December 2025

Dear SummaCare Member,

Enclosed you will find updates for **2026 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 2026:

- 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 2026 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 711.

Thank you for being a SummaCare member.

The SummaCare Pharmacy Team

2026 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 2026 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.

2026 Commercial Formulary Changes			
Drug Name	**2025 Tier & Utilization Management**	**2026 Tier & Utilization Management**	**Quantity Limit**
ABANATUSS PED 0.5-15MG/1	Non Formulary	Exclude OTC	
ABANATUSS PED 2-60-25 MG	Non Formulary	Exclude OTC	
ACETAMINOPHEN-CODEINE 120-12MG/5	Tier 1	Tier 1 Update QL	4500 PER 30 DAYS
AKYNZEO 300-0.5 MG	Tier 3	Tier 3 Add QL	1 PER 21 DAYS
ALBUTEROL SULFATE 4 MG	Non Formulary	Tier 2	
ALBUTEROL SULFATE 8 MG	Non Formulary	Tier 2	
ALPHAGAN P 0.1 %	Tier 2	Non Formulary	
AMETHIA 150-30(84)	Tier 0	Tier 0 Update QL	91 PER 84 DAYS
ANTIBACTERIAL-URINARY PAIN RLF 162-162.5	Non Formulary	Exclude OTC	
APREPITANT 40 MG	Tier 2	Tier 2 Update QL	1 PER 28 DAYS
AQUANAZ 400-15-10	Non Formulary	Exclude OTC	
ASHLYNA 150-30(84)	Tier 0	Tier 0 Update QL	91 PER 84 DAYS
ASTEPRO ALLERGY 205.5 MCG	Non Formulary	Exclude OTC	
AZO URINARY TRACT DEFENSE 162-162.5	Non Formulary	Exclude OTC	
BIODESP DM 100-15-5/5	Non Formulary	Exclude OTC	
BIO-DTUSS DMX 1-30-20/5	Non Formulary	Exclude OTC	
BRONTUSS SF 300-15-10	Non Formulary	Exclude OTC	
BYDUREON BCISE 2MG/0.85ML	Tier 2	Tier 2 Remove ST	
BYETTA 10MCG/0.04	Tier 2	Tier 2 Remove ST	
BYETTA 5MCG/0.02	Tier 2	Tier 2 Remove ST	
CAMRESE 150-30(84)	Tier 0	Tier 0 Update QL	91 PER 84 DAYS
CAMRESE LO 100-20(84)	Tier 0	Tier 0 Update QL	91 PER 84 DAYS
CAPMIST DM 400-15-60	Non Formulary	Exclude OTC	
CARBINOXAMINE MALEATE ER 4 MG/5 ML	Non Formulary	Tier 2	
CHEST CONGESTION RELIEF PE 400MG-10MG	Non Formulary	Exclude OTC	
CHILD COLD-COUGH DAY-NIGHT 6.25-2.5/5	Non Formulary	Exclude OTC	
CHILD MUCINEX STUFFY NOSE-CHST 100-2.5/5	Non Formulary	Exclude OTC	
CHILDREN'S STUFFY NOSE-COLD 100-2.5/5	Non Formulary	Exclude OTC	
CHLO TUSS 1-30-12.5	Non Formulary	Exclude OTC	
CLOBAZAM 10 MG	Tier 2	Tier 2 Add PA	

