

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 2015.

VERSION: 20

2015 FORMULARY ADDITIONS UPDATE AS OF NOVEMBER 1, 2015:

FORMULARY ID: 00015076

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
THIOTEPA INJ15MG	THIOTEPA	Addition	11/1/15	5	
ARIPIRAZOLE TAB 10MG	ABILIFY	Addition	10/01/15	2	PRIOR AUTHORIZATION, QL (90 per 30 days)
ARIPIRAZOLE TAB 15MG	ABILIFY	Addition	10/01/15	2	PRIOR AUTHORIZATION, QL (60 per 30 days)
ARIPIRAZOLE TAB 20MG	ABILIFY	Addition	10/01/15	2	PRIOR AUTHORIZATION, QL (60 per 30 days)

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ARIPIRAZOLE TAB 2MG	ABILIFY	Addition	10/01/15	2	PRIOR AUTHORIZATION, QL (450 per 30 days)
ARIPIRAZOLE TAB 30MG	ABILIFY	Addition	10/01/15	2	PRIOR AUTHORIZATION, QL (30 per 30 days)
ARIPIRAZOLE TAB 5MG	ABILIFY	Addition	10/01/15	2	PRIOR AUTHORIZATION, QL (180 per 30 days)
AVASTIN INJ 400/16ML	BEVACIZUMAB	Addition	10/01/15	5	PRIOR AUTHORIZATION
CYRAMZA INJ 100/10ML	RAMUCIRUMAB	Addition	10/01/15	5	PRIOR AUTHORIZATION
CYRAMZA INJ 500/50ML	RAMUCIRUMAB	Addition	10/01/15	5	PRIOR AUTHORIZATION
FOSCARNET INJ 24MG/ML	FOSCARNET	Deletion	10/01/15	4	
KADCYLA INJ 100MG	ADO-TRASTUZUMAB EMTANSINE	Deletion	10/01/15	5	PRIOR AUTHORIZATION
KEYTRUDA INJ 100MG/4M	PEMBROLIZUMAB	Addition	10/01/15	5	PRIOR AUTHORIZATION
OFLOXACIN TAB 300MG	FLOXIN	Deletion	10/01/15	2	
REXULTI TAB 0.25MG	BREXPIRAZOLE	Addition	10/01/15	4	
REXULTI TAB 0.5MG	BREXPIRAZOLE	Addition	10/01/15	4	
REXULTI TAB 1MG	BREXPIRAZOLE	Addition	10/01/15	4	
REXULTI TAB 2MG	BREXPIRAZOLE	Addition	10/01/15	4	
REXULTI TAB 3MG	BREXPIRAZOLE	Addition	10/01/15	4	
REXULTI TAB 4MG	BREXPIRAZOLE	Addition	10/01/15	4	
RISEDRONATE TAB 150MG	ACTONEL	Addition	10/01/15	2	QL (1 per 30 days)
RISEDRONATE TAB 30MG	ACTONEL	Addition	10/01/15	2	QL (5 per 30 days)

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RISEDRONATE TAB 35MG	ACTONEL	Addition	10/01/15	2	QL (5 per 30 days)
RISEDRONATE TAB 35MG	ACTONEL	Addition	10/01/15	2	QL (5 per 30 days)
RISEDRONATE TAB 5MG	ACTONEL	Addition	10/01/15	2	QL (30 per 30 days)
TETANUS TOX INJ 5LF ADS	TETANUS TOXOID	Deletion	10/01/15	1	
U-CORT CRE 1%	HYDROCORTISONE AND UREA	Deletion	10/01/15	1	
YERVOY INJ 50MG	IPILIMUMAB	Deletion	10/01/15	5	PRIOR AUTHORIZATION
ABILIFY DISC TAB 10MG	ARIPIRAZOLE	Deletion	9/1/15	4	QL (90 per 30 days), Prior Authorization
ABILIFY DISC TAB 15MG	ARIPIRAZOLE	Deletion	9/1/15	4	QL (60 per 30 days), Prior Authorization
AVANDAMET TAB 2-500MG	ROSIGLITAZONE AND METFORMIN	Deletion	9/1/15	4	QL (60 per 30 days)
AVANDAMET TAB 4-500MG	ROSIGLITAZONE AND METFORMIN	Deletion	9/1/15	4	QL (60 per 30 days)
AVANDARYL TAB 4-1MG	ROSIGLITAZONE AND GLIMEPIRIDE	Deletion	9/1/15	4	QL (60 per 30 days)
AVANDARYL TAB 4-2MG	ROSIGLITAZONE AND GLIMEPIRIDE	Deletion	9/1/15	4	QL (60 per 30 days)
AVANDARYL TAB 8-4MG	ROSIGLITAZONE AND GLIMEPIRIDE	Deletion	9/1/15	4	QL (60 per 30 days)
BREO ELLIPTA INH 200-25	FLUTICASONE AND VILANTEROL	Addition	9/1/15	3	
DILAUDID INJ 1MG/ML	HYDROMORPHONE HCL	Deletion	9/1/15	3	
DULOXETINE CAP 40MG	CYMBALTA	Addition	9/1/15	2	QL (90 per 30 days)
LINEZOLID TAB 600MG	ZYVOX	Addition	9/1/15	2	QL (28 per 14 days), Prior Authorization

