

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 2016.

VERSION: 22

2016 FORMULARY ADDITIONS UPDATE AS OF NOVEMBER 1, 2016:

FORMULARY ID: 00016259

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
ANZEMET INJ 20MG/ML	DOLASETRON	DELETION	11/1/2016	0	PRIOR AUTHORIZATION, QL (50 PER 30 DAYS)
ARMODAFINIL TAB 150MG	NUVIGIL	ADDITION	11/1/2016	2	
ARMODAFINIL TAB 200MG	NUVIGIL	ADDITION	11/1/2016	2	
ARMODAFINIL TAB 250MG	NUVIGIL	ADDITION	11/1/2016	2	
ARMODAFINIL TAB 50MG	NUVIGIL	ADDITION	11/1/2016	2	
CAZIENT PAK	CYCLESSA	ADDITION	11/1/2016	2	
CLINDAMYCIN GEL TRETINOIN	VELTIN	ADDITION	11/1/2016	2	
DOXYCYCL HYC TAB 200MG DR	DORYX	ADDITION	11/1/2016	2	
DOXYCYCL HYC TAB 50MG DR	DORYX	ADDITION	11/1/2016	2	

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
ERAXIS INJ 50MG	ANIDULAFUNGIN	ADDITION	11/1/2016	5	PRIOR AUTHORIZATION
FENOFIBRATE TAB 120MG	FENOGLIDE	ADDITION	11/1/2016	2	
FENOFIBRATE TAB 40MG	FENOGLIDE	ADDITION	11/1/2016	2	
FORADIL CAP AEROLIZE	FORMOTEROL	DELETION	11/1/2016	0	QL (60 PER 30 DAYS)
LARISSIA TAB	ETHINYL ESTRADIOL AND LEVONORGESTREL	ADDITION	11/1/2016	2	
LOW-OGESTRELTAB	ETHINYL ESTRADIOL AND NORGESTREL	ADDITION	11/1/2016	2	
MESALAMINE TAB 800MG DR	ASACOL HD	ADDITION	11/1/2016	4	QL (180 PER 30 DAYS)
MIGLITOL TAB 100MG	GLYSET	ADDITION	11/1/2016	2	
MIGLITOL TAB 25MG	GLYSET	ADDITION	11/1/2016	2	
MIGLITOL TAB 50MG	GLYSET	ADDITION	11/1/2016	2	
NUTROPIN AQ INJ 20MG/2ML	SOMATROPIN	DELETION	11/1/2016	0	PRIOR AUTHORIZATION
OMEPRABICAR POW 20-1680	ZEGERID	ADDITION	11/1/2016	2	
OMEPRABICAR POW 40-1680	ZEGERID	ADDITION	11/1/2016	2	
RANITIDINE INJ 150/6ML	ZANTAC	DELETION	11/1/2016	0	PRIOR AUTHORIZATION
RELISTOR TAB 150MG	METHYLNALTREXONE	ADDITION	11/1/2016	4	QL (90 PER 30 DAYS),PRIOR AUTHORIZATION
RESERPINE TAB 0.1MG	RESERPINE	DELETION	11/1/2016	0	PRIOR AUTHORIZATION
RESERPINE TAB 0.25MG	RESERPINE	DELETION	11/1/2016	0	PRIOR AUTHORIZATION
VIEKIRA XR TAB	OMBITASVIR,PARITAPREVIR ,RITONAVIR AND DADABUVIR	ADDITION	11/1/2016	5	QL (84 PER 28 DAYS), PRIOR AUTHORIZATION

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YONDELIS INJ 1MG	TRABECTEDIN	ADDITION	11/1/2016	5	PRIOR AUTHORIZATION
ZINBRYTA INJ 150MG/ML	DACLIZUMAB	ADDITION	11/1/2016	5	QL (1 PER 28 DAYS),PRIOR AUTHORIZATION
AMP-SULBACTA INJ 1.5GM	UNASYN	DELETION	10/1/16	4	PRIOR AUTHORIZATION
BUPROBAN TAB 150MG	ZYBAN	DELETION	10/1/16	2	QL (90 PER 30 DAYS)
BUPROPION TAB 150MG	ZYBAN	ADDITION	10/1/16	2	QL (90 PER 30 DAYS)
CHOLESTYRAM POW 4GM LITE	QUESTRAN	ADDITION	10/1/16	2	
EMEND SUS 125MG	APREPITANT	ADDITION	10/1/16	4	PRIOR AUTHORIZATION, QL (30 PER 30 DAYS)
FLUOCINONIDE CRE-E 0.05%	FLUOCINONIDE	ADDITION	10/1/16	2	
GENGRAF CAP 50MG	CYCLOSPORINE	ADDITION	10/1/16	2	PRIOR AUTHORIZATION
HUMIRA PEN INJ PSORIASI	ADALIMUMAB	ADDITION	10/1/16	5	PRIOR AUTHORIZATION, QL (8 PER 28 DAYS)
NAPHAZOLINE SOL 0.1% OP	VASOCON	DELETION	10/1/16	2	
NILUTAMIDE TAB 150MG	NILANDRON	ADDITION	10/1/16	2	QL (30 PER 30 DAYS)
ORENCIA CLCK INJ 125MG/ML	ABATACEPT	ADDITION	10/1/16	5	PRIOR AUTHORIZATION, QL (4 PER 28 DAYS)
OTREXUP INJ 12.5/0.4	METHOTREXATE	ADDITION	10/1/16	4	
PREDNISONE PAK 10MG	PREDNISONE	ADDITION	10/1/16	1	
PREDNISONE PAK 10MG	PREDNISONE	ADDITION	10/1/16	1	
PREDNISONE PAK 5MG	PREDNISONE	ADDITION	10/1/16	1	

