



January 2017

Dear SummaCare Member,

We're committed to providing timely updates to you about your pharmacy benefits. Enclosed you will find updates for **2017 to the SummaCare Commercial Drug Formulary**.

There are several ways to save on your key medications in 2017:

- 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.
- Members have NO COPAY with select generic "statin" drugs. Generic statins include atorvastatin (generic for Lipitor), simvastatin (generic for Zocor), pravastatin (generic for Pravachol) and lovastatin (generic for Mevacor).

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 2017 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.

A handwritten signature in cursive script that reads "Tiffanie Swartz".

Tiffanie Swartz, Pharm.D.
Pharmacy Director

Enclosure



2017 SummaCare Drug 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.

These formulary changes are for the 2017 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.

Drug	2016 Tier Status	2017 Tier Status
ABACAVIR	1	Specialty
ABILIFY	3 w/ ST	3 w/ QL
ABILIFY DISCMELT	3 w/ ST	3 w/ QL
ACETAMINOPHEN-CODEINE SOLU & TABS	1	1 w/ QL
ADEFOVIR DIPIVOXIL	1	Specialty
ADRENACLICK	3	3 w/ QL
AGRYLIN	3	Specialty
ALCORTIN A	3	Kits - Excluded
ALMCINONIDE	1	2
ALPRAZOLAM ER	1	2
ALPRAZOLAM ODT	1	2
AMBIEN	3	3 w/ QL
AMBIEN CR	3 w/ ST	3 w/ ST & QL
AMLODIPINE-ATORVASTATIN	1	2
AMLODIPINE-VALSARTAN-HCTZ	2	2 w/ ST
AMOXICILLIN-CLAVU POT ER	1	2
AMRIX	3	3 w/ ST
ANDRODERM	3	3 w/ PA & QL
ANDROGEL	3	3 w/ PA & QL
ANDROID	3 w/ PA	3 w/ PA & QL
APTIVUS	2	Specialty
ARIPIPRAZOLE	2 w/ ST	2 w/ QL
ARIPIPRAZOLE ODT	2 w/ ST	2 w/ QL
ASACOL	2	3 w/ ST
ASACOL HD	2	3 w/ ST
ASTAGRAF XL	3	Specialty
AXIRON	3	3 w/ PA & QL
AZELASTINE HCL	1	2
AZUPHEN MB	1	2
BECONASE AQ	3 w/ ST	3 w/ ST & QL
BELSOMRA	3 w/ ST	3 w/ ST & QL
BETAMETHASONE DIPROPIONATE OINT	1	2

Drug	2016 Tier Status	2017 Tier Status
BETAMETHASONE DIPROPIONATE/PROPYL	1	2
BETAMETHASONE VALERATE	1	2
BRINTELLIX	3 w/ ST	3 w/ ST & QL
BROMOCRIPTINE MESYLATE	1	2
BUDESONIDE	2 w/ ST	2 w/ ST & QL
BUNAVAIL	3 w/ PA	3 w/ PA & QL
BUPHENYL	3	Specialty
BUPRENORPHINE SL TAB	1 w/ PA	1 w/ PA & QL
BUPRENORPHINE-NALOXONE	3 w/ PA	2 w/ PA & QL
CANDESARTAN CILEXETIL	2	2 w/ ST
CANDESARTAN-HYDROCHLOROTHI	2	2 w/ ST
CAPITAL W-CODEINE SUSP	3	3 w/ QL
CEENU	2	Specialty
CICLOPIROX	1	2
CLOBETASOL PROPIONATE	1	2
CLONAZEPAM	1	2
COMBIVIR	3	Specialty
COMFORT PAC-TIZANIDINE	2	Kits- Excluded
CUPRIMINE	2	3 w/ PA & QL
CYCLOSPORINE	1	Specialty
CYCLOSPORINE MODIFIED	1	Specialty
DALIRESP	3 w/ ST	3 w/ ST & QL
DARAPRIM	Specialty	Specialty w/ PA & QL
DARIFENACIN ER	2	2 w/ ST & QL
DELZICOL	2	3 w/ ST
DEPEN	3	Specialty w/ PA & QL
DEPO-TESTOSTERONE	3	3 w/ PA & QL
DESONIDE	1	2
DESOXIMETASONE	1	2
DESVENLAFAXINE ER	2	2 w/ ST
DESVENLAFAXINE FUMARATE ER	3	3 w/ QL
DETROL	3	3 w/ ST & QL
DETROL LA	3	3 w/ ST & QL
DIFLORASONE DIACETATE TOPICAL	1	2
DIPENTUM	2	3 w/ ST
EDLUAR	3 w/ ST	3 w/ ST & QL
EDURANT	3	Specialty
ELIDEL	2	3
ELIQUIS	3	2 w/ QL
EMCYT	2	Specialty
ENABLEX	3	3 w/ ST & QL
ENDACOF-C	2	1
EPICERAM	3	Medical Device - Excluded
EPINEPHRINE	2	2 w/ QL
EPIPEN 2-PAK & JR 2-PAK	2	2 w/ QL

