



April 2, 2026

Dear SummaCare Provider:

As SummaCare continues to evaluate our prior authorization (PA) requirements for oncology, eviCore will begin applying the attached policy for identifying clinically appropriate and cost-effective sites of care for oncology infusions when doing authorizations effective **May 20th**. For ease of use this policy will be available on the eviCore website when submitting authorizations but can also be found on the SummaCare website under [SummaCare Utilization Management Policies](#) titled EviCore Oncology Infusion Place of Service Policy.

Additionally, starting **May 20th**, EviCore will begin applying NCCN recommended dosing when reviewing authorization requests for the oncology drugs listed below. Determination letters will clearly indicate the dosage that is approved or denied on determination letters. Prior to determination, peer-to-peer discussion will be offered with an EviCore physician when dosing is outside the recommended dosage.

It will be important for you to check our website or the Plan Central portal for services requiring authorization as these procedures and requirements are subject to change. The links below may also be useful to you.

You can visit our website at <https://priorauth.myplancentral.com/home> to verify whether a specific code requires prior authorization.

Other helpful links for policies and procedures may also be found within the Utilization Management tab at <https://www.summacare.com/providers/utilization-management>.

If you have any questions, please contact Provider Support Services at 330.996.8400 or email Provider Engagement at providerengagement@summacare.com for assistance.

Thank you for your ongoing support and care for our members.

Drugs Requiring Authorizations with Dose Rounding Drug List

Code	Drug Name
J9354	Ado-Trastuzumab Emtansine
J9023	Avelumab
J9034	Bendamustine HCL
J9035	Bevacizumab
Q5107	Bevacizumab-Awwb
Q5118	Bevacizumab-bvzr
J9041	Bortezomib
J9042	Brentuximab Vedotin
J9043	Cabazitaxel

J9047	Carfilzomib
J9055	Cetuximab
J9145	Daratumumab
Q2050	Doxorubicin HCL (liposomal)
J9179	Eribulin mesylate
J9358	Fam-Trastuzumab Deruxtecan-nxki
J9228	Ipilimumab
J9227	Isatuximab-irfc
J9063	Mirvetuximab Soravtansine-gynx
J9204	Mogamulizumab-kpkc
J9299	Nivolumab
J9264	Paclitaxel (albumin-bound)
J9303	Panitumumab
J9305	Pemetrexed
J9309	Polatuzumab Vedotin-piiq
J9308	Ramucirumab
J9312	Rituximab
Q5115	Rituximab-abbs
Q5123	Rituximab-arrx (Riabni)
Q5119	Rituximab-pvvr
J9317	Sacituzumab Govitecan-hziy
J3055	Talquetamab-tgvs
J9380	Teclistamab-cqyv
J9355	Trastuzumab
Q5117	Trastuzumab-anns
Q5114	Trastuzumab-dkst
Q5112	Trastuzumab-dttb
Q5113	Trastuzumab-pkrb
Q5116	Trastuzumab-qyyp
J9276	Zanidatamab-hrii
J1326	Zolbetuximab-clzb