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OMEGA-3-ACID CAP 1GM	OMEGA-3 FATTY ACIDS	Addition	9/1/15	2	QL (120 per 30 days)
VICTRELIS CAP 200MG	BOCEPREVIR	Deletion	9/1/15	5	Prior Authoriazation
ABILIFY 9.75MG INJ	ARIPIPAZOLE	Deletion	8/1/2015	4	PRIOR AUTHORIZATION
ABILIFY SOL 1MG/ML	ARIPIPAZOLE	Deletion	8/1/2015	4	PRIOR AUTHORIZATION, QL (900 per 30 days)
ANDROXY 10MG TABLETS	FLUOXYMESTERONE	Deletion	8/1/2015	2	
AVANDAMET 4-1000MG TABLETS	ROSIGLITAZONE AND METFORMIN	Deletion	8/1/2015	4	QL (60 per 30 days)
LEVOLEUCOVOR 50MG INJ	LEVOLEUCOVORIN	Addition	8/1/2015	2	PRIOR AUTHORIZATION
LUFYLLIN 200MG TABLETS	DYPHYLLINE	Deletion	8/1/2015	2	PRIOR AUTHORIZATION
PANTOPRAZOLE 40MG INJ	PROTONIX	Deletion	8/1/2015	1	PRIOR AUTHORIZATION
PEDI-DRI 100000 POW	NYSTATIN	Deletion	8/1/2015	1	
PRISTIQ 25MG TABLETS	DESVENLAFAXINE	Addition	8/1/2015	4	QL (60 per 30 days)
SAPHRIS 2.5MG SUBLINGUAL TABLETS	ASENAPINE MALEATE	Addition	8/1/2015	4	QL (240 per 30 days)
AVANDARYL TAB 4-4MG	ROSIGLITAZONE and GLIMEPIRIDE	Deletion	6/1/2015	4	QL (60 per 30 days)
AVANDARYL TAB 8-2MG	ROSIGLITAZONE and GLIMEPIRIDE	Deletion	6/1/2015	4	QL (60 per 30 days)
FARYDAK CAP 10MG	PANOBINOSTAT	Addition	6/1/2015	5	Prior Authorization
FARYDAK CAP 15MG	PANOBINOSTAT	Addition	6/1/2015	5	Prior Authorization
FARYDAK CAP 20MG	PANOBINOSTAT	Addition	6/1/2015	5	Prior Authorization

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FRAGMIN INJ 7500/0.3	DALTEPARIN	Deletion	6/1/2015	5	Prior Authorization, QL (20 per 30 days)
ICLUSIG TAB 45MG	PONATINIB	Addition	6/1/2015	5	Prior Authorization
LENVIMA CAP 10MG	LENVATINIB	Addition	6/1/2015	5	Prior Authorization
LENVIMA CAP 14MG	LENVATINIB	Addition	6/1/2015	5	Prior Authorization
LENVIMA CAP 20MG	LENVATINIB	Addition	6/1/2015	5	Prior Authorization
LENVIMA CAP 24MG	LENVATINIB	Addition	6/1/2015	5	Prior Authorization
LEVETIRACETA INJ 10MG/ML	LEVETIRACETAM	Addition	6/1/2015	2	
LEVETIRACETA INJ 15MG/ML	LEVETIRACETAM	Addition	6/1/2015	2	
LEVETIRACETA INJ 5MG/ML	LEVETIRACETAM	Addition	6/1/2015	2	
REVIA TAB 50MG	NALTREXONE	Deletion	6/1/2015	3	
SUPRAX TAB 400MG	CEFIXIME	Deletion	6/1/2015	4	
TARGRETIN GEL 1%	BEXAROTENE	Deletion	6/1/2015	5	Prior Authorization, QL (60 per 30 days)
VIEKIRA PAK TAB	OMBITASVIR, PARITAPREVIR, RITONAVIR with DASABUVIR	Addition	6/1/2015	5	Prior Authorization
ABILIFY MAIN INJ 300MG	ARIPIRAZOLE	Addition	5/1/2015	4	Prior Authorization
ABILIFY MAIN INJ 400MG	ARIPIRAZOLE	Addition	5/1/2015	4	Prior Authorization
COUMADIN INJ 5 MG	WARFARIN	Deletion	5/1/2015	3	Prior Authorization
DEPO-TESTOST INJ 100MG/ML	TESTOSTERONE	Addition	5/1/2015	4	Prior Authorization
DEPO-TESTOST INJ 200MG/ML	TESTOSTERONE	Addition	5/1/2015	4	Prior Authorization
EVOTAZ TAB 300-150MG	ATAZANAVIR AND COBICISTAT	Addition	5/1/2015	4	

