December 2024

Dear SummaCare Member,

Enclosed you will find updates for **2025 to the SummaCare Comprehensive Formulary** for Small Group and Individual plans.

Preventive Vaccine for 2025:

- Members are able to get many preventive vaccines at their retail pharmacy for a zero dollar copay. Please refer to the formulary for a complete listing of covered vaccines and restrictions.

Save on your key medications for 2025:

- Members can utilize our Mail Order Pharmacy for additional savings and convenience. Please refer to your member handbook for specific copay information.
- Members can purchase a 90-day supply of generic medications at their retail pharmacy. This allows members to enjoy the convenience of filling a 90-day prescription while taking advantage of generic discounts at retail pharmacies.

Please note: Since benefits and formularies differ among plans, please refer to your benefit materials to see which formulary applies to your plan and if these programs are included in your plan. If your pharmacy benefit has a deductible, this benefit may apply only after the deductible is met.

Visit www.summacare.com for all formulary updates along with comprehensive information regarding the tier status, applicable limitations and possible alternatives for all covered drugs. The 2025 formulary can be located by clicking on the “Find a Drug” button on the right-hand side of the homepage.

If you have any questions about your pharmacy benefit or would like a copy of the formulary that applies to your plan, please contact Customer Service at the number listed on the back of your SummaCare ID card. For persons with hearing and/or speech disabilities, please call 800-750-0750.

Thank you for being a SummaCare member.

Tiffanie Mrakovich, Pharm.D.
Pharmacy Director

Enclosure

2025 SummaCare Comprehensive Formulary Changes

Formulary Tier Changes

**Please refer to the comprehensive formulary document posted on the SummaCare website, www.summacare.com, to determine if any of the drugs listed below have utilization management (i.e. Prior Authorization, Step Therapy, Quantity Limits) requirements.

- Prior Authorization = PA
- Step Therapy = ST
- Quantity Limits = QL
- Non-Formulary = The drug is not covered on the 2025 formulary

ABOUT 2025 TIERS

NON-STANDARD PLANS

Prescription Drug Tier	Description
Tier 1	Zero Cost Share Preventive Drugs (This tier will contain low cost medications that may be preferred generic, single source, or multi-source Brand Drugs.)
Tier 2	Preferred Generics
Tier 3	Non-Preferred Generics
Tier 4	Preferred Brand
Tier 5	Non-Preferred Brand
Tier 6	Specialty Drugs

STANDARD PLANS

Prescription Drug Tier	Description
Tier 1	Zero Cost Share Preventive Drugs (This tier will contain low cost medications that may be preferred generic, single source, or multi-source Brand Drugs.)
Tier 2	Preferred Generics and Non-Preferred Generics
Tier 3	Preferred Brand
Tier 4	Non-Preferred Brand
Tier 5	Specialty Drugs

The list below represents the changes made for the 2025 Plan Year.

These formulary changes are for the 2025 SummaCare Comprehensive Drug Formulary only. Because benefits and formularies vary, please refer to your benefit documents to see if these programs/restrictions are included in your plan. If your pharmacy benefit has a deductible, benefits may apply only after the deductible is met.