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PREDNISONE PAK 5MG	PREDNISONE	ADDITION	10/1/16	1	
REPATHA PUSH INJ 420/3.5	EVOLOCUMAB	ADDITION	10/1/16	5	PRIOR AUTHORIZATION, QL (3.5 PER 28 DAYS)
SPS SUS 15GM/60	SODIUM POLYSTYRENE SULFONATE	ADDITION	10/1/16	2	
ARISTADA INJ 441MG/1.	ARIPIRAZOLE LAUROXIL	ADDITION	9/1/16	5	QL (1.6 PER 28 DAYS)
ARISTADA INJ 882MG/3	ARIPIRAZOLE LAUROXIL	ADDITION	9/1/16	5	QL (3.2 PER 28 DAYS)
ARISTADA INJ 662MG/2	ARIPIRAZOLE LAUROXIL	ADDITION	9/1/16	5	QL (2.4 PER 28 DAYS)
DOFETILIDE CAP 250MCG	TIKOSYN	ADDITION	9/1/16	2	
DOFETILIDE CAP 125MCG	TIKOSYN	ADDITION	9/1/16	2	
DOFETILIDE CAP 500MCG	TIKOSYN	ADDITION	9/1/16	2	
DOXORUBICIN INJ 2MG/ML	DOXORUBICIN	ADDITION	9/1/16	2	PRIOR AUTHORIZATION
FYCOMPA SUS 0.5MG/ML	PERAMPANEL	ADDITION	9/1/16	4	QL (720 PER 30 DAYS)
HIBERIX SOL 10MCG	HAEMOPHILUS B CONJUGATE VACCINE	ADDITION	9/1/16	4	
HYDROXY CAPR INJ 1.25/5ML	HYDROXYPROGESTERONE CAPROATE	ADDITION	9/1/16	2	
LENVIMA CAP 8 MG	LENVATINIB	ADDITION	9/1/16	5	
ROSUVASTATIN TAB 10MG	CRESTOR	ADDITION	9/1/16	2	QL (30 PER 30 DAYS)
ROSUVASTATIN TAB 20MG	CRESTOR	ADDITION	9/1/16	2	QL (30 PER 30 DAYS)
ROSUVASTATIN TAB 40MG	CRESTOR	ADDITION	9/1/16	2	QL (30 PER 30 DAYS)
ROSUVASTATIN TAB 5MG	CRESTOR	ADDITION	9/1/16	2	QL (30 PER 30 DAYS)
TIVICAY TAB 10MG	DOLUTEGRAVIR	ADDITION	9/1/16	4	QL (30 PER 30 DAYS)
TIVICAY TAB 25MG	DOLUTEGRAVIR	ADDITION	9/1/16	4	QL (60 PER 30 DAYS)
ALPRAZOLAM TAB0.25MG	XANAX	UPDATED	8/1/16	2	QL (120 PER 30 DAYS)
ALPRAZOLAM TAB0.5MG	XANAX	UPDATED	8/1/16	2	QL (120 PER 30 DAYS)

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ALPRAZOLAM TAB1MG	XANAX	UPDATED	8/1/16	2	QL (120 PER 30 DAYS)
ARANESP INJ10MCG	DARBEPOETIN ALFA	ADDITION	8/1/16	4	PRIOR AUTHORIZATION, QL (1.6 PER 28 DAYS)
AZATHIOPRINE INJ 100MG	AZATHIOPRINE	ADDITION	8/1/16	5	PRIOR AUTHORIZATION
BRINTELLIX TAB 10MG	VORTIOXETINE	DELETED	8/1/16	0	PRIOR AUTHORIZATION, QL (60 PER 30 DAYS)
BRINTELLIX TAB 20MG	VORTIOXETINE	DELETED	8/1/16	0	PRIOR AUTHORIZATION, QL (30 PER 30 DAYS)
BRINTELLIX TAB 5MG	VORTIOXETINE	DELETED	8/1/16	0	PRIOR AUTHORIZATION, QL (120 PER 30 DAYS)
BRIVIACT INJ 50MG/5ML	BRIVARACETAM	ADDITION	8/1/16	4	
BRIVIACT TAB 10MG	BRIVARACETAM	ADDITION	8/1/16	5	QL (600 PER 30 DAYS)
BRIVIACT SOL 10MG/ML	BRIVARACETAM	ADDITION	8/1/16	4	QL (600 PER 30 DAYS)
BRIVIACT TAB 100MG	BRIVARACETAM	ADDITION	8/1/16	5	QL (60 PER 30 DAYS)
BRIVIACT TAB 25MG	BRIVARACETAM	ADDITION	8/1/16	5	QL (240 PER 30 DAYS)
BRIVIACT TAB 50MG	BRIVARACETAM	ADDITION	8/1/16	5	QL (120 PER 30 DAYS)
BRIVIACT TAB 75MG	BRIVARACETAM	ADDITION	8/1/16	5	QL (90 PER 30 DAYS)
BUT/ASA/CAF/CAPCOD 30MG	BUT/ASA/CAF/CAP COD	ADDITION	8/1/16	2	PRIOR AUTHORIZATION, QL (120 PER 30 DAYS)
CABOMETYX TAB 20MG	CABOZANTINIB	ADDITION	8/1/16	5	QL (120 PER 30 DAYS)
CABOMETYX TAB 40MG	CABOZANTINIB	ADDITION	8/1/16	5	QL (60 PER 30 DAYS)
CABOMETYX TAB 60MG	CABOZANTINIB	ADDITION	8/1/16	5	QL (30 PER 30 DAYS)
CANTIL TAB25MG	MEPENZOLATE	DELETED	8/1/16	0	
DARIFENACIN TABHBR ER	ENABLEX	ADDITION	8/1/16	2	QL (30 PER 30 DAYS)

