

Medical Prior Authorization List

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



Effective October 3, 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:

- Preferred method of submission: Please use Guiding Care portal and select **PHARMACY-MEDICAL PHARMACY** template when submitting your prior authorization requests.
- Alternative method of submission: Fax **330-996-8992** or Call **330-996-8710 / 888-996-8710**
- Oncology Requests go to EviCore via Fax or Portal: Fax **800-540-2406**

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:

How to use these table columns:

- **EVICORE:** A "YES" indicates the request should be submitted to EviCore for review.
- **SUMMACARE:** A "YES" indicates the request should be submitted to SummaCare for review.
- **SPECIAL INSTRUCTIONS:** Review this column for additional requirements, exceptions, or drug-specific instructions.

Medical Prior Authorization List

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



BRAND NAME	GENERIC NAME	HCPCS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
5FU	fluorouracil	J9190	YES		
ABECMA	idecabtagene vicleucel	Q2055	YES		CAR-T
ABRAXANE	paclitaxel	J9264	YES		
ACTEMRA IV	tocilizumab	J3262	YES	YES	Send to EviCore or Summacare depending on diagnosis
ACTHAR GEL	corticotropin	J0801 J0802		YES	
ACTIMMUNE	interferon gamma-1b	J9216	YES	YES	Send to EviCore or Summacare depending on diagnosis
ADAKVEO	crizanlizumab-tmca	J0791		YES	
ADCETRIS	brentuximab vedotin	J9042	YES		
ADRIAMYCIN	doxorubicin	J9000	YES		
ADVATE	factor product	J7192		YES	
ADYNOVATE	factor product	J7207		YES	
ADZYNMA	adamts13	C9167 J3590		YES	
AFSTYLA	factor product	J7210		YES	
ADSTILADRIN	nadofaragen firadenovec-vncg	J9029	YES		
AHZANTIVE	aflibercept-mrbb	Q5150		YES	
AKYNZEO IV	fosnetupitant/palonosetr on	J1454	YES		
ALHEMO	concizumab-mtci	J7173		YES	
ALIMTA	pemetrexed disodium	J9304 J9305 J9294 J9296	YES		
ALKERAN	melphalan	J9245 J9248 J9249	YES		
ALOXI	palonosetron	J2469	YES		No auth required for non-oncology indications
ALDURAZYME	laronidase	J1931		YES	
ALPHANATE	antihemophilic factor	J7186		YES	
ALPHANATE SD	factor product	J7193		YES	
ALPROLIX	factor product	J7201		YES	
ALTUVIIIIO	antihemophilic factor	J7214		YES	
ALYGLO	immune globulin	J1599		YES	

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



BRAND NAME	GENERIC NAME	HCPDS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
ALYMSYS	bevacizumab-maly	Q5126	YES		
AMONDYS	casimersen	J1426		YES	
AMTAGVI	lifilucel	C9399 J3490 J3590 J9999	YES		
ANKTIVA	nogapendekin alfa inbakicept	J9028	YES		
AMVUTTRA	vutrisiran	J0225		YES	
APHEXDA	motixafortide	J2277		YES	
ARA-C	cytarabine	J9100	YES		
ARALAST	alpha proteinase inhibitor	J0256		YES	
ARANESP	darbepoetin alfa	J0881			No auth required for non-oncology indications
AREDIA	pamidronate disodium	J2430			No auth required for non-oncology indications
ARRANON	nelarabine	J9262	YES		
ARZERRA	ofatumumab	J9302	YES		
ARCALYST	rilonacept	J2793		YES	
ASCENIV	immune globulin	J1554		YES	
ASPARLAS	calaspargase pegol-mknl	J9118	YES		
AUCATZYL	obecabtagene autoleicel	C9301 J9999 C9399	YES		
AUKELSO	denosumab-kyqq	Q5161	YES		
AVASTIN	bevacizumab	J9035 C9257	YES		Requests for the eye do not require auth (use code C9257)
AVLAYAH	tividenofusp alfa-eknm	J3590		YES	
AVSOLA	infliximab-axxq	Q5121		YES	
AVTOZMA	tocilizumab-anoh	Q5156	YES	YES	Send to EviCore or Summacare depending on diagnosis
AVZIVI	bevacizumab-tnjn	C9399 J3490 J3590 J9999	YES		
BAVENCIO	avelumab	J9023	YES		
BCNU	carmustine	J9050 J9052	YES		