Drug	2016 Tier Status	2017 Tier Status
EPROSARTAN	2	2 w/ ST
EPZICOM	2	Specialty
ETIDRONATE DISODIUM	1	2
ETODOLAC	1	2
ETODOLAC ER	1	2
FENOFIBRATE	1	2
FENTANYL PATCHES	1	2
FETZIMA	3 w/ ST	3 w/ ST & QL
FLONASE	3 w/ ST	3 w/ QL
FLUNISOLIDE NASAL SPRAY	1	1 w/ QL
FLUOCINONIDE TOPICAL	1	2
FLUTICASONE	1	1 w/ QL
GELNIQUE	3	3 w/ QL
GENGRAF	1	Specialty
GIAZO	2	3 w/ ST
GLUMETZA	3 w/ ST	3 w/ ST & QL
GRALISE	3 w/ ST	3 w/ ST & QL
GRANISOL	1	1 w/ QL
HALOBETASOL PROPIONATE	1	2
HECORIA	3	Specialty
HEPSERA	3	Specialty
HYCAMTIN	2	Specialty
HYDROCODONE-ACETAMINOPHEN TAB & SOLU	1	1 w/ QL
HYDROCORTISONE BUTYRATE	1	2
HYDROCORTISONE VALERATE	1	2
IMIPRAMINE HCL	1	2
IMIPRAMINE PAMOATE	1	2
INDOMETHACIN	1	2
INVIRASE	2	Specialty
JENTADUETO	3	3 w/ QL
JUBLIA	3	3 w/ PA & QL
KALETRA	2	Specialty
KERYDIN	3	3 w/ PA & QL
KHEDEZLA	3	3 w/ QL
LAMIVUDINE-ZIDOVUDINE	1	Specialty
LANSOPRAZOLE	2	1
LATUDA	3 w/ PA	3 w/ PA & QL
LEUKERAN	2	Specialty
LIALDA	3	2
LIDOCAINE OINT	1	2
LIDOTRAL	3	Medical Device - Excluded
LOMUSTINE	2	Specialty
LORTAB SOLUTION	3	3 w/ QL
LYSODREN	2	Specialty
MATULANE	2	Specialty

Drug	2016 Tier Status	2017 Tier Status
METFORMIN HCL ER	2 w/ ST	2 w/ ST & QL
METHAZOLAMIDE	1	2
METHYLTESTOSTERONE	2	2 w/ PA & QL
MINOCYCLINE HCL	1	2
MINOCYCLINE HCL ER	1	2
MIRCERA	3	Specialty
MOMETASONE NASAL SPRAY	1	2 w/ QL
MOMETASONE FUROATE	1	2
MORGIDOX KIT	3	Kits - Excluded
MYALEPT	Specialty w/ PA	Specialty w/ PA & QL
MYFORTIC	3	Specialty
MYLERAN	2	Specialty
NARATRIPTAN	1 w/ QL	2 w/ QL
NASACORT AQ	3	3 w/ QL
NASONEX	3	3 q/ QL
NATESTO	3	3 w/ PA & QL
NEFAZODONE	1	2
NEORAL	3	Specialty
NEULASTA	3	Specialty
NEUPOGEN	3	Specialty
NILANDRON	2	Specialty
NITRO-DUR	2	3
NORTHERA	3 w/ PA	3 w/ PA & QL
NORVIR	3	Specialty
NYMALIZE	3	Specialty
OMNARIS	3 w/ ST	3 w/ ST & QL
ONFI	2	3
ORFADIN	Specialty	Specialty w/ PA
OXAPROZIN	1	2
OXYCODONE HCL-ASPIRIN TABLET	1	1 w/ QL
OXYCODONE-ACETAMINOPHEN SOLU & TAB	1	1 w/ QL
OXYTROL	3	3 w/ QL
PANCREAZE	2	3
PANRETIN	3	Specialty
PAROXETINE CR	1	2
PENTASA	2	3 w/ ST
PIROXICAM	1	2
PRADAXA	3 w/ ST	3 w/ ST & QL
PREDNICARBATE	1	2
PRIMLEV TABLET	3	3 w/ QL
PROAIR HFA	2	2 w/ QL
PROGRAF	3	Specialty
PROMISEB	3	Medical Device - Exclude
QNASL & QNASL CHILDREN	3 w/ ST	3 w/ ST & QL
QUDEXY XR	3 w/ ST	3 w/ ST & QL