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DARIFENACIN TABHBR ER	ENABLEX	ADDITION	8/1/16	2	QL (30 PER 30 DAYS)
DESCOVY TAB 200/25	EMTRICIABINE AND TENOFOVIR ALAFENAMIDE	ADDITION	8/1/16	5	QL (30 PER 30 DAYS)
DICLOFENAC GEL1%	VOLTAREN	ADDITION	8/1/16	2	
ELAVIL TAB25MG	AMITRIPTYLLINE	ADDITION	8/1/16	2	
ELITEK INJ 7.5MG	RASBURICASE	ADDITION	8/1/16	5	PRIOR AUTHORIZATION
FLURANDRENOLCRE0.05%	CORDRAN	ADDITION	8/1/16	2	
FROVATRIPTANTAB2.5MG	FROVA	ADDITION	8/1/16	2	QL (12 PER 30 DAYS)
LENVIMA CAP 18MG	LENVATINIB	ADDITION	8/1/16	5	
LENVIMA CAP 8MG	LENVATINIB	ADDITION	8/1/16	5	
LINDANE LOT1%	LINDANE	DELETED	8/1/16	0	
LOPREEZA TAB0.5-0.1	ESTRADIOL AND NORETHINDRONE	ADDITION	8/1/16	2	PRIOR AUTHORIZATION
MENHIBRIX INJ	MENINGOCOCCAL POLY (GROUPS C 7 Y) & HAEMOPHILUS B CONJ VACCINE	ADDITION	8/1/16	4	
MIMVEY LO TAB0.5-0.1	ESTRADIOL AND NORETHINDRONE	ADDITION	8/1/16	2	PRIOR AUTHORIZATION
MOMETASONE SPR50MCG	NASONEX	ADDITION	8/1/16	2	
MYOZYME INJ50MG	ALGLUCOSIDASE ALFA	DELETED	8/1/16	0	PRIOR AUTHORIZATION
NUPLAZID TAB 17MG	PIMAVANSERIN	ADDITION	8/1/16	5	QL (60 PER 30 DAYS)
OTEZLA TAB10/20/30	APREMILAST	ADDITION	8/1/16	4	QL (60 PER 30 DAYS)
OTEZLA TAB10/20/30	APREMILAST	DELETED	8/1/16	0	QL (60 PER 30 DAYS)
OTREXUP INJ 22.5/0.4	METHOTREXATE	ADDITION	8/1/16	4	
OTREXUP INJ17.5/0.4	METHOTREXATE	ADDITION	8/1/16	4	
OXICONAZOLE CRENITRATE	OXISTAT	ADDITION	8/1/16	2	

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PRIMSOL SOL50MG/5ML	TRIMETHOPRIM	DELETED	8/1/16	0	
PROMACTA TAB 75MG	ELTROMBOPAG	DELETED	8/1/16	0	PRIOR AUTHORIZATION, QL (90 PER 30 DAYS)
PROMACTA TAB75MG	ELTROMBOPAG	DELETED	8/1/16	0	PRIOR AUTHORIZATION, QL (90 PER 30 DAYS)
ROWEEPRA TAB 500MG	LEVETIRACETAM	ADDITION	8/1/16	2	
TECENTRIQ INJ 1200/20	ATEZOLIZUMAB	ADDITION	8/1/16	5	PRIOR AUTHORIZATION
TRINTELLIX TAB 10MG	VORTIOXETINE	ADDITION	8/1/16	4	QL (60 PER 30 DAYS)
TRINTELLIX TAB 20MG	VORTIOXETINE	ADDITION	8/1/16	4	QL (30 PER 30 DAYS)
TRINTELLIX TAB 5MG	VORTIOXETINE	ADDITION	8/1/16	4	QL (120 PER 30 DAYS)
TRUVADA TAB 100-150	EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE	ADDITION	8/1/16	5	QL (60 PER 30 DAYS)
TRUVADA TAB 133-200	EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE	ADDITION	8/1/16	5	QL (30 PER 30 DAYS)
TRUVADA TAB 167-250	EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE	ADDITION	8/1/16	5	QL (30 PER 30 DAYS)
VENCLEXTA TAB 50MG	VENETOLAX	ADDITION	8/1/16	4	QL (224 PER 30 DAYS)
VENCLEXTA TAB 100MG	VENETOLAX	ADDITION	8/1/16	5	QL (112 PER 30 DAYS)
VENCLEXTA TAB 10MG	VENETOLAX	ADDITION	8/1/16	4	QL (1120 PER 30 DAYS)
VENCLEXTA TAB START PK	VENETOLAX	ADDITION	8/1/16	5	QL (42 PER 30 DAYS)
ZAZOLE CRE 0.4%	TERCONAZOLE	DELETED	8/1/16	0	

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ADRUCIL INJ 500/10ML	FLUOROURACIL	ADDITION	6/1/16	2	PRIOR AUTHORIZATION
AMNESTEEM CAP 10MG	ISOTRETINOIN	DELETION	6/1/16	2	
AMNESTEEM CAP 20MG	ISOTRETINOIN	DELETION	6/1/16	2	
AMNESTEEM CAP 40MG	ISOTRETINOIN	DELETION	6/1/16	2	
AMP-SULBACTA INJ 1.5GM	UNASYN	ADDITION	6/1/16	4	PRIOR AUTHORIZATION
BENLYSTA INJ 400MG	BELIMUMAB	ADDITION	6/1/16	5	PRIOR AUTHORIZATION
CARBAMAZEPINE TAB 100MGER	CARBAMAZEPINE	ADDITION	6/1/16	2	
CEFAZOLIN INJ 1GM	CEFAZOLIN	DELETION	6/1/16	4	PRIOR AUTHORIZATION
CLOBETASOL SPR 0.05%	CLOBEX	ADDITION	6/1/16	2	
COMVAX INJ	HAEMOPHILUS B CONJUGATE AND HEPATITIS B VACCINE	DELETION	6/1/16	4	
ESTRADIOL DIS 0.025MG	ESTRADIOL	ADDITION	6/1/16	2	PRIOR AUTHORIZATION, QL (8 PER 28 DAYS)
ESTRADIOL DIS 0.0375MG	ESTRADIOL	ADDITION	6/1/16	2	PRIOR AUTHORIZATION, QL (8 PER 28 DAYS)
ESTRADIOL DIS 0.05MG	ESTRADIOL	ADDITION	6/1/16	2	PRIOR AUTHORIZATION, QL (8 PER 28 DAYS)
ESTRADIOL DIS 0.075MG	ESTRADIOL	ADDITION	6/1/16	2	PRIOR AUTHORIZATION, QL (8 PER 28 DAYS)

