December 2024

Dear SummaCare Member,

Enclosed you will find updates for **2025 to the SummaCare Commercial Drug Formulary**.

Preventive Vaccines:

- 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 2054 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

2025 SummaCare Drug Formulary Changes

Formulary Tier & Utilization Management 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.

These formulary changes are for the 2025 SummaCare Commercial 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.

2025 Commercial Formulary Changes

Drug	2024 Tier	2025 Tier & UM	Quantity Limit
ACTEMRA ACTPEN 162 MG/0.9 PEN INJCTR	Tier 4	Non Formulary	
ADBRY 150 MG/ML SYRINGE	Non Formulary	Tier 4 Add PA	
AIRSUPRA 90-80 MCG HFA AER AD	Non Formulary	Tier 2 Add QL	32.1 PER 30 DAYS
AJOVY	Non Formulary	Tier 2 Add PA Add QL	1 PER 30 DAYS
AMJEVITA(CF)	Tier 4	Non Formulary	
AZELASTINE HCL 205.5 MCG SPRAY/PUMP	Tier 2	Excluded	
BIJUVA CAPSULE	Non Formulary	Tier 2	
BPO GEL (GRAM)	Tier 2	Excluded	
BUDESONIDE-FORMOTEROL HFA AER AD	Tier 2	Tier 2 Add QL	30.9 PER 30 DAYS
BYDUREON BCISE 2MG/0.85ML AUTO INJCT	Tier 2	Tier 2 Add PA	
BYETTA PEN INJCTR	Tier 2	Tier 2 Add PA	
CARVEDILOL ER CPMP 24HR	Tier 1	Tier 1 Add QL	30 PER 30 DAYS
CYCLOSPORINE 0.05 % DROPERETTE	Non Formulary	Tier 2 with PA and QL	60 PER 30 DAYS
CYLTEZO(CF)	Tier 4	Non Formulary	
DEXTROAMPHETAMINE-AMPHET ER 20MG, 25MG, 30MG MG CAP ER 24H	Tier 2	Tier 2 Add QL	60 PER 30 DAYS
DEXTROAMPHETAMINE-AMPHET ER 5MG, 10MG, 15 MG CAP ER 24H	Tier 2	Tier 2 Add QL	30 PER 30 DAYS
FLUTICASONE PROPIONATE HFA 110 MCG AER W/ADAP	Tier 2	Tier 2 Add QL	12 PER 30 DAYS
FLUTICASONE PROPIONATE HFA 220 MCG AER W/ADAP	Tier 2	Tier 2 Add QL	24 PER 30 DAYS
FLUTICASONE PROPIONATE HFA 44 MCG AER W/ADAP	Tier 2	Tier 2 Add QL	21.2 PER 30 DAYS
FORTEO 20MCG/DOSE PEN INJCTR	Tier 4	Non Formulary	
FYCOMPA	Non Formulary	Tier 2	
GENOTROPIN	Non Formulary	Tier 4 Add PA	
GILENYA 0.25 MG CAPSULE	Tier 4	Non Formulary	
GLIPIZIDE 2.5 MG TABLET	Tier 1	Tier 1 Add QL	60 PER 30 DAYS
GRANIX SYRINGE	Tier 4	Non Formulary	

INCRUSE ELLIPTA 62.5 MCG BLST W/DEV	Tier 3	Non Formulary	
KESIMPTA PEN 20MG/0.4ML PEN INJCTR	Tier 4	Tier 4 Add PA	
KISQALI TABLET	Non Formulary	Add Tier 4	
LANCING DEVICE (blank) KIT	Tier 2	Exclude OTC	
LAXACLEAR 17 G/DOSE POWDER	Tier 1	Exclude OTC	
LAXATIVE PEG 3350 17 G/DOSE POWDER	Tier 1	Exclude OTC	
LEUKINE 250 MCG VIAL	Tier 4	Non Formulary	
LEVEMIR	Tier 2	Non Formulary	
LEVONORG-ETH ESTRAD-FE BISGLYC 0.1-0.02MG TABLET	Tier 0	Tier 0 Add QL	28 PER 28 DAYS
LIDOCAINE HCL 3 % CREAM (G)	Tier 1	Exclude OTC	
LISDEXAMFETAMINE DIMESYLATE CAPSULE	Tier 1	Tier 1 Add QL	30 PER 30 DAYS
LISDEXAMFETAMINE DIMESYLATE CHEW	Tier 1	Tier 2 Add QL	30 PER 30 DAYS
LITHIUM CITRATE 8 MEQ/5 ML SOLUTION	Tier 1	Tier 2	
METHYLPHENIDATE HCL 10 MG/5 ML SOLUTION	Tier 1	Tier 2	
MIEBO 100 % DROPS	Non Formulary	Tier 2	
NATURA-LAX 17 G/DOSE POWDER	Tier 1	Exclude OTC	
NEULASTA SYRINGE	Tier 4	Non Formulary	
NEUPOGEN	Tier 4	Non Formulary	
NEXTSTELLIS 3-14.2(28) TABLET	Tier 0	Tier 0 Add QL	30 PER 30 DAYS
NYVEPRIA 6 MG/0.6ML SYRINGE	Tier 4	Non Formulary	
POLYETHYLENE GLYCOL 3350	Tier 1	Exclude OTC	
PRALUENT	Tier 2	Non Formulary	
QVAR REDIHALER HFA AEROBA	Tier 3	Non Formulary	
SMOOTHLAX	Tier 1	Exclude OTC	
SOGROYA	Non Formulary	Tier 4 Add PA	
SOTYKTU 6 MG TABLET	Non Formulary	Tier 4 Add PA	
SUNLENCA 300 MG TABLET	Pending	Tier 4 Add PA	
SYMPROIC 0.2 MG TABLET	Non Formulary	Tier 2 Add QL	30 PER 30 DAYS
TERIPARATIDE 20MCG/DOSE PEN INJCTR	Non Formulary	Tier 4 Add PA Add QL	2.4 per 28 DAYS
TEZSPIRE 210MG/1.91 PEN INJCTR	Excluded	Add Tier 4 Add PA	
TRIJARDY XR 10-5-1000 TAB BP 24H	Tier 2	Tier 2 Add QL	30 PER 30 DAYS
TRIJARDY XR 12.5-2.5MG TAB BP 24H	Tier 2	Tier 2 Add QL	60 PER 30 DAYS
TRIJARDY XR 25-5-1000 TAB BP 24H	Tier 2	Tier 2 Add QL	30 PER 30 DAYS
TRIJARDY XR 5-2.5-1000 TAB BP 24H	Tier 2	Tier 2 Add QL	60 PER 30 DAYS
TRULANCE 3 MG TABLET	Non Formulary	Tier 2 Add QL	30 PER 30 DAYS
TYENNE 162 MG/0.9 SYRINGE	Non Formulary	Tier 4 Add PA Add QL	4 PER 28 Days
TYRVAYA 0.03/SPRAY SPRAY METR	Non Formulary	Tier 2 Add PA	
VELPHORO 500MG IRON TAB CHEW	Tier 3	Non Formulary	
YARGESA 100 MG CAPSULE	Tier 4	Tier 4 Add PA	
ZIEXTENZO 6 MG/0.6ML SYRINGE	Non Formulary	Tier 4	