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BRAND NAME	GENERIC NAME	HCPDS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
BELEODAQ	belinostat	J9032	YES		
BELRAPZO	bendamustine	J9036	YES		
BENDAMUSTINE	bendamustine	J9056	YES		
BENDEKA	bendamustine	J9034	YES		
BENEFIX	Factor IX recombinant	J7195		YES	
BEOVU	brovacizumab	J0179		YES	
BENLYSTA IV	belimumab	J0490 J3590		YES	
BEQVEZ	fidanacogene elaparovvec	C9172		YES	
BERINERT	c1 esterase inhibitor	J0597		YES	
BESPONSA	inotuzumab ozogamicin	J9229	YES		
BESREMI	ropeginterferon alfa-2b-njft	C9399 J9999	YES		
BILDYOS	denosumab-nxxp	Q5162			No auth required
BILPREVDA	denosumab-nxxp	Q5162	YES		
BIVIGAM	immune globulin	J1556		YES	
BKEMV	eculizumab-aeeb	Q5152		YES	
BLENOXANE	bleomycin	J9040			No auth required for non-oncology indications
BLENREP	belantamab mafodotin-blmf	J9037	YES		Withdrawn from Market
BLINCYTO	blinatumomab	J9039	YES		
BOMYNTRA	denosumab-bnht	Q5158	YES		
BONCRESA	denosumab-mobz	Q5171			No auth required
BORTEZOMIB	bortezomib	J9049 J9051 J9054	YES		
BOSAYA	denosumab-kyqq	Q5161			No auth required
BOTOX	onabotulinumtoxin A	J0585			No auth required
BREYANZI	lisocabtagene maraleucel	C9076 J9999 Q2054	YES		CAR-T
BRINEURA	cerliponase alfa	J0567		YES	
BRIUMVI	ublituximab-xiyy	J2329		YES	
BYOOVIZ	ranibizumab-nuna	Q5124		YES	
CABLIVI IV	caplacizumab-yhdp	C9047		YES	
CAMCEVI	leuprolide mesylate	J1952	YES	YES	Send to EviCore or Summacare depending on diagnosis

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BRAND NAME	GENERIC NAME	HCPDS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
CAMPTOSAR	irinotecan	J9206	YES		
CASGEVY	exagamglogene autotemcel	J3392		YES	
CARVYKTI	ciltacabtagene autoleucl	Q2056	YES		CAR-T
CERUBIDINE	daunorubicin	J9150	YES		
CEREZYME	imiglucerase	J1786		YES	
CIMZIA	certolizumab pegol	J0717		YES	
CIMERLI	ranibizumab-eqrn	Q5128		YES	
CINQAIR	reslizumab	J2786		YES	
CINRYZE	C1 inhibitor, human	J0598		YES	
CINVANTI	aprepitant	J0185	YES		
CLOLAR	clofarabine	J9027	YES		
COAGADEX	factor product	J7175		YES	
COLUMVI	glofitamab-gxbm	J9286	YES		
CONEXXENCE	denosumab-bnht	Q5158			No auth required
CORIFACT 1000-1600	Factor XIII Concentrate, human	J7180		YES	
COSELA	trilaciclib	J1448	YES		
COSENTYX IV	secukinumab	J3247		YES	
COSMEGEN	dactinomycin	J9120	YES		
CRYSVITA	burosumab-twza	J0584	YES	YES	Send to EviCore or Summacare depending on diagnosis
CUTAQUIG	immune globulin	J1551		YES	
CUVITRU	immune globulin	J1555		YES	
CYRAMZA	ramucirumab	J9308	YES		
CYTOXAN	cyclophosphamide	J9071 J9072 J9073 J9074 J9075	YES		
DACOGEN	decitabine	J0893 J0894	YES		
DANYELZA	naxitamab-gqgk	J9348	YES		
DARZALEX	daratumumab	J9145	YES		
DARZALEX FASPRO	daratumumab-hyaluronidase	J9144	YES		
DATROWAY	datopotamab deruxtecandlnk	J9011	YES		
DAXXIFY	daxibotulinumtoxina-lanm	J0589		YES	