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FRAGMIN INJ 25000/ML	DALTEPARIN	Deletion	5/1/2015	4	Prior Authorization, QL (20 per 30 days)
IBRANCE CAP 100MG	PALBOCICLIB	Addition	5/1/2015	5	Prior Authorization
IBRANCE CAP 125MG	PALBOCICLIB	Addition	5/1/2015	5	Prior Authorization
IBRANCE CAP 75MG	PALBOCICLIB	Addition	5/1/2015	5	Prior Authorization
LAMIVUDINE SOL 10MG/ML	EPIVIR	Addition	5/1/2015	2	
LAMOTRIGINE TAB ODT 100MG	LAMICTAL	Addition	5/1/2015	2	
LAMOTRIGINE TAB ODT 200MG	LAMICTAL	Addition	5/1/2015	2	
LAMOTRIGINE TAB ODT 25MG	LAMICTAL	Addition	5/1/2015	2	
LAMOTRIGINE TAB ODT 50MG	LAMICTAL	Addition	5/1/2015	2	
LINEZOLID INJ 2MG/ML	ZYVOX	Addition	5/1/2015	2	Prior Authorization
MYCOPHENOLAT SUS 200MG/ML	CELLCEPT	Addition	5/1/2015	2	Prior Authorization
PREZCOBIX TAB 800-150MG	DARUNAVIR AND COBICISTAT	Addition	5/1/2015	4	
TESTOST CYP INJ 100MG/ML	DEPO-TESTOSTERONE	Deletion	5/1/2015	2	Prior Authorization
TESTOST CYP INJ 200MG/ML	DEPO-TESTOSTERONE	Deletion	5/1/2015	2	Prior Authorization
VALGANCICLOVIR TAB 450MG	VALCYTE	Addition	5/1/2015	2	
VITEKTA TAB 150MG	ELVITEGRAVIR	Addition	5/1/2015	5	
VITEKTA TAB 85MG	ELVITEGRAVIR	Addition	5/1/2015	5	
FLUOROMETHOL SUS 0.1% OP	FML	Addition	4/1/2015	1	
LUFYLLIN TAB 400MG	DYPHYLLINE	Deletion	4/1/2015	2	

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LYNPARZA CAP 50MG	OLAPARIB	Addition	4/1/2015	5	Prior Authorization
NAMENDA TAB 10MG	MEMANTINE	Addition	4/1/2015	3	QL (60 per 30 days)
NAMENDA TAB 5MG	MEMANTINE	Addition	4/1/2015	3	QL (60 per 30 days)
OFLOXACIN TAB 200MG	FLOXIN	Deletion	4/1/2015	2	
OPDIVO INJ 40MG/4ML	NIVOLUMAB	Addition	4/1/2015	5	Prior Authorization
REYATAZ POW 50MG	ATAZANAVIR	Addition	4/1/2015	3	
VALSARTAN TAB 160MG	DIOVAN	Addition	4/1/2015	2	QL (30 per 30 days)
VALSARTAN TAB 320MG	DIOVAN	Addition	4/1/2015	2	QL (30 per 30 days)
VALSARTAN TAB 40MG	DIOVAN	Addition	4/1/2015	2	QL (30 per 30 days)
VALSARTAN TAB 80MG	DIOVAN	Addition	4/1/2015	2	QL (30 per 30 days)
BELEODAQ INJ 500MG	BELINOSTA	Addition	3/1/2015	5	Prior Authorization
BYDUREON INJ	EXENATIDE	Addition	3/1/2015	3	Prior Authorization
BYDUREON INJ	EXENATIDE	Addition	3/1/2015	3	Prior Authorization
CELECOXIB CAP 100MG	CELEBREX	Addition	3/1/2015	2	QL (60 per 30 days)
CELECOXIB CAP 200MG	CELEBREX	Addition	3/1/2015	2	QL (60 per 30 days)
CELECOXIB CAP 400MG	CELEBREX	Addition	3/1/2015	2	QL (60 per 30 days)
CELECOXIB CAP 50MG	CELEBREX	Addition	3/1/2015	2	QL (60 per 30 days)
CYCLOPHOSPH TAB 25MG	CYCLOPHOSPHAMIDE	Deletion	3/1/2015	2	Prior Authorization
CYCLOPHOSPH TAB 50MG	CYCLOPHOSPHAMIDE	Deletion	3/1/2015	2	Prior Authorization
DOCEFREZ INJ 80MG	DOCETAXEL	Deletion	3/1/2015	5	
ENTECAVIR TAB 0.5MG	BARACLUDE	Addition	3/1/2015	2	Prior Authorization , QL (30 per 30 days)
ENTECAVIR TAB 1MG	BARACLUDE	Addition	3/1/2015	2	Prior Authorization , QL (30 per 30 days)
GARDASIL INJ	HUMAN PAPILOMAVIRUS (HPV) VACCINE	Addition	3/1/2015	4	Prior Authorization

