

Superior Select Health Plans: Tribute-1 Tier
2019
Formulary Addendum

Below is a list formulary changes for the benefit year 2019. This is not a complete list of drugs covered by the Part D plan. The formulary changes are reflected in the 2019 downloadable formulary on the ***Superior Select*** website.

For a complete list of drugs covered by ***Superior Select*** please visit our web site at <http://www.superiorselectmedicare.com> or call Member Services at 1-877-372-1033, 8 am - 8 pm, 7 days a week. TTY/TDD users should call 711.

**BvD – Part B vs. Part D, NF - Non-Formulary, PA - Prior Authorization (1=all members, 2=new starts),
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2019 FORMULARY CHANGES				
Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
EFFECTIVE 01/01/2019				
Auryxia TABLET 1 GM 210 MG(Fe) ORAL	1	1 + PA1	Formulary Update	N/A
BromSite SOLUTION 0.075 % OPHTHALMIC	NF	1	Formulary Enhancement	N/A
Cimduo Tablet 300-300 MG Oral	NF	1	Formulary Enhancement	N/A
Estropipate TABLET 1.5 MG ORAL	1 + PA2	NF	CMS Required Deletion	N/A
Humira Pen-CD/UC/HS Starter Pen-Injector Kit 80 MG/0.8ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Humira Pen-Ps/UV Starter Pen-Injector Kit 80 MG/0.8ML & 40MG/0.4ML Subcutaneous	NF	1 + PA1	Formulary Enhancement	N/A
Incassia Tablet 0.35 MG Oral	NF	1	Formulary Enhancement	N/A
Ketoprofen CAPSULE 75 MG Oral	1	NF	CMS Required Deletion	N/A
Trelegy Ellipta Aerosol Powder Breath Activated 100-62.5-25 MCG/INH Inhalation	NF	1 + ST1	Formulary Enhancement	N/A
Vestura TABLET 3-0.02 MG ORAL	1	NF	CMS Required Deletion	N/A
Xeljanz Tablet 10 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A

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Drug Name	Current Drug Tier	New Drug Tier	Reason For Change	Alternative Drug, Alternative Drug Tier
Zenpep CAPSULE DELAYED RELEASE PARTICLES 15000 UNIT ORAL	1	NF	CMS Required Deletion	N/A
Zenpep Capsule Delayed Release Particles 15000-47000 UNIT Oral	NF	1	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 25000 UNIT ORAL	1	NF	CMS Required Deletion	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL	1	NF	CMS Required Deletion	N/A
Zenpep Capsule Delayed Release Particles 3000-14000 UNIT Oral	NF	1	Formulary Enhancement	N/A
Zenpep CAPSULE DELAYED RELEASE PARTICLES 5000 UNIT ORAL	1	NF	CMS Required Deletion	N/A
EFFECTIVE 02/01/2019				
Abiraterone Acetate Tablet 250 MG Oral	NF	1 + QL 120 + PA2	Formulary Enhancement	N/A
Adapalene Solution 0.1 % External	NF	1 + PA1	Formulary Enhancement	N/A
Afeditab CR Tablet Extended Release 24 Hour 60 MG Oral	1	NF	CMS Required Deletion	N/A
Ampyra Tablet Extended Release 12 Hour 10 MG Oral	1 + QL 60 + PA2 + LA	NF	Formulary Update	dalfampridine 10mg, 1 + QL 60 + PA2
AndroGel GEL 20.25 MG/1.25GM (1.62%) TRANSDERMAL	1 + PA2	NF	Formulary Update	testosterone 0.0162mg/mg, 1 + PA2
AndroGel GEL 40.5 MG/2.5GM (1.62%) TRANSDERMAL	1 + PA2	NF	Formulary Update	testosterone 0.0162mg/mg, 1 + PA2
AndroGel Pump GEL 20.25 MG/ACT (1.62%) TRANSDERMAL	1 + PA2	NF	Formulary Update	testosterone 20.25mg/actuat, 1 + PA2

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Arikayce Suspension 590 MG/8.4ML Inhalation	NF	1 + PA1	Formulary Enhancement	N/A
Braftovi Capsule 50 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Braftovi Capsule 75 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
BuPROPion HCl ER (XL) Tablet Extended Release 24 Hour 450 MG Oral	NF	1 + QL 30 + ST2	Formulary Enhancement	N/A
Cefotaxime Sodium Solution Reconstituted 2 GM Injection	1	NF	CMS Required Deletion	N/A
Clindamycin Phos-Benzoyl Perox Gel 1.2-2.5 % External	NF	1	Formulary Enhancement	N/A
Clinimix/Dextrose (2.75/5) SOLUTION 2.75 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
Clinimix/Dextrose (4.25/20) SOLUTION 4.25 % Intravenous	1 + BvD	NF	CMS Required Deletion	N/A
CloBAZam Suspension 2.5 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A
CloBAZam Tablet 10 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
CloBAZam Tablet 20 MG Oral	NF	1 + QL 60 + PA2	Formulary Enhancement	N/A
Colesevelam HCl Packet 3.75 GM Oral	NF	1	Formulary Enhancement	N/A
Copiktra Capsule 15 MG Oral	NF	1 + QL 60 + PA2 + LA	Formulary Enhancement	N/A
Copiktra Capsule 25 MG Oral	NF	1 + QL 60 + PA2 + LA	Formulary Enhancement	N/A
Cyred EQ Tablet 0.15-30 MG-MCG Oral	NF	1	Formulary Enhancement	N/A
DAPTOmycin Solution Reconstituted 350 MG Intravenous	NF	1 + PA1	Formulary Enhancement	N/A
Delstrigo Tablet 100-300-300 MG Oral	NF	1	Formulary Enhancement	N/A
Epidiolex Solution 100 MG/ML Oral	NF	1 + PA2	Formulary Enhancement	N/A