CLOBAZAM 20 MG	Tier 2	Tier 2 Add PA	
CLOBETASOL PROPIONATE 0.05 %	Non Formulary	Tier 1	
COPAXONE 20 MG/ML	Tier 4	Non Formulary	
CYCLOSPORINE 0.05 %	Tier 2	Tier 2 Add PA	
DAYSEE 150-30(84)	Tier 0	Tier 0 Update QL	91 PER 84 DAYS
DESPEC DM 100-10-5MG	Non Formulary	Exclude OTC	
DESPEC-DM 200-10-30	Non Formulary	Exclude OTC	
DEXTROAMPHETAMINE SULFATE 15 MG	Non Formulary	Tier 2 Add QL	60 PER 30 DAYS
DEXTROAMPHETAMINE SULFATE 20 MG	Non Formulary	Tier 2 Add QL	60 PER 30 DAYS
DEXTROAMPHETAMINE SULFATE 30 MG	Non Formulary	Tier 2 Add QL	60 PER 30 DAYS
DIFICID 200 MG	Tier 3	Tier 3 Update QL	20 PER 10 DAYS
DOXYCYCLINE MONOHYDRATE 150 MG	Non Formulary	Tier 2 Add QL	60 PER 30 DAYS
DUPIXENT PEN 200MG/1.14	Tier 4	Tier 4 Term QL	
ED BRON GP 100-5 MG/5	Non Formulary	Exclude OTC	
ELETRIPTAN HBR 20 MG	Tier 2	Tier 2 Add QL	12 PER 30 DAYS
ELETRIPTAN HBR 40 MG	Tier 2	Tier 2 Add QL	12 PER 30 DAYS
ENTRESTO 24 MG-26MG	Tier 2	Tier 2 Add PA & QL	60 PER 30 DAYS
ENTRESTO 49 MG-51MG	Tier 2	Tier 2 Add PA	
ENTRESTO 97MG-103MG	Tier 2	Tier 2 Add PA	
ENTRESTO SPRINKLE 15 MG-16MG	Tier 2	Tier 2 Add PA & QL	60 PER 30 DAYS
ENTRESTO SPRINKLE 6 MG-6 MG	Tier 2	Tier 2 Add PA & QL	60 PER 30 DAYS
ESOMEPRAZOLE MAGNESIUM 40 MG	Tier 2	Tier 2 Update QL	60 PER 30 DAYS
ESOMEPRAZOLE MAGNESIUM 40 MG	Tier 2	Tier 2 Update QL	60 PER 30 DAYS
ESTRADIOL-NORETHINDRONE ACETAT 0.5-0.1 MG	Non Formulary	Tier 1	
ESTRADIOL-NORETHINDRONE ACETAT 1 MG-0.5MG	Non Formulary	Tier 1	
EXENATIDE 10MCG/0.04	Pending	Non Formulary	
EXENATIDE 5MCG/0.02	Pending	Non Formulary	
FENOFIBRATE 150 MG	Non Formulary	Tier 2	
FENOFIBRIC ACID 135 MG	Non Formulary	Tier 2	
FENOFIBRIC ACID 45 MG	Non Formulary	Tier 2	
GRALISE 450 MG	Tier 3	Tier 3 Term QL	
GRALISE 750 MG	Tier 3	Tier 3 Term QL	
GRALISE 900 MG	Tier 3	Tier 3 Term QL	
GRANISETRON HCL 1 MG	Tier 2	Tier 2 Update QL	8 PER 30 DAYS
G-TRON PED 350-15-10	Non Formulary	Exclude OTC	
HUMALOG 100/ML	Tier 2	Non Formulary	
HUMALOG KWIKPEN U-200 200/ML (3)	Tier 2	Non Formulary	
HUMALOG MIX 50-50 50-50/ML	Tier 2	Non Formulary	
HUMALOG MIX 50-50 KWIKPEN 50-50/ML	Tier 2	Non Formulary	
HUMALOG MIX 75-25 75-25/ML	Tier 2	Non Formulary	
HYDROCODONE-ACETAMINOPHEN 7.5-325/15	Tier 2	Tier 2 Update QL	5520 PER 30 DAYS
IBRANCE 100 MG	Tier 4	Non Formulary	
IBRANCE 125 MG	Tier 4	Non Formulary	
IBRANCE 125 MG	Tier 4	Non Formulary	
IBRANCE 75 MG	Tier 4	Non Formulary	
IBRANCE 75 MG	Tier 4	Non Formulary	
ICLEVIA 0.15-0.03	Tier 0	Tier 0 Update QL	91 PER 84 DAYS