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ESTRADIOL DIS 0.1MG	ESTRADIOL	ADDITION	6/1/16	2	PRIOR AUTHORIZATION, QL (8 PER 28 DAYS)
FENTANYL DIS 37.5MCG	FENTANYL	ADDITION	6/1/16	2	QL (30 PER 30 DAYS)
FENTANYL DIS 62.5MCG	FENTANYL	ADDITION	6/1/16	2	QL (30 PER 30 DAYS)
FENTANYL DIS 87.5MCG	FENTANYL	ADDITION	6/1/16	2	QL (30 PER 30 DAYS)
GUANFACINE TAB 2MG ER	INTUNIV	ADDITION	6/1/16	2	PRIOR AUTHORIZATION, QL (30 PER 30 DAYS)
GUANFACINE TAB 1MG ER	INTUNIV	ADDITION	6/1/16	2	PRIOR AUTHORIZATION, QL (30 PER 30 DAYS)
GUANFACINE TAB 3MG ER	INTUNIV	ADDITION	6/1/16	2	PRIOR AUTHORIZATION, QL (30 PER 30 DAYS)
GUANFACINE TAB 4MG ER	INTUNIV	ADDITION	6/1/16	2	PRIOR AUTHORIZATION, QL (30 PER 30 DAYS)
KAITLIB FE CHW	ETHINYL ESTRADIOL AND NORETHINDRONE CHEWABLE TABLETS WITH FERROUS FUMARATE TABLETS	ADDITION	6/1/16	2	
LAYOLIS FE CHW	ETHINYL ESTRADIOL AND NORETHINDRONE CHEWABLE TABLETS WITH FERROUS FUMARATE TABLETS	ADDITION	6/1/16	2	
MELOXICAM SUS7.5/5ML	MOBIC	ADDITION	6/1/16	2	QL (300 PER 30 DAYS)

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METOPROLOL INJ1MG/ML	METOPROLOL	ADDITION	6/1/16	4	PRIOR AUTHORIZATION
NAFTIFINE CREHCL 2%	NAFTIN	ADDITION	6/1/16	2	
NITROFUR MAC CAP 25MG	MACRODANTIN	ADDITION	6/1/16	2	PRIOR AUTHORIZATION
NORETH/ETHIN CHW FE	ETHINYL ESTRADIOL AND NORETHINDRONE CHEWABLE TABLETS WITH FERROUS FUMARATE TABLETS	ADDITION	6/1/16	2	
ODEFSEY TAB	EMTRICITABINE,RILPIVIRIN E AND TENOFOVIR ALAFENAMIDE	ADDITION	6/1/16	5	QL (30 PER 30 DAYS)
OLOPATADINE SPR 0.6%	PATANASE	ADDITION	6/1/16	2	
ONDANSETRON TAB 4MG	ZOFRAN	INCREASED QUANTITY LIMITS	6/1/16	2	PRIOR AUTHORIZATION, QL (15 PER 5 DAYS)
ONDANSETRON TAB 4MG ODT	ZOFRAN	INCREASED QUANTITY LIMITS	6/1/16	2	PRIOR AUTHORIZATION, QL (15 PER 5 DAYS)
ONDANSETRON TAB 8MG	ZOFRAN	INCREASED QUANTITY LIMITS	6/1/16	2	PRIOR AUTHORIZATION, QL (15 PER 5 DAYS)
ONDANSETRON TAB 8MG ODT	ZOFRAN	INCREASED QUANTITY LIMITS	6/1/16	2	PRIOR AUTHORIZATION, QL (15 PER 5 DAYS)
PARICALCITOL INJ 2MCG/ML	ZEMPLAR	ADDITION	6/1/16	2	PRIOR AUTHORIZATION
PARICALCITOL INJ 5MCG/ML	ZEMPLAR	ADDITION	6/1/16	2	PRIOR AUTHORIZATION

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PLEGRIDY PEN INJ STARTER	PEGINTERFERON BETA-1A	ADDITION	6/1/16	5	PRIOR AUTHORIZATION, QL (1 PER 28 DAYS)
PLEGRIDY PEN INJ STARTER	PEGINTERFERON BETA-1A	ADDITION	6/1/16	5	PRIOR AUTHORIZATION, QL (1 PER 28 DAYS)
PLEGRIDY INJ PEN	PEGINTERFERON BETA-1A	ADDITION	6/1/16	5	PRIOR AUTHORIZATION, QL (1 PER 28 DAYS)
PLEGRIDY INJ	PEGINTERFERON BETA-1A	ADDITION	6/1/16	5	PRIOR AUTHORIZATION, QL (1 PER 28 DAYS)
RELISTOR INJ 8/0.4ML	METHYLNALTREXONE	ADDITION	6/1/16	4	PRIOR AUTHORIZATION
SIMCOR TAB 1000-20	NIACIN AND SIMVASTATIN	DELETION	6/1/16	3	QL (60 PER 30 DAYS)
SIMCOR TAB 1000-40	NIACIN AND SIMVASTATIN	DELETION	6/1/16	3	QL (60 PER 30 DAYS)
SIMCOR TAB 500-20MG	NIACIN AND SIMVASTATIN	DELETION	6/1/16	3	QL (60 PER 30 DAYS)
SIMCOR TAB 500-40MG	NIACIN AND SIMVASTATIN	DELETION	6/1/16	3	QL (60 PER 30 DAYS)
SIMCOR TAB 750-20MG	NIACIN AND SIMVASTATIN	DELETION	6/1/16	3	QL (60 PER 30 DAYS)
SPRITAM TAB 1000MG	LEVETIRACETAM	ADDITION	6/1/16	4	QL (90 PER 30 DAYS)
SPRITAM TAB 250MG	LEVETIRACETAM	ADDITION	6/1/16	4	QL (360 PER 30 DAYS)
SPRITAM TAB 500MG	LEVETIRACETAM	ADDITION	6/1/16	4	QL (180 PER 30 DAYS)
SPRITAM TAB 750MG	LEVETIRACETAM	ADDITION	6/1/16	4	QL (120 PER 30 DAYS)
TECHNIVIE TAB	OMBITASVIR, PARITAPREVIR, AND RITONAVIR	ADDITION	6/1/16	5	PRIOR AUTHORIZATION, QL (56 PER 28 DAYS)
TREANDA INJ 45/0.5ML	BENDAMUSTINE	DELETION	6/1/16	5	PRIOR AUTHORIZATION
VRAYLAR CAP 1.5-3MG	CARIPRAZINE	ADDITION	6/1/16	4	QL (30 PER 30 DAYS)
XELJANZ XR TAB 11MG	TOFACITINIB	ADDITION	6/1/16	5	