Drug Name	2024 Tier	2025 Tier	2025 Utilization Management Change
ABACAVIR-LAMIVUDINE-ZIDOVUDINE 150-300 MG TABLET ORAL	Specialty	Non-Formulary	
ACAMPROSATE CALCIUM 333 MG TABLET DR ORAL	Preferred Generic	Non-Preferred Generic	
AIRSUPRA HFA AER AD INHALATION	Non-Formulary	Non-Preferred Brand	QL 10.7 PER 30 DAYS
ALDACTAZIDE 50 MG-50MG TABLET ORAL	Non-Preferred Brand	Non-Formulary	
ALOGLIPTIN-METFORMIN	Non-Preferred Generic	Non-Formulary	
ALORA PATCH TDSW TRANSDERM.	Non-Preferred Brand	Non-Formulary	
ALPHAGAN P 0.1 % DROPS OPHTHALMIC	Preferred Brand	Non-Formulary	
AMIODARONE HCL TABLET ORAL	Preferred Generic	Non-Preferred Generic	
ANADROL-50 50 MG TABLET ORAL	Non-Preferred Brand	Non-Formulary	
ANASTROZOLE 1 MG TABLET ORAL	No change		Added Prior Authorization
ASMANEX HFA AER AD INHALATION	Non-Preferred Brand	Non-Formulary	
AUTOJECT 2 INSULN PEN SUBCUTANE.	Preferred Brand	Non-Formulary	
AUTOPEN INSULN PEN SUBCUTANE.	Preferred Brand	Non-Formulary	
AVANDIA TABLET ORAL	Non-Preferred Brand	Non-Formulary	
BLEPH-10 10 % DROPS OPHTHALMIC	Non-Preferred Generic	Non-Formulary	
BLEPHAMIDE OPHTHALMIC	Preferred Brand	Non-Formulary	
BOSULIF 400 MG TABLET ORAL	No change		Added Prior Authorization
BPO 4 % GEL (GRAM) TOPICAL	Non-Preferred Generic	Non-Formulary	
BROMOCRIPTINE MESYLATE TABLET ORAL	Preferred Generic	Non-Preferred Generic	
BUDESONIDE 32 MCG SPRAY/PUMP NASAL	Non-Preferred Generic	Non-Formulary	
CALCIPOTRIENE TOPICAL	Preferred Generic	Non-Preferred Generic	
CALCITONIN-SALMON 200/SPRAY SPRAY/PUMP NASAL	Preferred Generic	Non-Preferred Generic	
CARVEDILOL ER CPMP 24HR ORAL	Preferred Generic	Non-Formulary	
CEM-UREA 45 % GEL/PF APP TOPICAL	Preferred Generic	Non-Formulary	
CHLORDIAZEPOXIDE-CLIDINIUM 5 MG-2.5MG CAPSULE ORAL	Preferred Generic	Non-Preferred Generic	
CHOLESTYRAMINE LIGHT 4 G POWD PACK ORAL	Preferred Generic	Non-Preferred Generic	
CIPROFLOXACIN-DEXAMETHASONE 0.3 %-0.1% DROPS SUSP OTIC	Preferred Generic	Non-Preferred Generic	
CORTISPORIN TOPICAL	Non-Preferred Brand	Non-Formulary	
CORTISPORIN-TC 3.3-3-10/1 DROPS SUSP OTIC	Non-Formulary	Non-Preferred Brand	
DANTROLENE SODIUM 100 MG CAPSULE ORAL	No change		QL 120 PER 30 DAYS
DANTROLENE SODIUM 25 MG CAPSULE ORAL	No change		QL 90 PER 30 DAYS QL
DANTROLENE SODIUM 50 MG CAPSULE ORAL	No change		QL 90 PER 30 DAYS QL