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DECNUPAZ	pivekimab sunirine-pvzy	C9399	YES		
DOXIL	doxorubicin-liposome	Q2050	YES		
DTIC-DOME	dacarbazine	J9130	YES		
DUROLANE	hyaluronate and derivatives	J7318		YES	
DYSPORT	abobotulinumtoxinA	J0586			No auth required
ELAHERE	mirvetuximab soratansine-gynx	J9063	YES		
ELAPRASE	idursulfase	J1743		YES	
ELELYSO	taliglucerase-alfa	J3060		YES	
ELEVIDYS	delandistrogene moxeparvovec	J1413		YES	
ELFABRIO	pegunigalsidase alfa-iwxj	J2508		YES	
ELIGARD	leuprolide acetate	J1950	YES	YES	Send to EviCore or Summacare depending on diagnosis
ELLENCE	epirubicin	J9178	YES		
ELOCTATE	factor product	J7205		YES	
ELOXATIN	oxaliplatin	J9263	YES		
ELREXFIO	elranatamab-bcmm	J1323	YES		
ELZONRIS	tagraxofusp-erzs	J9269	YES		
EMEND IV	fosaprepitant	J1453 J1456	YES		
EMPAVELI	pegcetacoplan	C9399 J3490		YES	
EMPLICITI	elotuzumab	J9176	YES		
EMRELIS	telisotuzumab vedotin-tllv	J9326	YES		
ENCELTO	revakinagene tarorectel-iwey	J3403		YES	
ENHERTU	fam-trastuzumab deruxtecan-nxki	J9358	YES		
ENJAYMO	sutimlimab-jome	J1302		YES	
ENOBY	denosumab-qbde	Q5167			No auth required
ENTYVIO	vedolizumab	J3380		YES	
ENZEEVU	aflibercept-abzv	Q5149		YES	
EPKINILY	epcoritamab-bysp	J9321	YES		
EPOGEN	epoetin alfa	J0885 Q4081	YES	YES	Send to EviCore or Summacare depending on diagnosis
EPYSQLI	eculizumab-aagh	Q5151		YES	

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BRAND NAME	GENERIC NAME	HCPDS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
ERBITUX	cetuximab	J9055	YES		
ERWINAZE	asparaginase	J9019	YES		
ESPEROCT	factor product	J7204		YES	
EUFLEXXA	hyaluronate and derivatives	J7323		YES	
EVENITY	romosozumab-aqqg	J3111		YES	
EVKEEZA	evinacumab-dgnb	J1305		YES	
EVOMELA	melphalan	J9246	YES		
EXDENSUR	depemokimab-ulaa	J2361		YES	
EXONDYS 51	eteplirsen	J1428		YES	
EYDENZELT	aflibercept	Q5170		YES	
EYLEA	aflibercept	J0178		YES	
EYLEA HD	aflibercept	J0177		YES	
FABRAZYME	agalsidase	J0180		YES	
FASENRA	benralizumab	J0517		YES	Pharmacy benefit only (autoinjector) - Send to MedImpact - Syringe is MB
FASLODEX	fulvestrant	J9394 J9395	YES		
FEIBA NF	factor product	J7198		YES	
FENSOLVI	leuprolide acetate	J1951	YES	YES	Send to EviCore or Summacare depending on diagnosis
FIRMAGON	degarelix	J9155	YES		
FIRAZYR	icatibant	J1744		YES	
FLEBOGAMMA	immune globulin, IV	J1572		YES	
FLOLAN	epoprostenol sodium	J1325		YES	
FLUDARA	fludarabine	J9185	YES		
FOLOTYN	pralatrexate	J9307	YES		
FUDR	floxuridine	J9200	YES		
FULPHILA	pegfilgrastim-jmdb	Q5108	YES		
FUSILEV	levoleucovorin	J0641	YES		
FYARRO	sirolimus	J9331	YES		
FYLNETRA	pegfilgrastim-pbbk	Q5130	YES		
GAMIFANT	emapalumab-lzsg	J9210		YES	
GAMMAGARD LIQUID	immune globulin, sq	J1569		YES	
GAMMAGARD S/D LESS IGA	immune globulin, IV	J1566		YES	

