

# SilverSummit Healthplan

## Preferred Drug List (PDL) Updates Q4 2025

**S**ilverSummit Healthplan routinely reviews medications available on the Preferred Drug List. Items are added, removed or modified periodically due to industry standard, market availability, and/or assessment of use. The document below outlines changes to the published PDL for the current quarter.

For a copy of the preferred drug list (PDL) or the most current program description, you may call Member Services at 1-844-366-2880 (TTY/TTD 1-844-804-6086) or visit the SilverSummit Healthplan website at

<https://www.silversummithealthplan.com/>

| Drug Name                  | Ingredients                                      | Dosage Form                     | Strength                     | Update                                   |
|----------------------------|--|---------------------------------|------------------------------|--|
| Accu-Chek Aviva plus strip | Diagnostic Products                              | Test Strip                      | Diagnostic Products          | Added to PDL                             |
| Accu-Chek Guide test strip | Diagnostic Products                              | Test Strip                      | Diagnostic Products          | Added to PDL                             |
| Accu-Chek Smartview strip  | Diagnostic Products                              | Test Strip                      | Diagnostic Products          | Added to PDL                             |
| Nuvaxovid COVID-19 vaccine | Vaccine  | Suspension<br>Prefilled Syringe | 0.5 ML                       | Added to PDL                             |
| Pramoxine-hc-chloroxylenol | pramoxine - hc - chloroxylenol                   | Otic drops                      | 1% - 1% - 1%                 | Removed from PDL                         |
| Phexx                      | citric acid - lactic acid - potassium bitartrate | Vaginal gel                     | 1 % - 1.8 % - 0.4 %          | Added to PDL<br>(name change for PHEXXI) |
| Otulf                      | ustekinumab-aauz                                 | Solution Prefilled Syringe      | 45 MG / 0.5 ML<br>90 MG / ML | Added to PDL                             |

**Key:** PDL=Preferred Drug List AL=Age Limit QL=Quantity Limit ST=Step Therapy MDS=Maximum Day Supply