

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 affected members in writing 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 drug formulary and notify affected members retrospectively in writing. The table below outlines changes made to our formulary throughout 2022.

**2022 FORMULARY ADDITIONS UPDATE AS OF OCTOBER 1, 2022:**

**VERSION: 21**  
**FORMULARY ID: 22500**

**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
ALOG/PIOGLIP TAB 12.5-15	OSENI	DELETION	10/1/2022	4	
BRIMO/TIMOLO SOL 0.2/0.5%	COMBIGAN	ADDITION	10/1/2022	2	
ABACAV/LAMIV TAB /ZIDOVUD	TRIZIVIR	DELETION	9/1/2022	5	Q/L (60/30)
CHANTIX PAK 0.5& 1MG	VARENICLINE (SYSTEMIC) TARTRATE	DELETION	9/1/2022	3	Q/L (60/30)
CHANTIX PAK 1MG	VARENICLINE (SYSTEMIC) TARTRATE	DELETION	9/1/2022	3	Q/L (60/30)
CHANTIX TAB 0.5MG	VARENICLINE (SYSTEMIC) TARTRATE	DELETION	9/1/2022	3	Q/L (60/30)
CHANTIX TAB 1MG	VARENICLINE (SYSTEMIC) TARTRATE	DELETION	9/1/2022	3	Q/L (60/30)
FLUTAMIDE CAP 125MG	EULEXIN	DELETION	9/1/2022	2	
LACOSAMIDE SOL 10MG/ML	VIMPAT	ADDITION	9/1/2022	4	Q/L (1200/30)
QVAR REDIIHA AER 80MCG	BECLOMETHASONE DIPROPIONATE	UPDATE	9/1/2022	3	
QVAR REDIIHAL AER 40MCG	BECLOMETHASONE DIPROPIONATE	UPDATE	9/1/2022	3	
STIOLTO AER 2.5-2.5	TIOTROPIUM & OLODATEROL	UPDATE	9/1/2022	3	
TRIZIVIR TAB	ABACAVIR, LAMIVUDINE & ZIDOVUDINE	ADDITION	9/1/2022	5	Q/L (60/30)
UKONIQ 200 MG ORAL TABLET	UMBRALISIB TOSYLATE	DELETION	9/1/2022	5	PA

**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
VIJOICE TAB 125MG	ALPELISIB	ADDITION	9/1/2022	5	PA
VIJOICE TAB 250MG	ALPELISIB	ADDITION	9/1/2022	5	PA
VIJOICE TAB 50MG	ALPELISIB	ADDITION	9/1/2022	5	PA
VONJO CAP 100MG	PACRITINIB CITRATE	ADDITION	9/1/2022	5	PA
LITHIUM SOL 8MEQ/5ML	LITHIUM	DELETION	7/1/2022	3	
OZEMPIC INJ 2/1.5ML	SEMAGLUTIDE	DELETION	7/1/2022	4	
QVAR REDIIHA AER 80MCG	BECLOMETHASONE DIPROPIONATE	ADDITION	7/1/2022	3	Q/L (1/30)
QVAR REDIIHAL AER 40MCG	BECLOMETHASONE DIPROPIONATE	ADDITION	7/1/2022	3	Q/L (1/30)
RABEPRAZOLE TAB 20MG	ACIPHEX	ADDITION	7/1/2022	2	
SIKLOS TAB 1000MG	HYDROXYUREA	ADDITION	7/1/2022	4	PA
SIKLOS TAB 100MG	HYDROXYUREA	ADDITION	7/1/2022	4	PA
STIOLTO AER 2.5-2.5	TIOTROPIUM AND OLODATEROL	ADDITION	7/1/2022	3	Q/L (1/30)
TRIUMEQ PD TAB	ABACAVIR, DOLUTEGRAVIR AND LAMIVUDINE	ADDITION	7/1/2022	5	
ESZOPICLONE TAB 1MG	LUNESTA	ADDITION	6/1/2022	2	
ESZOPICLONE TAB 2MG	LUNESTA	ADDITION	6/1/2022	2	
ESZOPICLONE TAB 3MG	LUNESTA	ADDITION	6/1/2022	2	
FARYDAK CAP 10MG	PANOBINOSTAT	DELETION	6/1/2022	4	PA, Q/L (60/30)
FARYDAK CAP 15MG	PANOBINOSTAT	DELETION	6/1/2022	4	PA, Q/L (60/30)
FARYDAK CAP 20MG	PANOBINOSTAT	DELETION	6/1/2022	4	PA, Q/L (30/30)
GAVILYTE-N SOL FLAV PK	POLYETHYLENE GLYCOL-ELECTROLYTE SOLUTION	DELETION	6/1/2022	2	
INVIRASE TAB 500MG	SAQUINAVIR	DELETION	6/1/2022	5	Q/L (120/30)
KINRIX INJ	DIPHTHERIA AND TETANUS TOXOIDS, ACELLULAR PERTUSSIS, AND POLIOVIRUS VACCINE	DELETION	6/1/2022	4	
LACOSAMIDE TAB 100MG	VIMPAT	ADDITION	6/1/2022	4	Q/L (60/30)