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ARZERRA CON 100/5ML	OFATUMUMAB	DELETION	5/1/16	3	PRIOR AUTHORIZATION
BUTRANS DIS	BUPRENORPHINE	ADDITION	5/1/16	3	QL (4 PER 28 DAYS)
BUTRANS DIS 10MCG/HR	BUPRENORPHINE	TIER REDUCTION	5/1/16	3	QL (4 PER 28 DAYS)
BUTRANS DIS 15MCG/HR	BUPRENORPHINE	TIER REDUCTION	5/1/16	3	QL (4 PER 28 DAYS)
BUTRANS DIS 20MCG/HR	BUPRENORPHINE	TIER REDUCTION	5/1/16	3	QL (4 PER 28 DAYS)
BUTRANS DIS 5MCG/HR	BUPRENORPHINE	TIER REDUCTION	5/1/16	3	QL (4 PER 28 DAYS)
DUTAST/TAMSU CAP 0.5-0.4	JALYN	ADDITION	5/1/16	2	QL (30 PER 30 DAYS)
ESTARYLLA TAB TRI-LO-	ETHINYL ESTRADIOL AND NORGESTIMATE	ADDITION	5/1/16	2	
FLUCONAZOLE/INJ DEX 400	FLUCONAZOLE/ INJ DEX	DELETION	5/1/16	4	PRIOR AUTHORIZATION
HYSINGLA ER TAB 100 MG	HYDROCODONE EXTENDED RELEASE	ADDITION	5/1/16	3	QL (60 PER 30 DAYS)
HYSINGLA ER TAB 120 MG	HYDROCODONE EXTENDED RELEASE	ADDITION	5/1/16	3	QL (60 PER 30 DAYS)
HYSINGLA ER TAB 20 MG	HYDROCODONE EXTENDED RELEASE	ADDITION	5/1/16	3	QL (60 PER 30 DAYS)
HYSINGLA ER TAB 30 MG	HYDROCODONE EXTENDED RELEASE	ADDITION	5/1/16	3	QL (60 PER 30 DAYS)
HYSINGLA ER TAB 40 MG	HYDROCODONE EXTENDED RELEASE	ADDITION	5/1/16	3	QL (60 PER 30 DAYS)
HYSINGLA ER TAB 60 MG	HYDROCODONE EXTENDED RELEASE	ADDITION	5/1/16	3	QL (60 PER 30 DAYS)
HYSINGLA ER TAB 80 MG	HYDROCODONE EXTENDED RELEASE	ADDITION	5/1/16	3	QL (60 PER 30 DAYS)
IMATINIB MES TAB 100MG	GLEEVEC	ADDITION	5/1/16	5	QL (90 PER 30 DAYS)
IMATINIB MES TAB 400MG	GLEEVEC	ADDITION	5/1/16	5	QL (60 PER 30 DAYS)

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
NORGEST/ETHI TAB ESTRADIOL	ETHINYL ESTRADIOL AND NORGESTIMATE	ADDITION	5/1/16	2	
OLOPATADINE DRO 0.1%	PATANOL	ADDITION	5/1/16	2	
OXYCONTIN TAB 60MG CR	OXYCODONE	TIER REDUCTION	5/1/16	3	QL (90 PER 30 DAYS)
OXYCONTIN TAB 10MG CR	OXYCODONE	TIER REDUCTION	5/1/16	3	QL (90 PER 30 DAYS)
OXYCONTIN TAB 15MG CR	OXYCODONE	TIER REDUCTION	5/1/16	3	QL (90 PER 30 DAYS)
OXYCONTIN TAB 20MG CR	OXYCODONE	TIER REDUCTION	5/1/16	3	QL (90 PER 30 DAYS)
OXYCONTIN TAB 30MG CR	OXYCODONE	TIER REDUCTION	5/1/16	3	QL (90 PER 30 DAYS)
OXYCONTIN TAB 40MG CR	OXYCODONE	TIER REDUCTION	5/1/16	3	QL (90 PER 30 DAYS)
OXYCONTIN TAB 80MG CR	OXYCODONE	TIER REDUCTION	5/1/16	3	QL (90 PER 30 DAYS)
REPAGLINIDE TAB 1-500MG	REPAGLINIDE AND METFORMIN	ADDITION	5/1/16	2	
REPAGLINIDE TAB 2-500MG	REPAGLINIDE AND METFORMIN	ADDITION	5/1/16	2	
VRAYLAR CAP 4.5MG	CARIPRAZINE	ADDITION	5/1/16	5	QL (45 PER 30 DAYS)
VRAYLAR CAP 3MG	CARIPRAZINE	ADDITION	5/1/16	5	QL (60 PER 30 DAYS)
VRAYLAR CAP 6MG	CARIPRAZINE	ADDITION	5/1/16	5	QL (30 PER 30 DAYS)
VRAYLAR CAP 1.5MG	CARIPRAZINE	ADDITION	5/1/16	5	QL (120 PER 30 DAYS)
EMPLICITI INJ 400MG	ELOTUZUMAB	ADDITION	4/1/2016	5	PRIOR AUTHORIZATION
HUMIRA PEDIA INJ CROHNS	ADALIMUMAB	ADDITION	4/1/2016	5	PRIOR AUTHORIZATION, QL (8 PER 28 DAYS)
HUMIRA PEDIA INJ CROHNS	ADALIMUMAB	ADDITION	4/1/2016	5	PRIOR AUTHORIZATION, QL (8 PER 28 DAYS)
HUMIRA PEN INJ 40MG/0.8	ADALIMUMAB	ADDITION	4/1/2016	5	PRIOR AUTHORIZATION, QL (8 PER 28 DAYS)

