

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.

**THERE ARE NO CHANGES TO THE 2010 FORMULARY FOR 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
<b>NO CHANGE</b>			11/1/10		
<b>POTASSIUM CHLORIDE TAB ER 10MEQ</b>	KLOR-CON	Addition to Tier-1	3/25/10	1	
<b>INVEGA TAB 1.5MG</b>	PALIPERIDONE	Addition to Tier-4	3/26/10	4	QL (60 tabs per 30 days)
<b>FANAPT TAB PAK</b>	ILOPERIDONE	Addition to Tier-5	3/30/10	5	
<b>FANAPT TAB 10MG</b>	ILOPERIDONE	Addition to Tier-5	3/30/10	5	

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<b>FANAPT TAB 12MG</b>	ILOPERIDONE	Addition to Tier-5	3/30/10	5	
<b>FANAPT TAB 1MG</b>	ILOPERIDONE	Addition to Tier-5	3/30/10	5	
<b>FANAPT TAB 2MG</b>	ILOPERIDONE	Addition to Tier-5	3/30/10	5	
<b>FANAPT TAB 4MG</b>	ILOPERIDONE	Addition to Tier-5	3/30/10	5	
<b>FANAPT TAB 6MG</b>	ILOPERIDONE	Addition to Tier-5	3/30/10	5	
<b>FANAPT TAB 8MG</b>	ILOPERIDONE	Addition to Tier-5	3/30/10	5	
<b>TWYNSTA TAB 40MG/10MG</b>	TELMISARTAN/AMLODIPINE	Addition to Tier-3	3/30/10	3	QL (30 tabs per 30 days)
<b>TWYNSTA TAB 40MG/5MG</b>	TELMISARTAN/AMLODIPINE	Addition to Tier-3	3/30/10	3	QL (30 tabs per 30 days)

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<b>TWYNSTA TAB 80MG/10MG</b>	TELMISARTAN/AMLODIPINE	Addition to Tier-3	3/30/10	3	QL (30 tabs per 30 days)
<b>TWYNSTA TAB 80MG/5MG</b>	TELMISARTAN/AMLODIPINE	Addition to Tier-3	3/30/10	3	QL (30 tabs per 30 days)
<b>RISPERIDONE TAB ODT 0.25MG</b>	RISPERDAL M	Addition to Tier-2	3/30/10	2	QL (60 tabs per 30 days)
<b>RISPERIDONE TAB ODT 0.5MG</b>	RISPERDAL M	Addition to Tier-2	3/30/10	2	QL (60 tabs per 30 days)
<b>RISPERIDONE TAB ODT 1MG</b>	RISPERDAL M	Addition to Tier-2	3/30/10	2	QL (60 tabs per 30 days)
<b>RISPERIDONE TAB ODT 2MG</b>	RISPERDAL M	Addition to Tier-2	3/30/10	2	QL (60 tabs per 30 days)
<b>RISPERIDONE TAB ODT 3MG</b>	RISPERDAL M	Addition to Tier-2	3/30/10	2	QL (60 tabs per 30 days)
<b>RISPERIDONE TAB ODT 4MG</b>	RISPERDAL M	Addition to Tier-2	3/30/10	2	QL (120 tabs per 30 days)
<b>VALTURNA TAB 150MG/160MG</b>	ALISKIREN/VALSARTAN	Addition to Tier-3	3/30/10	3	QL (30 tabs per 30 days)

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<b>VALTURNA 300MG/320MG</b>	ALISKIREN/VALSARTAN	Addition to Tier-3	3/30/10	3	QL (30 tabs per 30 days)
<b>ACTIVELLA TAB 1MG/0.5MG</b>	ESTRADIOL/NORETHINDRONE	Addition to Tier-3	3/30/10	3	
<b>GLYCRON TAB 4.5MG</b>	GLYBURIDE	Addition to Tier-1	3/30/10	1	
<b>GYNODIOL TAB 1.5MG</b>	ESTRADIOL	Addition to Tier-1	3/30/10	1	
<b>SEROQUEL TAB XR 150MG</b>	QUETIAPINE ER	Addition to Tier-3	4/20/10	3	QL (30 tabs per 30 days)
<b>SEROQUEL TAB XR 50MG</b>	QUETIAPINE ER	Addition to Tier-3	4/20/10	3	QL (60 tabs per 30 days)
<b>EFFIENT TAB 10MG</b>	PRASUGREL	Addition to Tier-3	4/27/10	3	
<b>EFFIENT TAB 5MG</b>	PRASUGREL	Addition to Tier-3	4/27/10	3	
<b>TEKTURNA TAB 150MG</b>	ALISKIREN	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)