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BRAND NAME	GENERIC NAME	HCPSC	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
GAMMAKED	immune globulin	J1561		YES	
GAMMAPLEX	immune globulin, IV	J1557		YES	
GAMUNEX-C	immune globulin, inj	J1561		YES	
GAZYVA	obinutuzumab	J9301	YES		
GELSYN	hyaluronate and derivatives	J7328		YES	
GENVISC	hyaluronate and derivatives	J7320		YES	
GEMZAR	gemcitabine	J9201 J9196	YES		
GIVLAARI	givosiran	J0223		YES	
GLASSIA	proteinase inhibitor	J0257		YES	
GRANIX	tbo-filgrastim	J1447	YES		
HAEGARDA	C1 esterase inhibitor - human	J0599		YES	
HALAVEN	eribulin mesylate	J9179	YES		
HEMGENIX	etranacogene dezaparvovec (factor)	J1411		YES	
HEMLIBRA	emicizumab-kxwh (factor product)	J7170		YES	
HEMOFIL M	antihemophilic factor	J7190		YES	
HERCEPTIN	trastuzumab	J9355	YES		
HERCEPTIN HYLECTA	trastuzumab, 10 mg and Hyaluronidase-oysk	J9356	YES		
HERCESSI	trastuzumab-strf	Q5146	YES		
HERZUMA	trastuzumab-pkrb	Q5113	YES		
HIZENTRA	immune globulin	J1559		YES	
HUMATE P	factor product	J7187		YES	
HYALGAN	hyaluronate and derivatives	J7321		YES	
HYCAMTIN	topotecan	J9351	YES		
HYMOVIS	hyaluronate and derivatives	J7322		YES	
HYMPAVZI	marstacimab-hncq	J7172		YES	
HYQVIA	immune globulin	J1575		YES	
IDAMYCIN	idarubicin	J9211	YES		
IDELVION	factor product	J7202		YES	
IFEX	ifosfamide	J9208	YES		
ILUMYA	tildrakizumab-asmn	J3245		YES	
IMAAVY	nipocalimab	J9256		YES	
IMDELLTRA	tarlatamab	C9170	YES		

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BRAND NAME	GENERIC NAME	HCPCS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
IMFINZI	durvalumab	J9173	YES		
IMJUDO	tremelimumab-actl	J9347	YES		
IMLYGIC	talimogene laherparepvec	J9325	YES		
IMULDOSA	ustekinumab-srlf	Q5098		YES	
INFLECTRA	infliximab-dyyb	Q5103		YES	
ISTODAX	romidepsin	J9318 J9319	YES		
ITVISM	onasemnogene abeparvovec-brve	J3405		YES	
IXEMPRA	ixabepilone	J9207	YES		
INJECTAFER	ferric carboxymaltose	J1439		YES	
IXINITY	factor product	J7213		YES	
IZERVAY	avacinaptad pegol	J2782		YES	
JELMYTO	mitomycin	J9281	YES		
JEMPERLI	dostarlimab-gxly	J9272	YES		
JEVTANA	cabazitaxel	J9043 J9064	YES		
JIVI	factor product	J7208		YES	
JOBEVNE	bevacizumab-nwgd	Q5160	YES		
JUBBONTI	denosumab-bbdz	Q5136			No auth required
JUBEREQ	denosumab-desu	Q5166	YES		
KADCYLA	ado-trastuzumab emtansine	J9354	YES		
KALBITOR	ecallantide	J1290		YES	
KANJINTI	trastuzumab-anns	Q5117	YES		
KANUMA	sebelipase alfa	J2840		YES	
KEYTRUDA	pembrolizumab	J9271	YES		
KHAPZORY	levoleucovorin	J0642	YES		
KEBIDILI	Eladocagene exuparvovec			YES	
KISUNLA	donanemab	J0175		YES	
KIMMTRAK	tebentafusp-tebn	J9274	YES		
KOATE	factor product	J7190		YES	
KOGENATE FS	factor product	J7192		YES	
KOVALTRY	factor product	J7211		YES	
KRESLADI	marnetegragene autotemcel	J3590 C9399		YES	
KRYSTEXXA	pegloticase	J2507		YES	
KYMRIAH	tisagenlecleucel	Q2042	YES		CAR-T
KYPROLIS	carfilzomib	J9047	YES		

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BRAND NAME	GENERIC NAME	HCPDS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
LARTRUVO	olaratumab	J9285	YES		Lilly Patient Access only - We do not auth
LEMTRADA	alemtuzumab	J0202		YES	
LAMZEDE	velmanase alfa-tycv	J0217		YES	
LENMELDY	atidarsagene autotemcel	J3391		YES	
LEQEMBI	lecanemab	J0174		YES	
LEQVIO	inclisiran	J1306		YES	
LEUCOVORIN	leucovorin	J0640	YES		
LEUKINE	sargramostim	J2820	YES	YES	Send to EviCore or Summacare depending on diagnosis
LEUSTATIN	cladribine	J9065	YES		
LIBTAYO	cemiplimab-rwlc	J9119	YES		
LOARGYS	pegzilarginase-nbln	J3590		YES	
LOQTORZI	toripalimab-tpzi	J3263	YES		
LUCENTIS	ranibizumab	J2778		YES	
LUMIZYME	alglucosidase	J0221		YES	
LUNSUMIO	mosunetuzumab-axgb	J9350	YES		
LUPRON DEPOT	leuprolide acetate	J1950 J9217 J9218	YES	YES	Send to EviCore or Summacare depending on diagnosis
LUTRATE/CIPLA BRAND	leuprolide acetate	J1954	YES	YES	Send to EviCore or Summacare depending on diagnosis
LUXTURNA	voretigene neparvovec-rzyl	J3398		YES	
LYFGENIA	lovotibeglogene autotemcel	J3394		YES	
LYMPHIR	denileukin diftitox-cxdl	J9161	YES		
MARGENZA	margetuximab	J9353	YES		
MEPSEVII	vestronidase alfa-vjbk	J3397		YES	
MESNEX	mesna	J9209	YES		
METHOTREXATE	methotrexate	J9255 J9260	YES		
MIRCERA	methoxy polyethylene glycol-epoetin beta	J0887 J0888	YES	YES	Send to EviCore or Summacare depending on diagnosis
MONJUVI	tafasitamab-cxix	J9349	YES		

