

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 2010.

2010 FORMULARY ADDITIONS UPDATE AS OF NOVEMBER 1, 2010:

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
ZORTRESS TAB 0.25MG	EVEROLIMUS	Addition	11/1/10	5	Prior Authorization required
ZORTRESS TAB 0.5MG	EVEROLIMUS	Addition	11/1/10	7	Prior Authorization required
ZORTRESS TAB 0.75MG	EVEROLIMUS	Addition	11/1/10	7	Prior Authorization required

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LOSARTAN POTASSIUM TAB 25MG	COZAAR	Move to Tier 1	10/1/10	1	QL (30 tabs per 30 days)
LOSARTAN POTASSIUM TAB 50MG	COZAAR	Move to Tier 1	10/1/10	1	QL (30 tabs per 30 days)
LOSARTAN POTASSIUM TAB 100MG	COZAAR	Move to Tier 1	10/1/10	1	QL (30 tabs per 30 days)
LOSARTAN/HCTZ 50-12.5MG TAB	HYZAAR	Move to Tier 1	10/1/10	1	QL (30 tabs per 30 days)
LOSARTAN/HCTZ 100-12.5MG TAB	HYZAAR	Move to Tier 1	10/1/10	1	QL (30 tabs per 30 days)
LOSARTAN/HCTZ 100-25MG TAB	HYZAAR	Move to Tier 1	10/1/10	1	QL (30 tabs per 30 days)
VENLAFAXINE 37.5MG CAP	EFFEXOR XR	Addition	10/1/10	2	QL (30 tabs per 30 days)
VENLAFAXINE 75MG CAP	EFFEXOR XR	Addition	10/1/10	2	QL (30 tabs per 30 days)
VENLAFAXINE 150 MG CAP	EFFEXOR XR	Addition	10/1/10	2	QL (30 tabs per 30 days)
PANCREAZE CAP 10500	PANCREAZE	Addition	9/1/10	4	

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UNT					
PANCREAZE CAP 16800 UNT	PANCREAZE	Addition	9/1/10	4	
PANCREAZE CAP 21000 UNT	PANCREAZE	Addition	9/1/10	4	
PANCREAZE CAP 4200 UNIT	PANCREAZE	Addition	9/1/10	4	
VIMPAT SOL 10MG/ML	LACOSAMIDE	Addition	9/1/10	5	
MOZOBIL INJ	PLERIXAFOR	Addition	9/1/10	7	Prior Authorization required
VPRIV INJ 400UNIT	VELAGLUCERASE	Addition	9/1/10	7	Prior Authorization required
LOSARTAN POTASSIUM TAB 25MG	COZAAR	Addition	8/1/10	2	QL (30 tabs per 30 days)
LOSARTAN POTASSIUM TAB 50MG	COZAAR	Addition	8/1/10	2	QL (30 tabs per 30 days)
LOSARTAN POTASSIUM	COZAAR	Addition	8/1/10	2	QL (30 tabs per 30

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TAB 100MG					days)
LOSARTAN/HCTZ 50-12.5MG TAB	HYZAAR	Addition	8/1/10	2	QL (30 tabs per 30 days)
LOSARTAN/HCTZ 100-12.5MG TAB	HYZAAR	Addition	8/1/10	2	QL (30 tabs per 30 days)
LOSARTAN/HCTZ 100-25MG TAB	HYZAAR	Addition	8/1/10	2	QL (30 tabs per 30 days)
HYDROCHLOROTHIAZIDE 12.5MG TAB	HYDROCHLOROTHIAZIDE	Addition	8/1/10	1	
IXIARO INJ	JAPANESE ENCEPHALITIS VACCINE	Addition to Tier-6	7/1/10	6	PA
DILTIAZEM ER TAB 180MG/24	CARDIZEM ER	Addition to Tier-1	7/1/10	1	
DILTIAZEM ER TAB 240MG/24	DILTIAZEM ER	Addition to Tier-1	7/1/10	1	
DILTIAZEM ER TAB 300MG/24	DILTIAZEM ER	Addition to Tier-1	7/1/10	1	
DILTIAZEM ER TAB 360MG/24	DILTIAZEM ER	Addition to Tier-1	7/1/10	1	