DEBACTEROL 30%-50% SOLUTION MUCOUS MEM	Non-Preferred Brand	Non-Formulary	
DEPO-SUBQ PROVERA 104 104MG/0.65 SYRINGE SUBCUTANE.	Non-Preferred Brand	Non-Formulary	
DESONATE 0.05 % GEL (GRAM) TOPICAL	Non-Preferred Brand	Non-Formulary	
DEXTROAMPHETAMINE SULFATE 15 MG TABLET ORAL	Non-Formulary	Non-Preferred Generic	QL 90 PER 30 DAYS QL
DEXTROAMPHETAMINE SULFATE 2.5 MG TABLET ORAL	Non-Preferred Generic	Preferred Generic	QL 90 PER 30 DAYS QL
DEXTROAMPHETAMINE SULFATE 20 MG TABLET ORAL	Non-Formulary	Non-Preferred Generic	QL 60 PER 30 DAYS QL
DEXTROAMPHETAMINE SULFATE 30 MG TABLET ORAL	Non-Formulary	Non-Preferred Generic	QL 60 PER 30 DAYS QL
DEXTROAMPHETAMINE SULFATE 7.5 MG TABLET ORAL	Non-Preferred Generic	Preferred Generic	QL 90 PER 30 DAYS QL
DEXTROAMPHETAMINE-AMPHET CPTP 24HR ORAL	Non-Preferred Generic	Non-Formulary	
DIAZEPAM RECTAL	Non-Preferred Generic	Non-Formulary	
DICHLORPHENAMIDE 50 MG TABLET ORAL	Specialty	Non-Formulary	
DILATRATE-SR 40 MG CAPSULE ER ORAL	Non-Preferred Brand	Non-Formulary	
DIVALPROEX SODIUM 125 MG CAP DR SPR ORAL	Preferred Generic	Non-Preferred Generic	
DOXEPIN HCL ORAL	Preferred Generic	Non-Preferred Generic	
ENTACAPONE 200 MG TABLET ORAL	Preferred Generic	Non-Preferred Generic	
EPIDIOLEX 100 MG/ML SOLUTION ORAL	Specialty	Non-Formulary	
EPINEPHRINE AUTO INJCT INJECTION	Preferred Generic	Non-Preferred Generic	
EPOGEN VIAL INJECTION	Specialty	Non-Formulary	
ERGOMAR 2 MG TAB SUBL SUBLINGUAL	Non-Formulary	Non-Preferred Generic	Added Prior Authorization QL 40 PER 28 DAYS
ERLEADA TABLET ORAL	Non-Formulary	Specialty	
FLUTICASONE PROPIONATE HFA 110 MCG AER W/ADAP INHALATION	No change		QL 12 PER 30 DAYS
FLUTICASONE-SALMETEROL HFA INHALATION	Non-Preferred Generic	Non-Formulary	
GENOTROPIN	Non-Formulary	Specialty	Added Prior Authorization
GLATIRAMER ACETATE 20 MG/ML SYRINGE SUBCUTANE.	Specialty	Non-Preferred Brand	
GUAIFENESIN-CODEINE 10-100MG/5 LIQUID ORAL	Preferred Generic	Non-Formulary	
GVOKE 1 MG/0.2ML VIAL SUBCUTANE.	Non-Formulary	Preferred Brand	
HOMATROPAIRE 5 % DROPS OPHTHALMIC	Preferred Generic	Non-Formulary	
HYDROCORTISONE ACETATE RECTAL	Preferred Generic	Non-Preferred Generic	
HYDROXYUREA 500 MG CAPSULE ORAL	No change		Added Prior Authorization
HYOPHEN 81.6-0.12 TABLET ORAL	Non-Preferred Generic	Non-Formulary	

INSULIN ASPART 100/ML VIAL SUBCUTANE.	Non-Formulary	Non-Preferred Generic	QL 40 PER 28 DAYS
INTRON A	Specialty	Non-Formulary	
INVIRASE 500 MG TABLET ORAL	Specialty	Non-Formulary	
LANSOPRAZOLE 15 MG TAB RAP DR ORAL	Preferred Generic	Non-Formulary	
LETROZOLE 2.5 MG TABLET ORAL	No change		Added Prior Authorization
LEUKINE 250 MCG VIAL INJECTION	Specialty	Non-Formulary	
LEUPROLIDE ACETATE 1 MG/0.2ML KIT SUBCUTANE.	Specialty	Non-Formulary	
LEVEMIR	Preferred Brand	Non-Formulary	
LIDOCAINE 5 % ADH. PATCH TOPICAL	Preferred Generic	Non-Preferred Generic	
LIDOCAINE HCL 3 % CREAM (G) TOPICAL	Preferred Generic	Non-Formulary	
LIDOCAINE-HYDROCORTISONE 0.55%-2.8% GEL W/APPL RECTAL	Preferred Generic	Non-Formulary	
LINZESS CAPSULE ORAL	Preferred Brand	Non-Preferred Brand	
LISDEXAMFETAMINE DIMESYLATE CAPSULE ORAL	Preferred Generic	Non-Preferred Generic	QL 30 PER 30 QL
LISDEXAMFETAMINE DIMESYLATE CHEW ORAL	Preferred Generic	Non-Formulary	
LITHIUM CITRATE 8 MEQ/5 ML SOLUTION ORAL	Preferred Generic	Non-Preferred Generic	
MAR-COF BP LIQUID ORAL	Non-Preferred Generic	Non-Formulary	
MAYZENT	Non-Formulary	Specialty	Added Prior Authorization
MEGESTROL ACETATE TABLET ORAL	No change		Added Prior Authorization
MELPHALAN 2 MG TABLET ORAL	No change		Added Prior Authorization
MERCAPTOPURINE 50 MG TABLET ORAL	No change		Added Prior Authorization
MESALAMINE ER 0.375G CAP ER 24H ORAL	Preferred Generic	Non-Preferred Generic	
METADATE ER 20 MG TABLET ER ORAL	Preferred Generic	Non-Preferred Generic	
METAXALL 800 MG TABLET ORAL	Non-Preferred Generic	Non-Formulary	
METHYLPHENIDATE	Preferred Generic	Non-Preferred Generic	
MEXILETINE HCL CAPSULE ORAL	Preferred Generic	Non-Preferred Generic	
MYLERAN 2 MG TABLET ORAL	No change		Added Prior Authorization
NEXLETOL 180 MG TABLET ORAL	No change		Added Prior Authorization
NILUTAMIDE 150 MG TABLET ORAL	No change		Added Prior Authorization
NIMODIPINE 30 MG CAPSULE ORAL	Preferred Generic	Non-Formulary	
OCTREOTIDE ACETATE	Specialty	Non-Formulary	
OMNIPOD 5 DEXG7G6 INTRO(GEN 5) EACH SUBCUTANE.	No change		QL 1 PER 365 DAYS
OMNIPOD 5 DEXG7G6 PODS (GEN 5) CARTRIDGE SUBCUTANE.	No change		QL 15 PER 30 DAYS
OMNIPOD 5 G6-G7 INTRO KT(GEN5) EACH SUBCUTANE.	No change		QL 1 PER 365 DAYS
OMNIPOD 5 G6-G7 PODS (GEN 5) CARTRIDGE SUBCUTANE.	No change		QL 15 PER 30 DAYS
OMNIPOD CLASSIC PDM KIT(GEN 3) EACH MISCELL.	No change		QL 1 PER 365 DAYS