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BRAND NAME	GENERIC NAME	HCPCS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
MONONINE	coagulation factor ix (human)	J7193		YES	
MONOVISC	hyaluronate and derivatives	J7327		YES	
MUTAMYCIN	mitomycin	J9280	YES		
MVASI	bevacizumab-awwb	Q5107	YES		
MYLOTARG	gemtuzumab ozogamicin	J9203	YES		
MOZOBIL	plerixafor	J2562		YES	
MYOBLOC	rimabotulinumtoxin b	J0587			No auth required
NAGLAZYME	galsulfase	J1458		YES	
NAVELBINE	vinorelbine	J9390	YES		
NEULASTA	pegfilgrastim	J2506	YES		
NEUPOGEN	filgrastim	J1442	YES	YES	Send to EviCore or Summacare depending on diagnosis
NEXVIAZYME	avalglucosidase alfa-ngpt	J0219			
NIPENT	pentostatin	J9268	YES		
NIVESTYM	filgrastim-aafi	Q5110	YES	YES	Send to EviCore or Summacare depending on diagnosis
NOVANTRONE	mitoxantrone	J9293	YES		
NOVOEIGHT	factor product	J7182		YES	
NOVOSEVEN RT	factor product	J7189		YES	
NPLATE	romiplostim	J2802	YES	YES	Send to EviCore or Summacare depending on diagnosis
NUCALA	mepolizumab	J2182		YES	
NUWIQ	factor product	J7209		YES	
NYPOZI	filgrastim-txid	Q5148	YES	YES	Send to EviCore or Summacare depending on diagnosis
NYVEPRIA	pegfilgrastim-apgf	Q5122	YES		
OBIZUR	antihemophilic factor	J7188		YES	
OCREVUS	ocrelizumab	J2350		YES	
OCREVUS ZUNOVO	ocrelizumab	J2351		YES	
OCTAGAM	immune globulin, IV	J1568		YES	

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BRAND NAME	GENERIC NAME	HCPSCS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
OGIVRI	Trastuzumab-dkst	Q5114	YES		
OMVOH	mirikizumab-mrkz	J2267		YES	
ONCASPAR	pegaspargase	J9266	YES		
ONCOVIN	vincristine sulfate	J9370	YES		
ONIVYDE	irinotecan liposome	J9205	YES		
ONPATTRO	palisiran	J0222		YES	
ONTRUZANT	trastuzumab-dttb	Q5112	YES		
OPDIVO	nivolumab	J9299	YES		
OPDIVO QVANTIG	nivolumab hyaluronidase	J9999 C9399	YES		
OPDUALAG	nivolumab-relatlimab-rmbw	J9298	YES		
OPUVIZ	aflibercept-yszy	J3590		YES	
ORENCIA	abatacept	J0129		YES	
ORTHOVISC	hyaluronate and derivatives	J7324		YES	
OSENVELT	denosumab-bmvo	Q5157	YES		
OSPOMYV	denosumab-dssb	Q5159			No auth required
OTARMENI	lunsotogene parvec-cwha	J3590 C9399		YES	
OTULFI	ustekinumab-aauz	Q9999		YES	
OSVYRTI	denosumab-desu	Q5166			No auth required
OZILTUS	denosumab-mobz	Q5165	YES		
OXLUMO	lumasiran	J0224		YES	
PADCEV	enfortumab vedotin-ejfv	J9177	YES		
PANZYGA	immune globulin-ifas	J1576		YES	
PAPZIMEOS	zopapogene imadenovac-drba	J3404		YES	
PARAPLATIN	carboplatin	J9045	YES		
PAVBLU	aflibercept-ayyh	Q5147		YES	
PEDMARK	sodium thiosulfate	J0208 J0209			No auth required for non-oncology indications
PEGASYS	peginterferon alfa-2a	J3590 S0145	YES	YES	Send to EviCore or Summacare depending on diagnosis Not for Prime review
PEMETREXED	pemetrexed	J9304 J9294 J9296 J9297 J9322	YES		