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DILTIAZEM ER TAB 420MG/24	DILTIAZEM ER	Addition to Tier-1	7/1/10	1	
ZENPEP CAP 5000 UNIT	PANCRELIPASE	Addition to Tier-4	7/1/10	4	
ZENPEP CAP 10000 UNIT	PANCRELIPASE	Addition to Tier-4	7/1/10	4	
ZENPEP CAP 15000 UNIT	PANCRELIPASE	Addition to Tier-4	7/1/10	4	
ZENPEP CAP 20000 UNIT	PANCRELIPASE	Addition to Tier-4	7/1/10	4	
TAMSULOSIN CAP 0.4MG	FLOMAX	Addition to Tier-2	7/1/10	2	QL (60 tabs per 30 days)
MEPROBAMATE TAB 200MG	MEPROBAMATE	Addition to Tier-1	7/1/10	1	
LEVETIRACETA TAB 250MG	KEPPRA	Addition to Tier-2	7/1/10	2	
LEVETIRACETA TAB 500MG	KEPPRA	Addition to Tier-2	7/1/10	2	
LEVETIRACETA TAB 750MG	KEPPRA	Addition to Tier-2	7/1/10	2	
LEVETIRACETA TAB 1000MG	KEPPRA	Addition to Tier-2	7/1/10	2	
LEVETIRACETA SOL	KEPPRA	Addition to Tier-2	7/1/10	2	

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100MG/ML					
ARZERRA CON 100/5ML	OFATUMUMAB	Addition to Tier-7	6/1/10	7	PA
VOTRIENT TAB 200MG	PAZOPANIB	Addition to Tier-7	6/1/10	7	PA
PLAN B TAB 0.75MG	LEVONORGESTREL	Addition to Tier-1	6/1/10	1	
PRAVASTATIN TAB 10MG	PRAVACHOL	Moved from Tier-2 to Tier-1	6/1/10	1	QL (30 tabs per 30 days)
PRAVASTATIN TAB 20MG	PRAVACHOL	Moved from Tier-2 to Tier-1	6/1/10	1	QL (30 tabs per 30 days)
PRAVASTATIN TAB 40MG	PRAVACHOL	Moved from Tier-2 to Tier-1	6/1/10	1	QL (30 tabs per 30 days)
PRAVASTATIN TAB 80MG	PRAVACHOL	Moved from Tier-2 to Tier-1	6/1/10	1	QL (30 tabs per 30 days)
ADVAIR HFA AER 45/21	FLUTICASONE / SALMETEROL	Moved from Tier-5 to Tier-4	6/1/10	4	
ADVAIR HFA AER 115/21	FLUTICASONE / SALMETEROL	Moved from Tier-5 to Tier-4	6/1/10	4	
ADVAIR HFA AER 230/21	FLUTICASONE / SALMETEROL	Moved from Tier-5 to Tier-4	6/1/10	4	
ADVAIR DISKU MIS 100/50	FLUTICASONE / SALMETEROL	Moved from Tier-5	6/1/10	4	

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		to Tier-4			
ADVAIR DISKU MIS 250/50	FLUTICASONE / SALMETEROL	Moved from Tier-5 to Tier-4	6/1/10	4	
ADVAIR DISKU MIS 500/50	FLUTICASONE / SALMETEROL	Moved from Tier-5 to Tier-4	6/1/10	4	
ZYPREXA RELP INJ 405MG	OLANZAPINE	Addition to Tier-6	6/1/10	6	
VALCYTE SOL 50MG/ML	VALGANCICLOVIR	Addition to Tier-5	5/1/10	5	
ISTODAX INJ 10MG	ROMIDEPSIN	Addition to Tier-7	5/1/10	7	
SOMATULINE INJ 60/0.2ML	LANREOTIDE	Addition to Tier-7	5/1/10	7	PA
WELCHOL PAK 3.75GM	COLESEVELAM	Addition to Tier-5	5/1/10	5	
ENBREL INJ 25/0.5ML	ETANERCEPT	Addition to Tier-7	5/1/10	7	PA, QL (16 units per 30 days)
PHENYTOIN EX CAP 200MG	DILANTIN	Addition to Tier-1	5/1/10	1	
PHENYTOIN EX CAP 300MG	DILANTIN	Addition to Tier-1	5/1/10	1	
DIOVAN TAB 40MG	VALSARTAN	Moved from Tier-5 to Tier-3	4/1/10	3	QL (30 tabs per 30 days)