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
INVEGA TRINZ INJ 273MG	PALIPERIDONE	ADDITION	4/1/2016	5	QL (1 PER 90 DAYS)
INVEGA TRINZ INJ 410MG	PALIPERIDONE	ADDITION	4/1/2016	5	QL (1 PER 90 DAYS)
INVEGA TRINZ INJ 546MG	PALIPERIDONE	ADDITION	4/1/2016	5	QL (1 PER 90 DAYS)
INVEGA TRINZ INJ 819MG	PALIPERIDONE	ADDITION	4/1/2016	5	QL (1 PER 90 DAYS)
LOMUSTINE CAP 40MG	LOMUSTINE	DELETION	4/1/2016	4	
LOMUSTINE CAP 100MG	LOMUSTINE	DELETION	4/1/2016	4	
LOMUSTINE CAP 10MG	LOMUSTINE	DELETION	4/1/2016	4	
MEMANTINE HC SOL 2MG/ML	NAMENDA	ADDITION	4/1/2016	2	QL (360 PER 30 DAYS)
PHENYTOIN EX CAP 200MG	DILANTIN	ADDITION	4/1/2016	2	
PHENYTOIN EX CAP 300MG	DILANTIN	ADDITION	4/1/2016	2	
TRIAMCINOLON AER 55MCG/AC	NASACORT	DELETION	4/1/2016	2	QL (33 PER 30 DAYS)
VIBERZI TAB 100MG	ELUXADOLINE	ADDITION	4/1/2016	5	QL (60 PER 30 DAYS)
VIBERZI TAB 75MG	ELUXADOLINE	ADDITION	4/1/2016	5	QL (60 PER 30 DAYS)
VIIBRYD KIT STARTER	VILAZODONE	ADDITION	4/1/2016	4	
ABILIFY DISC TAB 10MG	ARIPIRAZOLE	DELETION	3/1/2016	4	QL (90 PER 30 DAYS)
ALECENSA CAP 150MG	ALECTINIB	ADDITION	3/1/2016	5	QL (240 PER 30 DAYS)
ALMOTRIP MAL TAB 12.5MG	AXERT	ADDITION	3/1/2016	2	QL (12 PER 30 DAYS)
ALMOTRIP MAL TAB 6.25MG	AXERT	ADDITION	3/1/2016	2	QL (12 PER 30 DAYS)
ALOSETRON TAB 0.5MG	LOTRONEX	ADDITION	3/1/2016	2	PRIOR AUTHORIZATION, QL (60 PER 30 DAYS)
ALOSETRON TAB 1MG	LOTRONEX	ADDITION	3/1/2016	2	PRIOR AUTHORIZATION, QL (60 PER 30 DAYS)
ARIPIRAZOLE TAB 10MG	ABILIFY	ADDITION	3/1/2016	2	QL (90 PER 30 DAYS)
ARIPIRAZOLE TAB 10MG ODT	ABILIFY	ADDITION	3/1/2016	2	QL (90 PER 30 DAYS)
ARIPIRAZOLE TAB 15MG	ABILIFY	ADDITION	3/1/2016	2	QL (60 PER 30 DAYS)
ARIPIRAZOLE TAB 15MG ODT	ABILIFY	ADDITION	3/1/2016	2	QL (60 PER 30 DAYS)

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ARIPIRAZOLE TAB 20MG	ABILIFY	ADDITION	3/1/2016	2	QL (60 PER 30 DAYS)
ARIPIRAZOLE TAB 2MG	ABILIFY	ADDITION	3/1/2016	2	QL (450 PER 30 DAYS)
ARIPIRAZOLE TAB 30MG	ABILIFY	ADDITION	3/1/2016	2	QL (30 PER 30 DAYS)
ARIPIRAZOLE TAB 5MG	ABILIFY	ADDITION	3/1/2016	2	QL (180 PER 30 DAYS)
AVASTIN INJ 400/16ML	BEVACIZUMAB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
BEXAROTENE CAP 75MG	TARGRETIN	ADDITION	3/1/2016	5	
BIMATOPROST SOL 0.03%	BIMATOPROST	ADDITION	3/1/2016	2	
BREO ELLIPTA INH 200-25	FLUTICASONE AND VILANTEROL	ADDITION	3/1/2016	3	QL (60 PER 30 DAYS)
CEFIXIME SUS 100/5ML	SUPRAX	ADDITION	3/1/2016	2	
CEFIXIME SUS 200/5ML	SUPRAX	ADDITION	3/1/2016	2	
COTELLIC TAB 20MG	COBIMETINIB	ADDITION	3/1/2016	5	QL (63 PER 28 DAYS)
CYRAMZA INJ 100/10ML	RAMUCIRUMAB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
CYRAMZA INJ 500/50ML	RAMUCIRUMAB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
DARZALEX SOL 100MG/5ML	DARATUMUMAB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
DUTASTERIDE CAP 0.5MG	AVODART	ADDITION	3/1/2016	2	QL (30 PER 30 DAYS)
EMPLICITI INJ 300MG	ELOTUZUMAB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
ENTRESTO TAB 24-26MG	SACUBITRIL AND VALSARTAN	ADDITION	3/1/2016	3	QL (60 PER 30 DAYS)
ENTRESTO TAB 49-51MG	SACUBITRIL AND VALSARTAN	ADDITION	3/1/2016	3	QL (60 PER 30 DAYS)
ENTRESTO TAB 97-103MG	SACUBITRIL AND VALSARTAN	ADDITION	3/1/2016	3	QL (60 PER 30 DAYS)
ENVARUSUS XR TAB 0.75MG	TACROLIMUS EXTENDED-RELEASE TABLETS	ADDITION	3/1/2016	4	PRIOR AUTHORIZATION