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BRAND NAME	GENERIC NAME	HCPDS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
		J9323 J9324			
PERJETA	pertuzumab	J9306	YES		
PHESGO	pertuzumab, trastuzumab, hyaluronidase	J9316	YES		
PHOTOFRIN	porfimer	J9600	YES		
PIASKY	crovalimab-akkz	J1307		YES	
PLATINOL	cisplatin	J9060	YES		
POLIVY	polatuzumab vedotin-piiq	J9309	YES		
POTELIGEO	mogamulizumab-kpkc	J9204	YES		
PORTRAZZA	necitumumab	J9295	YES		
POMBILITY	cipaglucosidase alfa	J1203		YES	
PRIVIGEN	immune globulin, IV	J1459		YES	
PROCRIT	epoetin alfa	J0885	YES	YES	Send to EviCore or Summacare depending on diagnosis
PROFILNINE SD	factor product	J7194		YES	
PROLASTIN C	alpha proteinase inhibitor	J0256		YES	
PROLEUKIN	aldesleukin	J9015	YES		
PROLIA	denosumab	J0897			Does not require auth for Medicare
PROVENGE	sipuleucel-t	Q2043	YES		
PYZCHIVA IV	ustekinumab-ttwe	Q9997		YES	
QALSODY	tofersen	J1304		YES	
QFITLIA	fitusiran	J7174		YES	
QIVIGY	immune globulin (human) -ifas	J1577		YES	
RADICAVA	edaravone	J1301		YES	
REBINYN	factor product	J7203		YES	
REBLOZYL	luspatercept-aamt	J0896	YES	YES	Send to EviCore or Summacare depending on diagnosis
RECLAST	Zoledronic Acid	J3488			No auth required for Osteoporosis
RECOMBINATE	factor product	J7192		YES	
RELEUKO	filgrastim-ayow	Q5125	YES	YES	Send to EviCore or Summacare depending on diagnosis

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BRAND NAME	GENERIC NAME	HCPCS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
RELISTOR	methylnaltrexone bromide	J2212		YES	
REMICADE	infliximab	J1745		YES	
REMODULIN	treprostinil	J3285		YES	
RENFLEXIS	infliximab-abda	Q5104		YES	
RETACRIT	epoetin alfa-epbx	Q5105 Q5106	YES	YES	Send to EviCore or Summacare depending on diagnosis
RETHYMIC	allogenic processed thymus tissue- agdc	J3590		YES	
REVATIO	sildenafil	J3490		YES	
REVCovi	elapeademase-lvlr	J3590		YES	
RIABNI	rituximab-arxx	Q5123	YES	YES	Send to EviCore or Summacare depending on diagnosis
RITUXAN	rituximab	J9312	YES	YES	Send to EviCore or Summacare depending on diagnosis
RITUXAN HYCELA	rituximab-hyaluronidase human	J9311	YES		
RIXUBIS	factor product	J7200		YES	
ROCTAVIAN	valoctocogene roxaparvovec-rvox	J1412		YES	
ROLVEDON	eflapragrastim-xnst	J1449	YES		
RUCONEST	c1 esterase inhibitor	J0596		YES	
RUXIENCE	rituximab-pvvr	Q5119	YES	YES	Send to EviCore or Summacare depending on diagnosis
RYBREVANT	amivantamab-vmjw	J9061	YES		
RYLAZE	asparaginase	J9021	YES		
RYONCIL	remestemcel-l-rknd	J3402		YES	
RYSTIGGO	rozanolixizumab	J9333		YES	
RYTELO	imetelstt	J0870	YES		
RYZNEUTA	efbemalenograstim	J9361	YES		
SAPHNELO	anifrolumab-fnia	J0491		YES	
SANDOSTATIN	octreotide	J2353 J2354	YES	YES	Send to EviCore or Summacare depending on diagnosis
SARCLISA	isatuximab-irfc	J9227	YES		

