

Inter Valley Health Plan may add or remove drugs from our formulary during the year. If we remove a drug from our formulary, add prior authorization, quantity limits and/or step therapy restrictions or move a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective. However, if the U.S. Food and Drug Administration (FDA) determines a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary. The table below outlines changes made to our formulary throughout 2011.

2011 FORMULARY ADDITIONS UPDATE AS OF JUNE 1, 2011:

Formulary additions, reductions in preferred or tiered cost-sharing status, or removal
 of Utilization Management to an existing formulary drug

Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
APIDRA INJ	INSULIN GLULISINE	Addition	5/1/2011	4	
JALYN CAP	DUTASTERIDE and TAMSULOSIN	Addition	5/1/2011	3	Quantity Limit (30 capsules per 30 days)
KOMBIGLYZE TAB	SAXAGLIPTIN and METFORMIN	Addition	5/1/2011	3	Quantity Limit (30 tablets per 30 days)
LATUDA TAB	LURASIDONE	Addition	5/1/2011	4	Quantity Limit (30 tablets per 30 days)
ONGLYZA TAB	SAXAGLIPTIN	Move to Tier 3	5/1/2011	3	Quantity Limit (30 tablets per 30 days)

QL = Quantity Limit, PA = Prior Authorization, ST = Step Therapy;
 Covered drug is indicated in bold.

SANCTURA XR CAP 60MG	TROSPIUM	Addition	5/1/2011	4	Quantity Limit (30 capsules per 30 days)
AFINITOR TAB 2.5MG	EVEROLIMUS	Addition	4/1/2011	5	Prior Authorization Required, Quantity Limit (120 tablets per 30 days)
ANASTROZOLE TAB	ANASTROZOLE TAB	Addition	4/1/2011	1	
ASACOL TAB	MESALAMINE	Addition	4/1/2011	4	
AZASITE SOL 1%	AZITHROMYCIN	Addition	4/1/2011	4	
FAZACLO TAB 150MG	CLOZAPINE	Addition	4/1/2011	4	Quantity Limit (120 tablets per 30 days)
FAZACLO TAB 200MG	CLOZAPINE	Addition	4/1/2011	4	Quantity Limit (90 tablets per 30 days)
IPRATROPIUM SOL INHAL	IPRATROPIUM BROMIDE	Addition	4/1/2011	2	Prior Authorization Required
JEVTANA INJ 60/1.5ML	CABAZITAXEL	Addition	4/1/2011	5	Prior Authorization Required

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LOSARTAN	COZAAR	Addition	4/1/2011	1	Quantity Limit (30 tablets per 30 days)
LOSARTAN/HCT TAB	HYZAAR	Addition	4/1/2011	1	Quantity Limit (30 tablets per 30 days)
LUMIGAN SOL 0.01%	BIMATOPROST	Addition	4/1/2011	4	Quantity Limit (8ml per 30 days)
LUTERA TAB	LEVONORGESTREL and ETHINYL ESTRADIOL	Move to Tier 1	4/1/2011	1	
MENVEO INJ	MENINGOCOCCAL VACCINE	Addition	4/1/2011	4	Prior Authorization Required
PANTOPRAZOLE TAB	PANTOPRAZOLE	Remove Step	4/1/2011	1	Quantity Limit (30 tablets per 30 days)
PRADAXA CAP	DABIGATRAN	Addition	4/1/2011	4	Prior Authorization Required, Quantity Limit (60 capsules per 30 days)
PREZISTA TAB 150MG	DARUNAVIR	Addition	4/1/2011	4	
PROAIR HFA AER	ALBUTEROL	Addition	4/1/2011	3	

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PROMACTA TAB 75MG	ELTROMBOPAG	Addition	4/1/2011	3	
PROVENTIL AER HFA	ALBUTEROL	Addition	4/1/2011	3	
TEKAMLO	ALISKIREN and AMLODIPINE	Addition	4/1/2011	4	Quantity Limit (30 tablets per 30 days)
TOBRAMYCIN SOL 0.3% OP	TOBRAMYCIN	Move to Tier 1	4/1/2011	1	
TOBRASOL SOL 0.3% OP	TOBRAMYCIN	Move to Tier 1	4/1/2011	1	
TWINRIX INJ	HEPATITIS A and HEPATITIS B	Remove Prior Authorization	4/1/2011	4	
ZORTRESS TAB 0.25MG	EVEROLIMUS	Addition	4/1/2011	4	Prior Authorization Required
ZORTRESS TAB 0.5MG & 0.75MG	EVEROLIMUS	Addition	4/1/2011	5	Prior Authorization Required
ZYMAXID SOL 0.5%	GATIFLOXACIN	Addition	4/1/2011	4	
COMBIVENT AER	IPRATROPIUM BROMIDE and ALBUTEROL	Addition to Tier 3	1/1/2011	3	

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