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ENVARUS XR TAB 1MG	TACROLIMUS EXTENDED-RELEASE TABLETS	ADDITION	3/1/2016	4	PRIOR AUTHORIZATION
ENVARUS XR TAB 4MG	TACROLIMUS EXTENDED-RELEASE TABLETS	ADDITION	3/1/2016	4	PRIOR AUTHORIZATION
FLUVASTATIN TAB 80MG ER	LESCOL XL	ADDITION	3/1/2016	2	QL (30 PER 30 DAYS)
FOSCARNET INJ 24MG/ML	FOSCARNET	DELETION	3/1/2016	4	PRIOR AUTHORIZATION
GENVOYA TAB	ELVITEGRAVIR, COBICISTAT, EMTRICITABINE, AND TENOFOVIR ALAFENAMIDE	ADDITION	3/1/2016	5	QL (30 PER 30 DAYS)
GLATOPA INJ 20MG/ML	GLATIRAMER ACETATE	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION, QL (30 PER 30 DAYS)
GLEOSTINE CAP 5MG	LOMUSTINE	ADDITION	3/1/2016	4	
HYPERRAB S/D INJ 150/ML	RABIES IMMUNE GLOBULIN	ADDITION	3/1/2016	4	
HYPERRAB S/D INJ 150/ML	RABIES IMMUNE GLOBULIN	ADDITION	3/1/2016	4	
IPOLE INJ INACTIVE	POLIOVIRUS VACCINE	DELETION	3/1/2016	4	
IRESSA TAB 250MG	GEFITINIB	ADDITION	3/1/2016	5	QL (30 PER 30 DAYS)
KEYTRUDA INJ 100MG/4ML	PEMBROLIZUMAB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
LEVOTHYROXINE TAB 100MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXINE TAB 112MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXINE TAB 125MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXINE TAB 137MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXINE TAB 150MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXINE TAB 175MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
LEVOTHYROXINE TAB 200MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXINE TAB 25MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXINE TAB 300MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXINE TAB 50MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXINE TAB 75MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXINE TAB 88MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LINEZOLID TAB 600MG	ZYVOX	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION, QL (28 PER 14 DAYS)
LONSURF TAB 15-6.14	TRIFLURIDINE AND TIPIRACIL	ADDITION	3/1/2016	5	QL (110 PER 28 DAYS)
LONSURF TAB 20-8.19	TRIFLURIDINE AND TIPIRACIL	ADDITION	3/1/2016	5	QL (80 PER 28 DAYS)
MEGESTROL SUS 625MG/5ML	MEGACE ES	ADDITION	3/1/2016	2	PRIOR AUTHORIZATION
MEMANT TITRA PAK 5-10MG	NAMENDA	ADDITION	3/1/2016	2	QL (60 PER 30 DAYS)
MEMANTINE TAB HCL 10MG	NAMENDA	ADDITION	3/1/2016	2	QL (60 PER 30 DAYS)
MEMANTINE TAB HCL 5MG	NAMENDA	ADDITION	3/1/2016	2	QL (60 PER 30 DAYS)
METHLPHENIDA CHW 2.5MG	METHYLIN	ADDITION	3/1/2016	2	
METHYLPHENID CHW 10MG	METHYLIN	ADDITION	3/1/2016	2	
METHYLPHENID CHW 5MG	METHYLIN	ADDITION	3/1/2016	2	
METOCLOPRAM TAB 5MG ODT	METOZOLV	ADDITION	3/1/2016	2	
MOLINDONE TAB HCL 10MG	MOLINDONE	ADDITION	3/1/2016	2	
MOLINDONE TAB HCL 25MG	MOLINDONE	ADDITION	3/1/2016	2	
MOLINDONE TAB HCL 5MG	MOLINDONE	ADDITION	3/1/2016	2	
NAMZARIC CAP 14-10MG	MEMANTINE AND DONEPEZIL	ADDITION	3/1/2016	3	
NAMZARIC CAP 28-10MG	MEMANTINE AND DONEPEZIL	ADDITION	3/1/2016	3	
NAPROXEN SOD TAB 375MG CR	NAPRELAN	ADDITION	3/1/2016	2	

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
NAPROXEN SOD TAB 500MG CR	NAPRELAN	ADDITION	3/1/2016	2	
NEUMEGA INJ 5MG	OPRELVEKIN	DELETION	3/1/2016	5	PRIOR AUTHORIZATION, QL (21 PER 21 DAYS)
NEVIRAPINE TAB 100MG	VIRAMUNE XR	ADDITION	3/1/2016	2	QL (120 PER 30 DAYS)
NINLARO CAP 2.3MG	IXAZOMIB	ADDITION	3/1/2016	5	QL (3 PER 28 DAYS)
NINLARO CAP 3MG	IXAZOMIB	ADDITION	3/1/2016	5	QL (3 PER 28 DAYS)
NINLARO CAP 4MG	IXAZOMIB	ADDITION	3/1/2016	5	QL (3 PER 28 DAYS)
ODOMZO CAP 200MG	SONIDEGIB	ADDITION	3/1/2016	5	QL (30 PER 30 DAYS)
OTREXUP INJ 20MG	METHOTREXATE	ADDITION	3/1/2016	4	PRIOR AUTHORIZATION
OTREXUP INJ 25MG	METHOTREXATE	ADDITION	3/1/2016	4	PRIOR AUTHORIZATION
OTREXUP INJ 7.5/0.4	METHOTREXATE	ADDITION	3/1/2016	4	PRIOR AUTHORIZATION
OTREXUP INJ 10MG	METHOTREXATE	ADDITION	3/1/2016	4	PRIOR AUTHORIZATION
OTREXUP INJ 15MG	METHOTREXATE	ADDITION	3/1/2016	4	PRIOR AUTHORIZATION
PALIPERIDONE TAB ER 1.5MG	INVEGA	ADDITION	3/1/2016	2	QL (240 PER 30 DAYS)
PALIPERIDONE TAB ER 3MG	INVEGA	ADDITION	3/1/2016	2	QL (120 PER 30 DAYS)
PALIPERIDONE TAB ER 6MG	INVEGA	ADDITION	3/1/2016	2	QL (60 PER 30 DAYS)
PALIPERIDONE TAB ER 9MG	INVEGA	ADDITION	3/1/2016	2	QL (60 PER 30 DAYS)
PHENOXYBENZA CAP 10MG	DIBENZYLINE	ADDITION	3/1/2016	2	
PHENYTOIN EX CAP 200MG	DILANTIN	DELETION	3/1/2016	2	
PHENYTOIN EX CAP 300MG	DILANTIN	DELETION	3/1/2016	2	
PIMOZIDE TAB 1MG	ORAP	ADDITION	3/1/2016	2	
PIMOZIDE TAB 2MG	ORAP	ADDITION	3/1/2016	2	

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
PRALUENT INJ 150MG/ML	ALIROCUMAB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION, QL (2 PER 28 DAYS)
PRALUENT INJ 75MG/ML	ALIROCUMAB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION, QL (2 PER 28 DAYS)
PRALUENT INJ 150MG/ML	ALIROCUMAB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION, QL (2 PER 28 DAYS)
PRALUENT INJ 75MG/ML	ALIROCUMAB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION, QL (2 PER 28 DAYS)
PYRIDOSTIGMI TAB 180MG	MESTINON	ADDITION	3/1/2016	2	
QUADRACEL INJ	DIPHtheria AND TETANUS TOXoids, ACeLLULAR PERTUSSIS, AND POLIOVIRUS VACCINE	ADDITION	3/1/2016	4	
REPATHA SURE INJ 140MG/ML	EVOLOCUMAB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION, QL (3 PER 28 DAYS)
REPATHA INJ 140MG/ML	EVOLOCUMAB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION, QL (3 PER 28 DAYS)
REXULTI TAB 0.25MG	BREXPIRAZOLE	ADDITION	3/1/2016	4	QL (480 PER 30 DAYS)
REXULTI TAB 0.5MG	BREXPIRAZOLE	ADDITION	3/1/2016	4	QL (240 PER 30 DAYS)
REXULTI TAB 1MG	BREXPIRAZOLE	ADDITION	3/1/2016	4	QL (120 PER 30 DAYS)
REXULTI TAB 2MG	BREXPIRAZOLE	ADDITION	3/1/2016	4	QL (60 PER 30 DAYS)
REXULTI TAB 3MG	BREXPIRAZOLE	ADDITION	3/1/2016	4	QL (30 PER 30 DAYS)
REXULTI TAB 4MG	BREXPIRAZOLE	ADDITION	3/1/2016	4	QL (30 PER 30 DAYS)
RISEDRON SOD TAB 35MG DR	ATELVIA	ADDITION	3/1/2016	2	