**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
LACOSAMIDE TAB 150MG	VIMPAT	ADDITION	6/1/2022	4	Q/L (60/30)
LACOSAMIDE TAB 200MG	VIMPAT	ADDITION	6/1/2022	4	Q/L (60/30)
LACOSAMIDE TAB 50MG	VIMPAT	ADDITION	6/1/2022	4	Q/L (60/30)
LLENALIDOMIDE CAP 10MG	REVLIMID	ADDITION	6/1/2022	4	PA, Q/L (60/30)
LLENALIDOMIDE CAP 15MG	REVLIMID	ADDITION	6/1/2022	4	PA, Q/L (30/30)
LLENALIDOMIDE CAP 25MG	REVLIMID	ADDITION	6/1/2022	4	PA, Q/L (30/30)
LLENALIDOMIDE CAP 5MG	REVLIMID	ADDITION	6/1/2022	4	PA, Q/L (150/30)
TEMIXYS TAB 300-300	LAMIVUDINE AND TENOFOVIR DISOPROXIL FUMARATE	DELETION	6/1/2022	4	Q/L (30/30)
VIEKIRA PAK TAB	OMBITASVIR, PARITAPREVIR, RITONAVIR, AND DASABUVIR	DELETION	6/1/2022	5	PA
ADAPALENE GEL 0.1%	DIFFERIN	DELETION	5/1/2022	2	
ARANESP INJ 300MCG	DARBEPOETIN ALFA	DELETION	5/1/2022	5	PA
MARAVIROC TAB 150MG	SELZENTRY	ADDITION	5/1/2022	5	
MARAVIROC TAB 300MG	SELZENTRY	ADDITION	5/1/2022	5	
MAVYRET PAK 50-20MG	GLECAPREVIR/PIBRENTASVIR	ADDITION	5/1/2022	3	PA
TALZENNA CAP 0.5MG	TALAZOPARIB	ADDITION	5/1/2022	5	PA
TALZENNA CAP 0.75MG	TALAZOPARIB	ADDITION	5/1/2022	5	PA
BIKTARVY TAB	BICTEGRAVIR, EMTRICITABINE, AND TENOFOVIR ALAFENAMIDE	ADDITION	4/1/2022	4	
HEPATAMINE SOL 8%	AMINO ACID	DELETION	4/1/2022	4	PA
INTRON A INJ 18MU	INTERFERON ALFA-2b	DELETION	4/1/2022	5	PA
IPRATROPIUM/ALBUTER SOL	IPRATROPIUM/ALBUTER SOL	ADDITION	4/1/2022	2	PA

**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
SIKLOS TAB 1000MG	HYDROXYUREA	DELETION	4/1/2022	5	PA
SIKLOS TAB 100MG	HYDROXYUREA	DELETION	4/1/2022	4	PA
TRI-PREVIFEM TAB	ETHINYL ESTRADIOL AND NORGESTIMATE	DELETION	4/1/2022	2	
BESREMI SOL 500MCG	ROPEGINTERFERON ALFA-2b	ADDITION	3/1/2022	5	PA
EPRONTIA SOL 25MG/ML	TOPIRAMATE	ADDITION	3/1/2022	4	
EVEROLIMUS TAB 0.5 MG	ZORTRESS	UPDATED	3/1/2022	2	PA, Q/L (60/30)
EVEROLIMUS TAB 0.75MG	ZORTRESS	UPDATED	3/1/2022	2	PA, Q/L (60/30)
EVEROLIMUS TAB 1MG	ZORTRESS	ADDITION	3/1/2022	2	PA, Q/L (60/30)
EXKIVITY CAP 40MG	MOBOCERTINIB SUCCINATE	ADDITION	3/1/2022	5	PA
SCSEMBLIX TAB 20MG	ASCIMINIB HYDROCHLORIDE	ADDITION	3/1/2022	5	PA
SCSEMBLIX TAB 40MG	ASCIMINIB HYDROCHLORIDE	ADDITION	3/1/2022	5	PA
EVEROLIMUS TAB 10MG	AFINITOR	ADDITION	2/1/2022	2	PA, Q/L (60/30)
EVEROLIMUS TAB 2MG	AFINITOR	ADDITION	2/1/2022	2	PA, Q/L (150/30)
EVEROLIMUS TAB 3MG	AFINITOR	ADDITION	2/1/2022	2	PA, Q/L (90/30)
EVEROLIMUS TAB 5MG	AFINITOR	ADDITION	2/1/2022	2	PA, Q/L (60/30)
INVEGA HAFYE INJ 1092MG	PALIPERIDONE	ADDITION	2/1/2022	4	Q/L (3.5/180)
INVEGA HAFYE INJ 1560MG	PALIPERIDONE	ADDITION	2/1/2022	4	Q/L (5/180)
LYBALVI TAB 10-10MG	OLANZAPINE AND SAMIDORPHAN	ADDITION	2/1/2022	4	
LYBALVI TAB 15-10MG	OLANZAPINE AND SAMIDORPHAN	ADDITION	2/1/2022	4	
LYBALVI TAB 20-10MG	OLANZAPINE AND SAMIDORPHAN	ADDITION	2/1/2022	4	

