SummaCare®

Provider eNews

A SummaCare Publication For Our Providers.

Dear Provider,

Effective **August 8, 2026**, the following drugs will require prior authorization for SummaCare Commercial and Medicare Advantage plans.

Drug Name	HCPCS Code(s)
AVLAYAH® (tividenofusp alfa-eknm)	J3590
KRESLADI™ (marnetegragene autotemcel)	J3590 / C9399
OTARMENI™ (lunsotogene parvec-cwha)	J3590 / C9399
WAINUA® (eplontersen)	J3490/J3590/C9399

Please obtain prior authorization before administering these medications to SummaCare members. For a complete list of drugs covered under the medical benefit, including those requiring prior authorization can be viewed here.

If you have questions regarding this update, please contact Provider Support Services at **330.996.8400** or toll-free at **800.996.8401**. You may also contact your assigned Provider Engagement Specialist or email providerengagement@summacare.com.

Sincerely,

Pharmacy Management