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GRANISOL SOL 2MG/10ML	GRANISETRON	Deletion	3/1/2015	1	Prior Authorization ,QL (30 per 3 days)
HEPATASOL INJ 8%	ALANINE 1.54 MG/ML / ARGININE 1.2 MG/ML / CYSTEINE 0.04 MG/ML / HISTIDINE 0.48 MG/ML / ISOLEUCINE 1.8 MG/ML	Deletion	3/1/2015	2	Prior Authorization
ICLUSIG TAB 15MG	PONATINIB	Addition	3/1/2015	5	Prior Authorization , QL (60 per 30 days)
INCIVEK TAB 375MG	TELAPREVIR	Deletion	3/1/2015	5	Prior Authorization
KEYTRUDA SOL 50MG	PEMBROLIZUMAB	Deletion	3/1/2015	5	Prior Authorization
LIDOCAINE INJ 1%	XYLOCAINE	Deletion	3/1/2015	1	Prior Authorization
MOXIFLOXACIN TAB 400MG	AVELOX	Addition	3/1/2015	2	QL (14 per 14 days)
ORTHO EVRA DIS WEEK	ETHINYL ESTRADIOL / NORELGESTROMIN	Deletion	3/1/2015	4	
PLEGRIDY INJ	PEGINTERFERON BETA-1a	Addition	3/1/2015	5	Prior Authorization
PLEGRIDY INJ PEN	PEGINTERFERON BETA-1a	Addition	3/1/2015	5	Prior Authorization
PLEGRIDY PEN INJ STARTER	PEGINTERFERON BETA-1a	Addition	3/1/2015	5	Prior Authorization
PREDNISOLONE SUS 1%	PRED FORTE	Addition	3/1/2015	2	
PRIFTIN TAB 150MG	RIFAPENTINE	Deletion	3/1/2015	4	
PURIXAN SUS 20MG/ML	MERCAPTOPYRINE	Addition	3/1/2015	3	
RALOXIFENE TAB 60MG	EVISTA	Addition	3/1/2015	2	QL (30 per 30 days)
RECOMBIVA HB INJ 10MCG/ML	HEPATITIS B VACCINE RECOMBINANT	Addition	3/1/2015	4	Prior Authorization
RECOMBIVA HB INJ 5MCG/0.5	HEPATITIS B VACCINE RECOMBINANT	Addition	3/1/2015	4	Prior Authorization

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SIROLIMUS TAB 0.5MG	RAPAMUNE	Addition	3/1/2015	2	Prior Authorization
SIROLIMUS TAB 1MG	RAPAMUNE	Addition	3/1/2015	2	Prior Authorization
SIROLIMUS TAB 2MG	RAPAMUNE	Addition	3/1/2015	2	Prior Authorization
STRIVERDI AER RESPIMAT	OLODATEROL	Addition	3/1/2015	3	
SUTENT CAP 37.5MG	SUNITINIB	Addition	3/1/2015	5	Prior Authorization
SYMBICORT AER 80-4.5	BUDESONIDE/ACTUAT / FORMOTEROL FUMARATE/ACTUAT	Deletion	3/1/2015	3	QL (6.9 per 30 days)
TANZEUM INJ 30MG	ALBIGLUTIDE	Addition	3/1/2015	3	Prior Authorization
TANZEUM INJ 50MG	ALBIGLUTIDE	Addition	3/1/2015	3	Prior Authorization
TRIUMEQ TAB	ABACAVIR, DOLUTEGRAVIR and LAMIVUDINE	Addition	3/1/2015	4	
TYBOST TAB 150MG	COBICISTAT	Addition	3/1/2015	3	
VALCHLOR GEL 0.016%	MECHLORETHAMINE	Addition	3/1/2015	4	Prior Authorization
ZYDELIG TAB 100MG	IDELALISIB	Addition	3/1/2015	5	Prior Authorization
ZYDELIG TAB 150MG	IDELALISIB	Addition	3/1/2015	5	Prior Authorization

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