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<b>TEKTURNA TAB 300MG</b>	ALISKIREN	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)
<b>TEKTURNA HCT TAB 150MG/12.5MG</b>	ALISKIREN/HYDROCHLOROTHIAZIDE	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)
<b>TEKTURNA HCT TAB 150MG/25MG</b>	ALISKIREN/HYDROCHLOROTHIAZIDE	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)
<b>TEKTURNA HCT TAB 300MG/12.5MG</b>	ALISKIREN/HYDROCHLOROTHIAZIDE	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)
<b>TEKTURNA HCT TAB 300MG/25MG</b>	ALISKIREN/HYDROCHLOROTHIAZIDE	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)
<b>DIOVAN TAB 160MG</b>	VALSARTAN	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)
<b>DIOVAN TAB 320MG</b>	VALSARTAN	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)
<b>DIOVAN TAB 40MG</b>	VALSARTAN	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)
<b>DIOVAN TAB 80MG</b>	VALSARTAN	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)

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<b>DIOVAN HCT TAB 160MG/12.5MG</b>	VALSARTAN/HYDROCHLOROTHIAZIDE	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)
<b>DIOVAN HCT TAB 160MG/25MG</b>	VALSARTAN/HYDROCHLOROTHIAZIDE	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)
<b>DIOVAN HCT TAB 320MG/12.5MG</b>	VALSARTAN/HYDROCHLOROTHIAZIDE	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)
<b>DIOVAN HCT TAB 320MG/25MG</b>	VALSARTAN/HYDROCHLOROTHIAZIDE	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)
<b>DIOVAN HCT TAB 80MG/12.5MG</b>	VALSARTAN/HYDROCHLOROTHIAZIDE	Removal of Step Therapy	4/27/10	3	QL (30 tabs per 30 days)
<b>ARZERRA INJ 100MG/5ML</b>	OFATUMUMAB	Addition to Tier-6	3/29/10	6	Prior Auth required
<b>FIRMAGON INJ 120MG</b>	DEGARELIX ACETATE	Addition to Tier-6	3/29/10	6	QL ( 2 per 30 days), Prior Authorization Required
<b>FIRMAGON INJ 80MG</b>	DEGARELIX ACETATE	Addition to Tier-6	3/29/10	6	QL ( 2 per 30 days), Prior Authorization Required

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<b>INVEGA SUSTENNA INJ 117MG/0.75ML</b>	PALIPERIDONE	Addition to Tier-6	3/29/10	6	Prior Auth required
<b>INVEGA SUSTENNA INJ 156MG/1ML</b>	PALIPERIDONE	Addition to Tier-6	3/29/10	6	Prior Auth required
<b>INVEGA SUSTENNA INJ 234MG/1.5ML</b>	PALIPERIDONE	Addition to Tier-6	3/29/10	6	Prior Auth required
<b>INVEGA SUSTENNA INJ 39MG/0.25ML</b>	PALIPERIDONE	Addition to Tier-5	3/29/10	5	Prior Auth required
<b>INVEGA SUSTENNA INJ 78MG/0.5ML</b>	PALIPERIDONE	Addition to Tier-5	3/29/10	5	Prior Auth required
<b>VOTRIENT TAB 200MG</b>	PAZOPANIB	Addition to Tier-6	3/29/10	6	Prior Auth required
<b>ZYPREXA RELPREVV INJ 405MG</b>	OLANZAPINE	Addition to Tier-6	6/8/10	6	QL ( 1 per 28 days), Prior Auth Required

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