



# 2024 Comprehensive Formulary

## List of Covered Drugs



**Small Group and Individual  
Non-Standard Plans**

Effective 01/01/2024

# 2024 SummaCare Comprehensive Formulary Small Group And Individual

## Prescription Drug Benefits

The following is a listing by drug class of medications most commonly prescribed under the SummaCare Prescription Drug Benefit. Brand-name drugs are capitalized and generic drugs are listed in lowercase. Prescription drug benefits vary, but in most cases, brand name medications that have a generic equivalent require the patient to pay the difference in cost between the brand and generic medication. Some benefits may exclude certain drugs on this list. Refer to your plan documents for more coverage information.

## About Tiers

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

Note: Some benefits may require a deductible be met before copays apply. Refer to your plan documents for further information.

## Using Your SummaCare ID Card

It is important to show your SummaCare ID card when filling prescriptions. When you show your SummaCare ID card, safety checks are performed such as drug-drug interactions, therapeutic duplications and dose checks, even if you use multiple pharmacies, including mail order.

## MedImpact

MedImpact is SummaCare's Pharmacy Benefit Manager and is responsible for processing pharmacy claims for SummaCare members. MedImpact also handles pharmacy benefit customer service and utilization management requests on SummaCare's behalf. To reach MedImpact, members should call the SummaCare member service number on the back of their ID card.

## Women's Preventive Drugs

Your cost share for selected women's preventive care services may be waived when provided by a network pharmacy provider. Please refer to your benefit documents for further information.

## **Pharmacy Utilization Programs**

SummaCare's Prescription Drug Benefit incorporates utilization management programs (prior authorization, step therapy and quantity limits). Drugs requiring utilization management are indicated on the formulary document with a PA, PA NSO, QL or ST. If you are prescribed one of these drugs, the prescriber may need to contact MedImpact to provide supporting medical information.

### **Prior Authorization = PA**

Prior Authorization requirements are placed on medications when they have limited conditions for which they are prescribed, special monitoring or dispensing requirements or an extremely high cost. Guidelines for approving coverage for Prior Authorization drugs are developed and approved by a panel of practicing physicians and pharmacists.

### **Prior Authorization for New Starts Only = PA NSO**

If you are a new member, you may be required to get Prior Authorization on particular drugs before you fill your prescription. In this scenario, the same requirements as listed above under Prior Authorization would apply.

### **Step Therapy = ST**

Step Therapy is the practice of initiating drug therapy for a medical condition with the most cost-effective and safest drug, and then progressing to other more costly or risky drugs only if necessary (i.e., you must try drug "A" before you can get drug "B"). The goal is to control costs and minimize risks. Step therapy is an automated process. If you present a prescription for a "step therapy" drug (i.e., "B") to a pharmacy, an automated check of your prescription history will occur. If the system finds that you have received the qualifying drug(s) (i.e., "A"), your prescription will be processed. If the system does not find that you received a qualifying drug (i.e., "A") in recent history, a prior authorization will be necessary.

### **Quantity Limit = QL**

When a drug has a Quantity Limit, the amount of medication is limited to a specified amount per prescription or within a specific time frame. These limitations are usually in place due to safety issues or because the use of a dose higher than what is recommended has been shown to result in minimal additional benefit to the patient.

### **Gender Edits = GF or GM**

Gender edits may be added to certain medications when they are only to be prescribed for a male or female based on FDA prescribing indications. Drugs that are only to be prescribed for females will be indicated with a "GF" and drugs that are only to be prescribed for males will be indicated with a "GM."

### **Opioid Edits**

SummaCare has implemented the following opioid edits:

#### **Enhanced Opioid Cumulative Dosing**

This limit is based on MME (Morphine Milligram Equivalent), which is the calculated amount of opioids that you are taking per day. Your opioid prescription will deny at the pharmacy if your total MME is greater than 80 MME. This means that you will need to get approval from SummaCare to fill your opioid prescription(s).

## **Days Supply Limit Edit**

If the course of your opioid treatment continues for more than 90 days then your opioid prescription will deny at the pharmacy. If you need more than a 90-day supply, you will need to get approval from SummaCare to fill your opioid prescription.

## **Exception Process For Non-Formulary Drugs**

### **What is an exception request?**

Exception requests are a kind of coverage determination. Exceptions can be requested by you and/or your authorized representative, or your prescribing physician may request an exception to seek coverage of a drug that is not on the formulary (list of drugs the plan covers).

There are two types of exception requests. The first one is an expedited exception request, which is defined under exigent circumstances only and if the drug is not approved may seriously jeopardize life, health or ability to regain maximum function, or may jeopardize undergoing current treatment using a non-formulary drug. The second is a standard exception request.

If SummaCare's formulary does not include a drug that you or your prescribing provider feel is necessary, then you or your prescribing provider may request an exception so that you may obtain coverage of this drug. The exception request must include your prescribing provider's statement that he/she has determined that the preferred formulary drug either would not be as effective or would have adverse effects for you. If the Plan does not grant the requested exception, then you or your prescribing provider may file an appeal.

Exception requests can be made verbally by contacting SummaCare's Pharmacy Benefit Manager, MedImpact Healthcare Systems, Inc. at **800.788.2949** or can be sent via fax to **858.790.7100**.

### **When will I receive a decision on my exception request?**

SummaCare must notify you and your prescriber of our decision no more than 24 hours following receipt of an Expedited Request and 72 hours following the receipt of a Standard Exception Request. If your request is denied, then you or your prescribing provider may file an appeal. If the exception request is granted, we will treat the excepted drug as an Essential Health Benefit and the cost share will be counted towards your annual limitation on cost-sharing and we will cover the drug for the duration of the prescription including refills.

## **For More Information About SummaCare's Prescription Drug Benefit Call:**

- Employers and Members: Please refer to the number on the back of your Member ID card or call Member Services at **800.996.8701**
- Persons with Hearing or Speech Disabilities: Call Ohio Relay at (TTY **711**)
- Providers: Call SummaCare Provider Services at **800.996.8401**

To view the most recent formulary, please visit **summacare.com**.