OMNIPOD DASH PODS (GEN 4) CARTRIDGE SUBCUTANE.	No change		QL 15 PER 30 DAYS
OMNIPOD GO PODS CARTRIDGE SUBCUTANE.	No change		QL 15 PER 30 DAYS
OSMOPREP 1.5 G TABLET ORAL	Non-Preferred Brand	Non-Formulary	
OXAZEPAM CAPSULE ORAL	Preferred Generic	Non-Preferred Generic	
PHENAZOPYRIDINE TABLET ORAL	Preferred Generic	Non-Preferred Generic	
PHENDIMETRAZINE TARTRATE ER 105 MG CAPSULE ER ORAL	Non-Preferred Generic	Non-Formulary	
PHENTERMINE CAPSULE ORAL	Non-Preferred Generic	Non-Formulary	
PODOFILOX 0.5 % SOLUTION TOPICAL	Preferred Generic	Non-Preferred Generic	
POLY-TUSSIN AC 4-10-10/5 LIQUID ORAL	Non-Preferred Brand	Non-Formulary	
PREDNISONE 5 MG/5 ML SOLUTION ORAL	Preferred Generic	Non-Formulary	
PREVALITE 4 G POWD PACK ORAL	Preferred Generic	Non-Preferred Generic	
QNASL	Non-Preferred Brand	Non-Formulary	
QUAZEPAM 15 MG TABLET ORAL	Non-Preferred Generic	Non-Formulary	
QULIPTA TABLET ORAL	Non-Formulary	Preferred Brand	Added Prior Authorization
RESTASIS 0.05 % DROPERETTE OPHTHALMIC	Non-Preferred Generic	Preferred Brand	
SAFETYGLIDE NEEDLE 27GX5/8" DIS NEEDLE MISCELL.	Preferred Brand	Non-Formulary	
SAXENDA 3 MG/0.5ML PEN INJCTR SUBCUTANE.	Non-Preferred Brand	Non-Formulary	
SCOPOLAMINE 1 MG/3 DAY PATCH TD 3 TRANSDERM.	Preferred Generic	Non-Preferred Generic	
SECONAL SODIUM 100 MG CAPSULE ORAL	Non-Preferred Brand	Non-Formulary	
SODIUM CITRATE-CITRIC ACID 334-500MG SOLUTION ORAL	Non-Preferred Generic	Non-Formulary	
SODIUM SULFACETAMIDE-SULFUR TOPICAL	Preferred Generic	Non-Preferred Generic	
SOLTAMOX 20 MG/10ML SOLUTION ORAL	No change		Added Prior Authorization
SPIRIVA HANDIHALER 18 MCG CAP W/DEV INHALATION	Non-Preferred Generic	Preferred Brand	
SSS 10-5 10 %-5 % FOAM TOPICAL	Preferred Generic	Non-Formulary	
SULFACETAMIDE SODIUM 10 % SUSPENSION TOPICAL	Preferred Generic	Non-Preferred Generic	
SUTAB 1.479 G TABLET ORAL	Non-Formulary	Preferred Brand	
TABLOID 40 MG TABLET ORAL	No change		Added Prior Authorization
TAMOXIFEN CITRATE TABLET ORAL	No change		Added Prior Authorization
TAVABOROLE 5 % SOL W/APPL TOPICAL	Non-Preferred Generic	Non-Formulary	
TAZORAC 0.05 % CREAM (G) TOPICAL	Non-Preferred Brand	Non-Formulary	
TEZSPIRE 210MG/1.91 PEN INJCTR SUBCUTANE.	Non-Formulary	Specialty	Added Prior Authorization
TOPIRAMATE ER 100 MG CAP SPR 24 ORAL	Non-Formulary	Non-Preferred Generic	QL 30 PER 30 QL