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Ertapenem Sodium Solution Reconstituted 1 GM Injection	NF	1	Formulary Enhancement	N/A
Forfivo XL Tablet Extended Release 24 Hour 450 MG Oral	1 + QL 30 + ST2	NF	Formulary Update	bupropion hydrochloride 450mg, 1 + QL 30 + ST2
Hexalen CAPSULE 50 MG ORAL	1 + PA2	NF	CMS Required Deletion	N/A
INVanz Solution Reconstituted 1 GM Injection	1	NF	Formulary Update	ertapenem 1000mg, 1
Itraconazole Solution 10 MG/ML Oral	NF	1 + PA1	Formulary Enhancement	N/A
Ketoprofen Capsule 25 MG Oral	NF	1	Formulary Enhancement	N/A
Kimidess Tablet 0.15-0.02/0.01 MG (21/5) Oral	1	NF	CMS Required Deletion	N/A
Lenvima 12 MG Daily Dose Capsule Therapy Pack 4 (3) MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Lenvima 4 MG Daily Dose Capsule Therapy Pack 4 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Lorbrena Tablet 100 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Lorbrena Tablet 25 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Mektovi Tablet 15 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Molindone HCl Tablet 10 MG Oral	NF	1	Formulary Enhancement	N/A
Molindone HCl Tablet 25 MG Oral	NF	1	Formulary Enhancement	N/A
Molindone HCl Tablet 5 MG Oral	NF	1	Formulary Enhancement	N/A
Morphine Sulfate ER Capsule Extended Release 24 Hour 40 MG Oral	NF	1	Formulary Enhancement	N/A
Nafcillin Sodium Solution Reconstituted 2 GM Injection	NF	1	Formulary Enhancement	N/A
Necon 7/7/7 Tablet 0.5/0.75/1-35 MG-MCG Oral	1	NF	CMS Required Deletion	N/A

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Norvir CAPSULE 100 MG ORAL	1	NF	CMS Required Deletion	N/A
Onfi SUSPENSION 2.5 MG/ML ORAL	1 + PA2	NF	Formulary Update	clobazam 2.5mg/ml, 1 + PA2
Onfi TABLET 10 MG Oral	1 + QL 60 + PA2	NF	Formulary Update	clobazam 10mg, 1 + QL 60 + PA2
Onfi TABLET 20 MG Oral	1 + QL 60 + PA2	NF	Formulary Update	clobazam 20mg, 1 + QL 60 + PA2
Orilissa Tablet 150 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Orilissa Tablet 200 MG Oral	NF	1 + PA1	Formulary Enhancement	N/A
Orkambi Packet 100-125 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Orkambi Packet 150-188 MG Oral	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Periogard Solution 0.12 % Mouth/Throat	1	NF	CMS Required Deletion	N/A
Pifeltro Tablet 100 MG Oral	NF	1	Formulary Enhancement	N/A
Sodium Chloride Solution 2.5 MEQ/ML Injection	1	NF	CMS Required Deletion	N/A
Symtuza Tablet 800-150-200-10 MG Oral	NF	1	Formulary Enhancement	N/A
Takhyro Solution 300 MG/2ML Subcutaneous	NF	1 + PA1 + LA	Formulary Enhancement	N/A
Talzenna Capsule 0.25 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Talzenna Capsule 1 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/1.25GM (1.62%) Transdermal	NF	1 + PA2	Formulary Enhancement	N/A
Testosterone Gel 20.25 MG/ACT (1.62%) Transdermal	NF	1 + PA2	Formulary Enhancement	N/A
Testosterone Gel 40.5 MG/2.5GM (1.62%) Transdermal	NF	1 + PA2	Formulary Enhancement	N/A
Tibsovo Tablet 250 MG Oral	NF	1 + PA2 + LA	Formulary Enhancement	N/A
Tiglutik Suspension 50 MG/10ML Oral	NF	1 + PA1	Formulary Enhancement	N/A
Triamcinolone Acetonide Aerosol 55 MCG/ACT Nasal	1	NF	CMS Required Deletion	N/A

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Vancomycin HCl Solution Reconstituted 250 MG Intravenous	NF	1 + BvD	Formulary Enhancement	N/A
Versacloz Suspension 50 MG/ML Oral	1 + PA2	NF	CMS Required Deletion	N/A
Vizimpro Tablet 15 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Vizimpro Tablet 30 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Vizimpro Tablet 45 MG Oral	NF	1 + QL 30 + PA2	Formulary Enhancement	N/A
Welchol Packet 3.75 GM Oral	1	NF	Formulary Update	colesevelam hydrochloride 3750mg, 1
Xarelto Tablet 2.5 MG Oral	NF	1	Formulary Enhancement	N/A
Xofluza Tablet Therapy Pack 20 (2) MG Oral	NF	1	Formulary Enhancement	N/A
Xofluza Tablet Therapy Pack 40 (2) MG Oral	NF	1	Formulary Enhancement	N/A
Xolair Solution Prefilled Syringe 150 MG/ML Subcutaneous	NF	1 + QL 6/28 + PA1 + LA	Formulary Enhancement	N/A
Xolair Solution Prefilled Syringe 75 MG/0.5ML Subcutaneous	NF	1 + QL 6/28 + PA1 + LA	Formulary Enhancement	N/A
Zortress Tablet 1 MG Oral	NF	1 + PA2	Formulary Enhancement	N/A
Zytiga TABLET 250 MG ORAL	1 + QL 120 + PA2	NF	Formulary Update	abiraterone acetate 250mg, 1 + QL 120 + PA2

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