

# Formulary Addendum as of January 1, 2019

## Additions

Drug Name	Tier	Notes	Effective Date
CIMDUO TAB 300MG-300MG	5	QL (30 per 30 days)	1/ 1/19
HUMIRA PEN KIT CD/UC/HS	5	PA	1/ 1/19
HUMIRA PEN KIT PS/UV	5	PA	1/ 1/19
<i>incassia tab 0.35mg</i>	1	GAP	1/ 1/19
XELJANZ TAB 10MG	5	PA	1/ 1/19
ZENPEP CAP 614000UNIT-3000UNIT-10000UNIT	3		1/ 1/19
ZENPEP CAP 63000UNIT-15000UNIT-47000UNIT	3		1/ 1/19

## Deletions

Affected Drug	Description of Change	Reason for Change	Alternative Drug	Tier	Notes	Effective
<i>ketoprofen cap 75mg</i>	Deletion	CMS Mandated Deletion	please consult with your doctor			1/ 1/19
QVAR AER 40MCG/ACT	Deletion	CMS Mandated Deletion	please consult with your doctor			1/ 1/19
QVAR AER 80MCG/ACT	Deletion	CMS Mandated Deletion	please consult with your doctor			1/ 1/19
<i>vestura tab 3mg-0.02mg</i>	Deletion	CMS Mandated Deletion	please consult with your doctor			1/ 1/19
ZENPEP CAP 105000UNIT-25000UNIT-79000UNIT	Deletion	CMS Mandated Deletion	please consult with your doctor			1/ 1/19
ZENPEP CAP 14000UNIT-3000UNIT-10000UNIT	Deletion	CMS Mandated Deletion	please consult with your doctor			1/ 1/19
ZENPEP CAP 24000UNIT-5000UNIT-17000UNIT	Deletion	CMS Mandated Deletion	please consult with your doctor			1/ 1/19
ZENPEP CAP 63000UNIT-15000UNIT-47000UNIT	Deletion	CMS Mandated Deletion	please consult with your doctor			1/ 1/19

## Tier Changes

Affected Drug	Tier*	Notes	Effective Date
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\* Lower cost sharing tier

## Requirement Changes

Drug Name	Tier	Notes	EffDate
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**January 1, 2019 - Rx, RxCh, MetroPr, MetroPrCh**

ID: 19400 Version: 7

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QL= Quantity Limits Apply, ST= Step Therapy Applies, PA= Prior Authorization Applies, GAP= We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. LA = Limited Access