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
RISEDRONATE TAB 30MG	ACTONEL	ADDITION	3/1/2016	2	QL (5 PER 30 DAYS)
RISEDRONATE TAB 35MG	ACTONEL	ADDITION	3/1/2016	2	QL (5 PER 30 DAYS)
RISEDRONATE TAB 35MG	ACTONEL	ADDITION	3/1/2016	2	QL (5 PER 30 DAYS)
RISEDRONATE TAB 5MG	ACTONEL	ADDITION	3/1/2016	2	QL (30 PER 30 DAYS)
RIVASTIGMINE DIS 13.3/24	EXELON	ADDITION	3/1/2016	2	QL (30 PER 30 DAYS)
RIVASTIGMINE DIS 4.6MG/24	EXELON	ADDITION	3/1/2016	2	QL (30 PER 30 DAYS)
RIVASTIGMINE DIS 9.5MG/24	EXELON	ADDITION	3/1/2016	2	QL (30 PER 30 DAYS)
SILDENAFIL INJ	REVATIO	ADDITION	3/1/2016	2	
SOMATULINE INJ 120/.5ML	LANREOTIDE	REMOVED PRIOR AUTHORIZATION	3/1/2016	5	
SOMATULINE INJ 60/0.2ML	LANREOTIDE	REMOVED PRIOR AUTHORIZATION	3/1/2016	5	
SOMATULINE INJ 90/0.3ML	LANREOTIDE	REMOVED PRIOR AUTHORIZATION	3/1/2016	5	
STIOLTO AER RESPIMAT	TIOTROPIUM AND OLODATEROL	ADDITION	3/1/2016	3	
TAGRISSO TAB 40MG	OSIMERTINIB	ADDITION	3/1/2016	5	QL (60 PER 30 DAYS)
TAGRISSO TAB 80MG	OSIMERTINIB	ADDITION	3/1/2016	5	QL (30 PER 30 DAYS)
TESTOSTERONE GEL 1% (25MG)	ANDROGEL	ADDITION	3/1/2016	2	QL (300 PER 30 DAYS)
TESTOSTERONE GEL 1% (50MG)	ANDROGEL	ADDITION	3/1/2016	2	QL (300 PER 30 DAYS)
TESTOSTERONE GEL PUMP 1%	ANDROGEL	ADDITION	3/1/2016	2	QL (300 PER 30 DAYS)
TETRABENAZIN TAB 12.5MG	XENAZINE	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION, QL (240 PER 30 DAYS)
TETRABENAZIN TAB 25MG	XENAZINE	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION, QL (120 PER 30 DAYS)
THIOTEPA INJ 15MG	THIOTEPA	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
TICLOPIDINE TAB 250MG	TICLOPIDINE	DELETION	3/1/2016	2	PRIOR AUTHORIZATION, QL (60 PER 30 DAYS)
TOLAK CRE 4%	FLUOROURACIL	ADDITION	3/1/2016	4	
TOLCAPONE TAB 100MG	TASMAR	ADDITION	3/1/2016	2	
TOUJEO SOLO INJ 300IU/ML	INSULIN GLARGINE	ADDITION	3/1/2016	3	
TRANDO/VERAP TAB 1-240 CR	TARKA	ADDITION	3/1/2016	2	
TRANDO/VERAP TAB 2-180 CR	TARKA	ADDITION	3/1/2016	2	
TRANDO/VERAP TAB 2-240 CR	TARKA	ADDITION	3/1/2016	2	
TRANDO/VERAP TAB 4-240 CR	TARKA	ADDITION	3/1/2016	2	
TRIMIPRAMINE CAP 100MG	SURMONTIL	ADDITION	3/1/2016	2	
TRIMIPRAMINE CAP 25MG	SURMONTIL	ADDITION	3/1/2016	2	
TRIMIPRAMINE CAP 50MG	SURMONTIL	ADDITION	3/1/2016	2	
VIIBRYD KIT	VILAZODONE	DELETION	3/1/2016	4	
ZARXIO INJ 300/0.5	FILGRASTIM-SNDZ	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
ZARXIO INJ 480/0.8	FILGRASTIM-SNDZ	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
LEVOTHYROXINE TAB 25MCG	LEVOTHYROXINE	TIER REDUCTION	1/1/2016	1	
LEVOTHYROXINE TAB 50MCG	LEVOTHYROXINE	TIER REDUCTION	1/1/2016	1	
LEVOTHYROXINE TAB 75MCG	LEVOTHYROXINE	TIER REDUCTION	1/1/2016	1	
LEVOTHYROXINE TAB 88MCG	LEVOTHYROXINE	TIER REDUCTION	1/1/2016	1	
LEVOTHYROXINE TAB 100MCG	LEVOTHYROXINE	TIER REDUCTION	1/1/2016	1	
LEVOTHYROXINE TAB 112MCG	LEVOTHYROXINE	TIER REDUCTION	1/1/2016	1	
LEVOTHYROXINE TAB 125MCG	LEVOTHYROXINE	TIER REDUCTION	1/1/2016	1	

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LEVOTHYROXINE TAB 137MCG	LEVOTHYROXINE	TIER REDUCTION	1/1/2016	1	
LEVOTHYROXINE TAB 150MCG	LEVOTHYROXINE	TIER REDUCTION	1/1/2016	1	
LEVOTHYROXINE TAB 175MCG	LEVOTHYROXINE	TIER REDUCTION	1/1/2016	1	
LEVOTHYROXINE TAB 200MCG	LEVOTHYROXINE	TIER REDUCTION	1/1/2016	1	
LEVOTHYROXINE TAB 300MCG	LEVOTHYROXINE	TIER REDUCTION	1/1/2016	1	

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