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DIOVAN TAB 80MG	VALSARTAN	Moved from Tier-5 to Tier-3	4/1/10	3	QL (30 tabs per 30 days)
DIOVAN TAB 160MG	VALSARTAN	Moved from Tier-5 to Tier-3	4/1/10	3	QL (30 tabs per 30 days)
DIOVAN TAB 320MG	VALSARTAN	Moved from Tier-5 to Tier-3	4/1/10	3	QL (30 tabs per 30 days)
DIOVAN HCT TAB 80/12.5	VALSARTAN/HYDROCHLOROTHIAZIDE	Moved from Tier-5 to Tier-3	4/1/10	3	QL (30 tabs per 30 days)
DIOVAN HCT TAB 160/12.5	VALSARTAN/HYDROCHLOROTHIAZIDE	Moved from Tier-5 to Tier-3	4/1/10	3	QL (30 tabs per 30 days)
DIOVAN HCT TAB 160/25MG	VALSARTAN/HYDROCHLOROTHIAZIDE	Moved from Tier-5 to Tier-3	4/1/10	3	QL (30 tabs per 30 days)
DIOVAN HCT TAB 320/12.5	VALSARTAN/HYDROCHLOROTHIAZIDE	Moved from Tier-5 to Tier-3	4/1/10	3	QL (30 tabs per 30 days)
DIOVAN HCT TAB 320/25MG	VALSARTAN/HYDROCHLOROTHIAZIDE	Moved from Tier-5 to Tier-3	4/1/10	3	QL (30 tabs per 30 days)
FEXOFENADINE TAB 180MG	ALLEGRA	Moved from Tier-2 to Tier-1	4/1/10	1	QL (30 tabs per 30 days)
NIZATIDINE SOL 15MG/ML	AXID	Addition to Tier-1	4/1/10	1	
VENLAFAXINE TAB	EFFEXOR XR	Addition to Tier-4	4/1/10	4	

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37.5MG					
VENLAFAXINE TAB 75MG	EFFEXOR XR	Addition to Tier-4	4/1/10	4	
VENLAFAXINE TAB 150MG	EFFEXOR XR	Addition to Tier-4	4/1/10	4	
VENLAFAXINE TAB 225MG	EFFEXOR XR	Addition to Tier-4	4/1/10	4	
FANAPT TAB 1MG	ILOERIDONE	Addition to Tier-5	4/1/10	5	
FANAPT TAB 2MG	ILOERIDONE	Addition to Tier-5	4/1/10	5	
FANAPT TAB 4MG	ILOERIDONE	Addition to Tier-5	4/1/10	5	
FANAPT TAB 6MG	ILOERIDONE	Addition to Tier-5	4/1/10	5	
FANAPT TAB 8MG	ILOERIDONE	Addition to Tier-5	4/1/10	5	
FANAPT TAB 10MG	ILOERIDONE	Addition to Tier-5	4/1/10	5	
FANAPT TAB 12MG	ILOERIDONE	Addition to Tier-5	4/1/10	5	
FANAPT PAK	ILOERIDONE	Addition to Tier-5	4/1/10	5	
INVEGA SUST INJ 39/0.25	PALIPERIDONE	Addition to Tier-5	4/1/10	5	
INVEGA SUST INJ 117/0.75	PALIPERIDONE	Addition to Tier-5	4/1/10	5	
INVEGA SUST INJ 156MG/ML	PALIPERIDONE	Addition to Tier-5	4/1/10	5	

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INVEGA SUST INJ 234/1.5	PALIPERIDONE	Addition to Tier-5	4/1/10	5	
INVEGA SUST INJ 78/0.5ML	PALIPERIDONE	Addition to Tier-5	4/1/10	5	
MORPHINE SUL SOL 20MG/ML	MORPHINE	Addition to Tier-1	4/1/10	1	
NAPROXEN SOD TAB 275MG	NAPROXEN	Addition to Tier-1	4/1/10	1	
NAPROXEN SOD TAB 550MG	NAPROXEN	Addition to Tier-1	4/1/10	1	
TIMOLOL GEL SOL 0.25% OP	TIMOPTIC-XE	Addition to Tier-1	4/1/10	1	
TIMOLOL GEL SOL 0.5% OP	TIMOPTIC-XE	Addition to Tier-1	4/1/10	1	
CICLOPIROX SHA 1%	LOPROX SHAM 1%	Addition to Tier-2	4/1/10	2	
INVEGA TAB 1.5MG	PALIPERIDONE	Addition to Tier-5	3/1/10	5	QL (60 tabs per 30 days)

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