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BRAND NAME	GENERIC NAME	HCPDS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
SCENESSE	afamelanotide	J7352		YES	
SELARSDI IV	ustekinumab-aekn	Q9998		YES	
SEVENFACT	factor product	J7212		YES	
SIMPONI ARIA	golimumab	J1602		YES	
SKYRIZI IV INDUCTION	risankizumab	J2327		YES	
SKYSONA	elivaldogene autoemcel	J3387		YES	
SOLIRIS	eculizumab	J1299			Follow guidelines on SummaCare website
SOMATULINE DEPOT	lanreotide	J1930	YES	YES	Send to EviCore or Summacare depending on diagnosis
SPEVIGO	spesolimab	J1747		YES	
SPINRAZA	nusinersen	J2326		YES	
SPRAVATO	esketamine	J0013		YES	
STARJEMZA	ustekinumab - stba	Q5164		YES	
STELARA IV	ustekinumab	J3358		YES	
STEQEYMA	ustekinumab-stba	Q5099		YES	
STIMUFEND	pegfilgrastim-fpgk	Q5127	YES		
STOBOCLO	denosumab-bmwo	Q5157			No auth required
SUPARTZ FX	hyaluronate and derivatives	J7321		YES	
SUPPRELIN LA	histralin implant	J9226		YES	
SUSTOL	granisetron	J1627	YES		
SYLVANT	siltuximab	J2860	YES		
SYNAGIS	palivizumab	90378		YES	
SYNOJOYNT	hyaluronic acid derivatives	J7331		YES	
SUSVIMO	ranibizumab	J2779		YES	
SYFOVRE	pegcetacoplan	J2781		YES	
TAKHZYRO	lanadelumab-cwvz	J0593		YES	
TALVEY	talquetamab-tgvs	J3055	YES		
TAXOL	paclitaxel	J9267	YES		
TAXOTERE	docetaxel	J9171 J9172	YES		
TECARTUS	brexucabtagene autoleucel	Q2053	YES		CAR-T
TECELRA	afamitresgene autoleucel	Q2057	YES		
TECENTRIQ	atezolizumab	J9022	YES		

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BRAND NAME	GENERIC NAME	HCPDS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
TECENTRIQ	atezolizumab-	J9024	YES		
HYBREZA	hyaluronidase-tgjs				
TECVAYLI	teclistamab-cqyv	J9380	YES		
TEMODAR	temozolomide	J9328	YES		
TEPEZZA	teprotumumab-trbw	J3241		YES	
TEPYLUTE	thiotepa	C9399 J9999	YES		
TESTOPEL	testosterone pellets	J1073		YES	
TEVIMBRA	tislelizumab	J9329	YES		
TEZSPIRE	tezepelumab-ekko	J2356		YES	
THERACYS	bcg	J9030	YES		
THIOPLEX	thiotepa	J9340			No auth required for non-oncology indications
TICE	bcg	J9030	YES		
TIVDAK	tisotumab vedotin-tftv	J9273	YES		
TOPOSAR	etoposide	J9181	YES		
TORISEL	temsirolimus	J9330	YES		
TRAZIMERA	trastuzumab-qyyp	Q5116	YES		
TREANDA	bendamustine hcl	J9033	YES		
TRELSTAR	triptorelin pamoate	J3315	YES		
TOFIDENCE	tocilizumab-bavi	Q5133	YES	YES	Send to EviCore or Summacare depending on diagnosis
TREMFYA IV	guselkumab	J1628		YES	
TRETEN	Factor XIII A-Subunit recombinant	J7181		YES	
TRILURON	hyaluronate and derivatives	J7332		YES	
TRISENOX	arsenic trioxide	J9017	YES		
TRIPTODUR	triptorelin pamoate	J3316		YES	
TRIVISC	hyaluronate and derivatives	J7329		YES	
TRODELVY	sacituzumab govitecan-hziy	J9317	YES		
TRUXIMA	rituximab-abbs	Q5115	YES	YES	Send to EviCore or Summacare depending on diagnosis
TROGARZO	ibalizumab-uiyk	J1746		YES	
TYENNE	tocilizumab-aazg	Q5135	YES	YES	Send to EviCore or Summacare