Drug	2016 Tier Status	2017 Tier Status
RANITIDINE HCL CAPSULES	1	2
RELPAK	2 w/ QL	3 w/ ST & QL
RHINOCORT AQUA	3 w/ ST	3 w/ ST & QL
RIDAURA	3	Specialty
RITALIN LA	3 w/ PA	3 w/ PA & QL
RIZATRIPTAN	2 w/ QL	1 w/ QL
ROPINIROLE ER	1	2
ROXICET SOLUTION	1	1 w/ QL
RYTARY	3 w/ ST	3 w/ ST & QL
SANDIMMUNE	3	Specialty
SANTYL	3	3 w/ QL
SELZENTRY	2 w/ PA	Specialty w/ PA
SEREVENT DISKUS	2	2 w/ QL
SEROQUEL XR	3 w/ ST	3 w/ QL
SODIUM PHENYL BUTYRATE	2	Specialty
SPIRIVA	2	2 w/ QL
SPIRIVA RESPIMAT	2	2 w/ QL
STRIANT	3	3 w/ PA & QL
SUBOXONE FILM & SL	3 w/ PA	3 w/ PA & QL
SUMATRIPTAN SUCCINATE	1 w/ QL	2 w/ QL
TACROLIMUS	1	Specialty
TARCEVA	Specialty w/ PA	Specialty w/ PA & QL
TELMISARTAN	2	2 w/ ST
TELMISARTAN-AMLODIPINE	2	2 w/ ST
TELMISARTAN-HYDROCHLOROTHI	2	2 w/ ST
TESTIM	3	3 w/ PA & QL
TESTOSTERONE	2	2 w/ PA & QL
TESTOSTERONE CYPIONATE	1	1 w/ PA & QL
TESTOSTERONE ENANTHATE	1	1 w/ PA & QL
TESTRED	3 w/ PA	3 w/ PA & QL
THIOLA	3	Specialty
TIMOLOL MALEATE OPHT GEL	1	2
TIVICAY 50 mg	3	Specialty
TIZANIDINE HCL CAPSULE	1	2
TOLTERODINE	1	2 w/ ST & QL
TOLTERODINE ER	1	2 w/ ST & QL
TOVIAZ	3 w/ QL	3 w/ ST & QL
TRAMADOL HCL ER	1	2 w/ QL
TRETINOIN CAPSULES	1	Specialty
TRIAMCINOLONE NASAL SPRAY	1	1 w/ QL
TRINTELLIX	3 w/ ST	3 w/ ST & QL
TRIUMEQ	3	Specialty
TROSPIMUM CHLORIDE ER	1	2
TRUVADA	2	Specialty
TYZEKA	3 w/ ST	Specialty w/ ST & QL

Drug	2016 Tier Status	2017 Tier Status
UR N-C	1	2
USTELL	1	2
UTIBRON NEOHALER	3 w/ ST	3 w/ ST & QL
VALCHLOR	3	Specialty
VENLAFAXINE HCL ER 225 mg	2	1
VERAMYST	3 w/ ST	3 w/ ST & QL
VICODIN	1	1 w/ QL
VICODIN ES	1	1 w/ QL
VICODIN HP	1	1 w/ QL
VIRACEPT	2	Specialty
VOGELXO	3	3 w/ PA & QL
XARELTO	2	2 w/ QL
XOPENEX HFA	3 w/ ST	3 w/ ST & QL
ZAFIRLUKAST	1	2
ZALEPLON	1	1 w/ QL
ZAMICET SOLUTION	3	3 w/ QL
ZETONNA	3 w/ ST	3 w/ ST & QL
ZIAGEN	2	Specialty
ZOLPIDEM TARTRATE	1	1 w/ QL
ZOLPIDEM TARTRATE ER	1	2 w/ QL
ZOLPIMIST	3 w/ ST	3 w/ ST & QL
ZUBSOLV	3 w/ PA	3 w/ PA & QL
ZYKADIA	Specialty w/ PA	Specialty w/ PA & QL