA (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 (mirikizumab-mrkz)
 ONCASPAR (pegaspargase) *
 ONCOVIN (vincristine sulfate) *
 ONIVYDE (irinotecan liposome) *
 ONPATTRO (patisiran)
 ONTRUZANT (trastuzumab-dttb) *
 OPDIVO (nivolumab) *
 OPDIVO QVANTIG (nivolumab hyaluronidase) *
 OPDUALAG (nivolumab-relatlimab-rmbw) *

OPUVIZ (afibercept-yszy)
 ORENCIA (abatacept)
 ORTHOVISC (hyaluronate and derivatives)
 OSEVELT (denosumab-bmvo) *
 OTULFI (ustekinumab-aauz)
 OXLUMO (lumasiran)
 PADCEV (enfortumab vedotin-ejfv) *
 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 (cipaglifosidase alfa)
 PORTRAZZA (necitumumab) *
 POTELIGEO (mogamulizumab-kpkc) *
 PRIVIGEN (immune globulin)
 PROCRIT (epoetin alfa) *
 PROFILNINE SD (factor product)
 PROLASTIN C (alpha proteinase inhibitor)
 PROLEUKIN (aldesleukin) *
 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 (methylalatrexone bromide)
 REMICADE (infliximab)
 REMODULIN (treprostinil)
 RENFLEXIS (infliximab-abda)
 RETACRIT (epoetin alfa) *
 RETHYMIC (allogenic thymus tissue)
 REVATIO (sildenafil)
 REVCIVI (elapeademase-lvlr)
 RIABNI (rituximab-arrx) *
 RITUXAN (rituximab) *
 RITUXIN HYCELA (rituximab-hyaluronidase) *
 RIXUBIS (factor product)
 ROCTAVIAN (rozanolixizumab)
 ROLVEDON (eflapegrastim-xnst) *
 RUCONEST (c1 esterase inhibitor)
 RUXIENCE (rituximab-pvvr) *
 RYBREVANT (amivantamab-vmjw) *
 RYLAZE (asparaginase) *
 RYONCIL (remestemcel-l-rknd)
 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 (ustekinumab)
 STEQEYMA (ustekinumab-fpgk)
 STIMUFEND (pegfilgrastim-fpgk) *
 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-cwvz)
 TALVEY (talquetamab-tgvs) *
 TAXOL (paclitaxel) *
 TAXOTERE (docetaxel) *
 TECARTUS (brexucabtagene autoleucl) *
 TECELRA (afamitresgene autoleucl) *
 TECENTRIQ (atezolizumab) *
 TECENTRIQ HYBREZA (atezolizumab-hyaluronidase) *
 TECVAYLI (teclistamab-cqyv) *
 TEMODAR (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) *
 TREMFYA 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-mcwv)
 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)
 VIMIZIM (elosulfase alfa)
 VISCO-3 (hyaluronate and derivatives)
 VISUDYNE (verteporfin)
 VONDYS 53 (golodirsen)
 VONVENDI (factor product)
 VPRIV (velaglycerase)
 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)
 XGEVA (denosumab) *
 XIAFLEX (collagenase)
 XOLAIR (omalizumab)
 XTRENBO (denosumab-qbde)*
 XYNTHA/XYNTHA SOLOFUSE (factor product)
 YERVOY (ipilimumab) *
 YESAFILI (aflibercept-jbvf)
 YESCARTA (axicabtagene) *
 YESINTEK (ustekinumab-kfce)

YIMMUGO (immune globulin) ++
YONDELIS (trabectedin) *
ZALTRAP (ziv-afilecept) *
ZANOSAR (streptozocin) *
ZARXIO (filgrastim-sndz) *
ZEMAIRA (alpha proteinase inhibitor)
ZEPZELCA (lurbinectedin) *
ZEVASKYN (prademagene zamikeracel)
ZIENTENZO (pegfilgrastim-bmez) *
ZIIHERA (zanidatamab-hrii) *
ZILRETTA (triamcinolone acetate)
ZIRABEV (bevacizumab-bvzr) *
ZOLADEX (goserelin acetate) *
ZOLGENSMA (onasemnogene abeparvovec)
ZOMETA (zoledronic acid) *
ZYNLONTA (loncastuximab-lpyl) *
ZYNTEGLO (betibeglogene autotemcel)
ZYNYZ (retifanlibmab-dlwr) *

IMPORTANT INFORMATION:

1. **This document is not intended to interfere with urgently needed care.** Urgent care is any request for medical care or treatment in which the time periods for SummaCare to make non-urgent care determinations (within 14 days) could result in the following circumstances:
 - Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment; or
 - In the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

If in the judgment of the rendering provider the care is of an emergency or urgent nature, the plan will review for medical necessity after the care has begun.

2. 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.
3. 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. Call the customer service number on your member identification card to inquire about eligibility and coverage.
4. 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.

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 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.