JAIMIESS 150-30(84)	Tier 0	Tier 0 Update QL	91 PER 84 DAYS
JOLESSA 0.15-0.03	Tier 0	Tier 0 Update QL	91 PER 84 DAYS
KETOROLAC TROMETHAMINE 10 MG	Tier 1	Tier 1 Update QL	20 PER 5 DAYS
LEVONORGESTREL-ETH ESTRADIOL 0.15-0.03	Tier 0	Tier 0 Update QL	91 PER 84 DAYS
LEVONORG-ETH ESTRAD ETH ESTRAD 100-20(84)	Tier 0	Tier 0 Update QL	91 PER 84 DAYS
LEVONORG-ETH ESTRAD ETH ESTRAD 150-30(84)	Tier 0	Tier 0 Update QL	91 PER 84 DAYS
LEVORPHANOL TARTRATE 2 MG	Non Formulary	Tier 1	
LIDOCAINE-HYDROCORTISONE 3 %-0.5 %	Non Formulary	Tier 1	
LINEZOLID 100 MG/5ML	Non Formulary	Tier 1 Add PA	
LINZESS 145 MCG	Tier 2	Tier 2 Add PA	
LINZESS 290 MCG	Tier 2	Tier 2 Add PA	
LINZESS 72 MCG	Tier 2	Tier 2 Add PA	
LIQUIBID PD-R 200MG-5MG	Non Formulary	Exclude OTC	
LOJAIMIESS 100-20(84)	Tier 0	Tier 0 Update QL	91 PER 84 DAYS
M-END DMX 0.667-20/5	Non Formulary	Exclude OTC	
MENEST 0.3 MG	Tier 2	Non Formulary	
MENEST 0.625 MG	Tier 2	Non Formulary	
MENEST 1.25 MG	Tier 2	Non Formulary	
MENEST 2.5 MG	Tier 2	Non Formulary	
METADATE ER 20 MG	Tier 2	Tier 2 Add PA	
METHYLPHENIDATE ER 72 MG	Tier 2	Non Formulary	
MIEBO 100 %	Tier 2	Tier 2 Add PA	
MIMVEY 1 MG-0.5MG	Non Formulary	Tier 1	
MIRCERA 100MCG/0.3	Tier 4	Non Formulary	
MIRCERA 120MCG/0.3	Tier 4	Non Formulary	
MIRCERA 150MCG/0.3	Tier 4	Non Formulary	
MIRCERA 200MCG/0.3	Tier 4	Non Formulary	
MIRCERA 30 MCG/0.3	Tier 4	Non Formulary	
MIRCERA 50 MCG/0.3	Tier 4	Non Formulary	
MIRCERA 75 MCG/0.3	Tier 4	Non Formulary	
MYRBETRIQ 25 MG	Tier 2	Tier 2 Add PA	
MYRBETRIQ 50 MG	Tier 2	Tier 2 Add PA	
MYRBETRIQ 8 MG/ML	Tier 2	Tier 2 Add PA	
NEO-POLYCIN 3.5MG-400	Non Formulary	Tier 2	
NEOTUSS PLUS 4-7.5-30/5	Non Formulary	Exclude OTC	
NEXLIZET 180MG-10MG	Tier 2	Tier 2 Add PA	
NICOTROL NS 10 MG/ML	Tier 0	Tier 0 Update QL	50 PER 28 DAYS
NILUTAMIDE 150 MG	Tier 4	Tier 4 Add PA	
NINJACOF-D 12.5-30/5	Non Formulary	Exclude OTC	
NITROGLYCERIN 0.4% (W/W)	Non Formulary	Tier 2	
NUCYNTA 100 MG	Tier 3	Tier 3 Add PA	
NUCYNTA 50 MG	Tier 3	Tier 3 Add PA	
NUCYNTA 75 MG	Tier 3	Tier 3 Add PA	
OSELTAMIVIR PHOSPHATE 30 MG	Tier 2	Tier 2 Update QL	40 PER 180 DAYS
OSELTAMIVIR PHOSPHATE 45 MG	Tier 2	Tier 2 Update QL	20 PER 180 DAYS
OSELTAMIVIR PHOSPHATE 6 MG/ML	Tier 2	Tier 2 Update QL	180 PER 180 DAYS
OSELTAMIVIR PHOSPHATE 75 MG	Tier 2	Tier 2 Update QL	20 PER 180 DAYS