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BRAND NAME	GENERIC NAME	HCPCS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
					depending on diagnosis
TYRUKO	natalizumab	Q5134		YES	
TYSABRI	natalizumab	J2323		YES	
TZIELD	teplizumab-mcwv	J9381		YES	
UDENYCA	pegfilgrastim-cbqv	Q5111	YES		
ULTOMIRIS	ravulizumab-cwvz	J1303		YES	
UNITUXIN	dinutuximab	J9999 C9399	YES		
UPLIZNA	inebilizumab-cdon	J1823		YES	
UPTRAVI	Selexipag	J3490		YES	
VABYSMO	faricimab	J2777		YES	
VALSTAR	valrubicin	J9357	YES		
VANTAS	histrelin implant	J9225	YES		Withdrawn from Market
VECTIBIX	panitumumab	J9303	YES		
VEGZELMA	bevacizumab-adcd	Q5129	YES		
VELBAN	vinblastine	J9360	YES		
VELCADE	bortezomib	J9041	YES		
VELETRI	epoprostenol sodium	J1325		YES	
VEOPOZ	pozelimab-bbfg	J9376		YES	
VIDAZA	azacitidine	J9025	YES		
VILTEPSO	viltolarsen	J1427		YES	
VIMIZIM	elosulfase alfa injections	J1322		YES	
VISCO-3	hyaluronate and derivatives	J7333 J7321		YES	
VISUDYNE	verteporfin	J3396		YES	
VONDYS 53	golodirsen	J1429		YES	
VONVENDI	factor product	J7179		YES	
VUMON	teniposide	Q2017	YES		Withdrawn from Market
VPRIV	velaglucerase	J3385		YES	
VYJUVEK	beremagene geperpavec-svdt	J3401		YES	
VYVGART	efgartigimod alfa	J9332		YES	
VYVGART HYTRULO	efgartigimod alfa hyaluronidase-qvfc	J9334		YES	
VYEPTI	eptinezumab-jjmr	J3032		YES	
VYLOY	zolbetuximab-clzb	C9303 J9999	YES		

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BRAND NAME	GENERIC NAME	HCPSCS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
VYXEOS	daunorubicin/cytarabine liposome	J9153	YES		
WAINUA	eplontersen	J3590 C9399		YES	
WASKYRA	Eplontersen	J3590 C9399			
WEZLANA IV	ustekinumab-auub	Q5138		YES	
WILATE	factor product	J7183		YES	
WYOST	denosumab-bbdz	Q5136	YES		
WINREVAIR	sotatercept-csrk	J3590		YES	
XBRYK	denosumab-dssb	Q5159	YES		
XEMBIFY	immune globulin	J1558		YES	
XENPOZYME	olipudase alfa-rpcp	J0218		YES	
XEOMIN	incobotulinumtoxin a	J0588			No auth required
XGEVA	denosumab	J0897	YES		
XIAFLEX	collagenase	J0775		YES	
XOLAIR	omalizumab	J2357		YES	
XYNTHA/XYNTH A SOLOFUSE	antihemophilic factor	J7185		YES	
XTRENBO	denosumab-qbde	Q5167	YES		
YARTEMLEA	narsoplimab-wuug	J1289		YES	
YERVOY	ipilimumab	J9228	YES		
YESAFILI	aflibercept-jbvfv	Q5155		YES	
YESCARTA	axicabtagene	Q2041	YES		CAR-T
YESINTEK	ustekinumab-kfce	Q5100		YES	
YIMMUGO	immune globulin	J1553		YES	
YONDELIS	trabectedin	J9352	YES		
ZALTRAP	ziv-aflibercept	J9400	YES		
ZANOSAR	streptozocin	J9320	YES		
ZARXIO	filgrastim-sndz	Q5101	YES	YES	Send to EviCore or Summacare depending on diagnosis
ZEMAIRA	alpha proteinase inhibitor	J0256		YES	
ZEPZELCA	lurbinectedin	J9223	YES		
ZEVASKYN	prademagene zamikeracel	J3389		YES	
ZIEXTENZO	pegfilgrastim-bmez	Q5120	YES		
ZIIHERA	zanidatamab-hrii	C9302 J9999	YES		
ZILRETTA	triamcinolone acetonide	J3304		YES	

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BRAND NAME	GENERIC NAME	HCPDS	EVICORE	SUMMACARE	SPECIAL INSTRUCTIONS
ZIRABEV	bevacizumab-bvzr	Q5118	YES		
ZOLADEX	goserelin acetate	J9202	YES	YES	Send to EviCore or Summacare depending on diagnosis
ZOLGENSMA	onasemnogene abeparvovec	J3399		YES	
ZOMETA	zoledronic acid	J3489	YES		No auth required for osteoporosis
ZYNLONTA	loncastuximab tesirine-lpyl	J9359	YES		
ZYNYZ	retifanlibmab-dlwr	J9345	YES		
ZYNTEGLO	betibeglogene autotemcel	J3393		YES	

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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
- 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 in this document may not be covered because they are listed as exclusions in 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.
- 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](https://summacare.com) or call the customer service number located on your member identification card. If you are unsure as to what requires a prior authorization, please call customer service.