**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
LYBALVI TAB 5-10MG	OLANZAPINE AND SAMIDORPHAN	ADDITION	2/1/2022	4	
NEBIVOLOL TAB 10MG	BYSTOLIC	ADDITION	2/1/2022	2	Q/L (30/30)
NEBIVOLOL TAB 2.5MG	BYSTOLIC	ADDITION	2/1/2022	2	Q/L (30/30)
NEBIVOLOL TAB 20MG	BYSTOLIC	ADDITION	2/1/2022	2	Q/L (30/30)
NEBIVOLOL TAB 5MG	BYSTOLIC	ADDITION	2/1/2022	2	Q/L (30/30)
OZEMPIC 1.34 MG/ML PEN INJECTOR	SEMAGLUTIDE	ADDITION	2/1/2022	4	
PANRETIN GEL 0.1%	ALITRETINOIN	ADDITION	2/1/2022	4	
PAROXETINE SUS 10MG/5ML	PAXIL	ADDITION	2/1/2022	2	Q/L (900/30)
SERTRALINE CAP 150MG	ZOLOFT	ADDITION	2/1/2022	4	
SERTRALINE CAP 200MG	ZOLOFT	ADDITION	2/1/2022	4	
TRUSELTIQ CAP 100MG	INFIGRATINIB PHOPHATE	ADDITION	2/1/2022	5	PA
TRUSELTIQ CAP 125MG	INFIGRATINIB PHOPHATE	ADDITION	2/1/2022	5	PA
TRUSELTIQ CAP 50MG	INFIGRATINIB PHOPHATE	ADDITION	2/1/2022	5	PA
TRUSELTIQ CAP 75MG	INFIGRATINIB PHOPHATE	ADDITION	2/1/2022	5	PA
WELIREG TAB 40MG	BELZUTIFAN	ADDITION	2/1/2022	5	PA
XPOVIO PAK 100MG	SELINEXOR	DELETION	2/1/2022	5	PA
XPOVIO PAK 40MG	SELINEXOR	DELETION	2/1/2022	5	PA
XPOVIO PAK 40MG	SELINEXOR	DELETION	2/1/2022	5	PA
XPOVIO PAK 60MG	SELINEXOR	DELETION	2/1/2022	5	PA
XPOVIO PAK 80MG	SELINEXOR	DELETION	2/1/2022	5	PA
AYVAKIT TAB 25MG	AVAPRITINIB	Addition	1/1/2022	5	PA
AYVAKIT TAB 50MG	AVAPRITINIB	Addition	1/1/2022	5	PA
DIAZOXIDE SUS 50MG/ML	PROGLYCEM	Update	1/1/2022	1	
LUMAKRAS TAB 120MG	SOTORASIB	Addition	1/1/2022	5	PA
MENQUADFI INJ	MENINGGOCOCCAL CONJUGATE	Update	1/1/2022	3	
REZUROCK TAB 200MG	BELUMOSUDIL	Addition	1/1/2022	5	PA
TRILYTE SOL	POLYETHYLENE GLYCOL-ELECTROLYTE	Deletion	1/1/2022	2	

**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
XCOPRI TAB 50-200MG	CENOBAMATE	Deletion	1/1/2022	4	
XERMELO TAB 250MG	TELOTRISTAT ETHYL	Addition	1/1/2022	4	LA
Xofluza Oral Tablet Therapy Pack 20 (2) MG	BALOXAVIR MARBOXIL	Deletion	1/1/2022	4	QL (2/30)
Xofluza Oral Tablet Therapy Pack 40 (2) MG	BALOXAVIR MARBOXIL	Deletion	1/1/2022	4	QL (2/30)