OXYMORPHONE HCL ER 30 MG	Tier 2	Tier 2 Update QL	120 PER 30 DAYS
OXYMORPHONE HCL ER 40 MG	Tier 2	Tier 2 Update QL	120 PER 30 DAYS
PAXLOVID 150-100 MG	Tier 2	Tier 2 Update QL	20 PER 28 DAYS
PAXLOVID 150-100 MG	Tier 2	Tier 2 Update QL	20 PER 5 DAYS
PAXLOVID 300-100 MG	Tier 2	Tier 2 Update QL	30 PER 5 DAYS
POLY-HIST DM 25-5-10/5	Non Formulary	Exclude OTC	
POLY-VENT DM 380-20-60	Non Formulary	Exclude OTC	
QUILLICHEW ER 20 MG	Tier 3	Non Formulary	
QUILLICHEW ER 30 MG	Tier 3	Non Formulary	
QUILLICHEW ER 40 MG	Tier 3	Non Formulary	
QUILLIVANT XR 5 MG/ML	Tier 3	Non Formulary	
RESCON-DM 2-30-10/5	Non Formulary	Exclude OTC	
RESTASIS 0.05 %	Tier 2	Tier 2 Add PA	
RESTASIS MULTIDOSE 0.05 %	Tier 2	Tier 2 Add PA	
RIZATRIPTAN 10 MG	Tier 1	Tier 1 Update QL	18 PER 30 DAYS
RIZATRIPTAN 10 MG	Tier 1	Tier 1 Update QL	18 PER 30 DAYS
RIZATRIPTAN 5 MG	Tier 1	Tier 1 Update QL	18 PER 30 DAYS
RIZATRIPTAN 5 MG	Tier 1	Tier 1 Update QL	18 PER 30 DAYS
SETLAKIN 0.15-0.03	Tier 0	Tier 0 Update QL	91 PER 84 DAYS
SIMPESSE 150-30(84)	Tier 0	Tier 0 Update QL	91 PER 84 DAYS
SPS 15 G/60 ML	Non Formulary	Tier 1	
SUMATRIPTAN 20 MG	Tier 1	Tier 1 Update QL	18 PER 30 DAYS
SUMATRIPTAN 5 MG	Tier 1	Tier 1 Update QL	18 PER 30 DAYS
SUMATRIPTAN SUCCINATE 100 MG	Tier 1	Tier 1 Update QL	18 PER 30 DAYS
SUMATRIPTAN SUCCINATE 4 MG/0.5ML	Tier 2	Tier 1 Update QL	4 PER 28 DAYS
SUMATRIPTAN SUCCINATE 4 MG/0.5ML	Tier 2	Tier 1 Update QL	4 PER 28 DAYS
SUMATRIPTAN SUCCINATE 6 MG/0.5ML	Tier 2	Tier 1 Update QL	4 PER 28 DAYS
SUMATRIPTAN SUCCINATE 6 MG/0.5ML	Tier 2	Tier 1 Update QL	4 PER 28 DAYS
SUMATRIPTAN SUCCINATE 6 MG/0.5ML	Tier 2	Tier 1 Update QL	4 PER 28 DAYS
SUPRESS-DX 50-5-2.5/1	Non Formulary	Exclude OTC	
SUPRESS-PE 50-2.5/ML	Non Formulary	Exclude OTC	
SYMPROIC 0.2 MG	Tier 2	Tier 2 Add PA	
TIZANIDINE HCL 4 MG	Non Formulary	Tier 1 Add QL	60 PER 30 DAYS
TRAMADOL HCL-ACETAMINOPHEN 37.5-325MG	Tier 1	Tier 1 Update QL	300 PER 30 DAYS
TRISPEC PSE 187-10-30	Non Formulary	Exclude OTC	
TUSICOF 400-20-10	Non Formulary	Exclude OTC	
TUSICOF 400-20-10	Non Formulary	Exclude OTC	
TUSNEL PEDIATRIC 50-5-15/5	Non Formulary	Exclude OTC	
TUSSIN CF MAX 200-10-5/5	Non Formulary	Exclude OTC	
TUSSI-PRES 200-10-5/5	Non Formulary	Exclude OTC	
TUSSI-PRES PEDIATRIC 75-5-2.5/5	Non Formulary	Exclude OTC	
TUSSLIN 388-28-10	Non Formulary	Exclude OTC	
URO-MP 118-10-36	Non Formulary	Tier 2	
VANACOF 1-30-12.5	Non Formulary	Exclude OTC	
VANACOF DM 18-10MG/15	Non Formulary	Exclude OTC	
VANATAB DM 198-9-5 MG	Non Formulary	Exclude OTC	
VARENICLINE TARTRATE 0.5 MG	Tier 0	Tier 0 Update QL	672 PER 365 DAYS

VARENICLINE TARTRATE 1 MG	Tier 0	Tier 0 Update QL	336 PER 365 DAYS
VASCEPA 0.5 GRAM	Tier 2	Tier 2 Add PA	
VASCEPA 1 G	Tier 2	Tier 2 Add PA	
V-GO 20	Non Formulary	Tier 3	
V-GO 30	Non Formulary	Tier 3	
V-GO 40	Non Formulary	Tier 3	
XARELTO 1 MG/ML	Tier 2	Tier 2 Update QL	600 PER 30 DAYS
XCOPRI 250 MG/DAY	Tier 2	Tier 2 Update QL	60 PER 30 DAYS
XIGDUO XR 2.5-1000MG	Tier 2	Tier 2 Update QL	60 PER 30 DAYS
XIIDRA 5 %	Non Formulary	Tier 3 Add PA	
XOFLUZA 20 MG	Tier 3	Tier 3 Update QL	2 PER 180 DAYS
XOFLUZA 40 MG	Tier 3	Tier 3 Update QL	2 PER 180 DAYS
XOFLUZA 40 MG	Tier 3	Tier 3 Update QL	2 PER 180 DAYS
XYZAL 2.5 MG/5ML	Non Formulary	Exclude OTC	
XYZAL 5 MG	Non Formulary	Exclude OTC	
ZOLMITRIPTAN 2.5 MG	Tier 2	Tier 2 Update QL	12 PER 30 DAYS
ZOLMITRIPTAN 2.5 MG	Tier 2	Tier 2 Update QL	12 PER 30 DAYS
ZOLMITRIPTAN 5 MG	Tier 2	Tier 2 Update QL	12 PER 30 DAYS
ZOLMITRIPTAN 5 MG	Tier 2	Tier 2 Update QL	12 PER 30 DAYS
ZOLMITRIPTAN ODT 2.5 MG	Tier 2	Tier 2 Update QL	12 PER 30 DAYS
ZOLMITRIPTAN ODT 5 MG	Tier 2	Tier 2 Update QL	12 PER 30 DAYS