TOPIRAMATE ER 150 MG CAP SPR 24 ORAL	Non-Formulary	Non-Preferred Generic	QL 60 PER 30 DAYS QL
TOPIRAMATE ER 200 MG CAP SPR 24 ORAL	Non-Formulary	Non-Preferred Generic	QL 60 PER 30 DAYS QL
TOPIRAMATE ER 25 MG CAP SPR 24 ORAL	Non-Formulary	Non-Preferred Generic	QL 30 PER 30 QL
TOPIRAMATE ER 50 MG CAP SPR 24 ORAL	Non-Formulary	Non-Preferred Generic	QL 30 PER 30 QL
TOREMIFENE CITRATE 60 MG TABLET ORAL	No change		Added Prior Authorization
TRETIN-X COMBO. PKG TOPICAL	Non-Preferred Brand	Non-Formulary	
TRIDACAINE II 5 % ADH. PATCH TOPICAL	Preferred Generic	Non-Preferred Generic	
TRIFLURIDINE 1 % DROPS OPHTHALMIC	Preferred Generic	Non-Preferred Generic	
TRIJARDY XR 10-5-1000 TAB BP 24H ORAL	No change		QL 30 PER 30 QL
TRIJARDY XR 12.5-2.5MG TAB BP 24H ORAL	No change		QL 60 PER 30 DAYS QL
TRIJARDY XR 25-5-1000 TAB BP 24H ORAL	No change		QL 30 PER 30 QL
TRIJARDY XR 5-2.5-1000 TAB BP 24H ORAL	No change		QL 60 PER 30 DAYS QL
TYENNE	Non-Formulary	Specialty	Added Prior Authorization
ULTRA-FINE NANO PEN NEEDLE 32GX 5/32" DIS NEEDLE MISCELL.	Preferred Brand	Non-Formulary	
UREA 35 % FOAM TOPICAL	Preferred Generic	Non-Formulary	
UREA CREAM TOPICAL	Preferred Generic	Non-Preferred Generic	
UREA 45 % GEL (ML) TOPICAL	Preferred Generic	Non-Formulary	
UREA 50 % SOL/PF APP TOPICAL	Preferred Generic	Non-Formulary	
USTELL 120-0.12MG CAPSULE ORAL	Non-Preferred Generic	Non-Formulary	
VALGANCICLOVIR HCL 450 MG TABLET ORAL	Preferred Generic	Non-Preferred Generic	
VALGANCICLOVIR HCL 50 MG/ML SOLN RECON ORAL	Preferred Generic	Non-Formulary	
VASCEPA CAPSULE ORAL	No change		QL 120 PER 30 DAYS
VELPHORO 500MG IRON TAB CHEW ORAL	No change		Added Prior Authorization QL 180 PER 30 DAYS
VEO INSULIN SYRINGE 31GX15/64" DISP SYRIN MISCELL.	Preferred Brand	Non-Formulary	
VIBRAMYCIN 50 MG/5 ML SYRUP ORAL	Preferred Brand	Non-Formulary	
VOSEVI 400-100 MG TABLET ORAL	Specialty	Non-Preferred Brand	QL 30 PER 30 QL
WEGOVY PEN INJCTR SUBCUTANE.	Non-Preferred Brand	Non-Formulary	
XIIDRA 5 % DROPERETTE OPHTHALMIC	Non-Formulary	Preferred Brand	QL 60 PER 30 DAYS QL
YARGESA 100 MG CAPSULE ORAL	Specialty	Non-Formulary	
Z-TUSS AC 2 MG-9MG/5 LIQUID ORAL	Non-Preferred Brand	Non-Formulary	