

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: 25

2016 FORMULARY ADDITIONS UPDATE AS OF NOVEMBER 1, 2016:

FORMULARY ID: 00016149

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
NUTROPIN AQ INJ 20MG/2ML	SOMATROPIN	DELETION	11/1/2016	0	PRIOR AUTHORIZATION
RANITIDINE INJ 150/6ML	ZANTAC	DELETION	11/1/2016	0	PRIOR AUTHORIZATION
YONDELIS INJ 1MG	TRABECTEDIN	ADDITION	11/1/2016	5	PRIOR AUTHORIZATION
BUPROBAN TAB 150MG	BUPPROPION	DELETION	10/01/16	0	QL (90 PER 30 DAYS)
DARIFENACIN TAB HBR ER 15MG	ENABLEX	ADDITION	10/01/16	2	QL (30 PER 30 DAYS),STEP THERAPY REQUIREMENT

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PA = Prior Authorization,
ST = Step Therapy;
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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
DARIFENACIN TAB HBR ER 7.5MG	ENABLEX	ADDITION	10/01/16	2	QL (30 PER 30 DAYS),STEP THERAPY REQUIREMENT
GENGRAF CAP 50MG	CYCLOSPORINE	ADDITION	10/01/16	2	PRIOR AUTHORIZATION
NAPHAZOLINE SOL 0.1% OP	NAPHAZOLINE	DELETION	10/01/16	0	
NILUTAMIDE TAB 150MG	NILANDRON	ADDITION	10/01/16	4	
ROSUVASTATIN TAB 10MG	CRESTOR	ADDITION	10/01/16	2	QL (30 PER 30 DAYS)
ROSUVASTATIN TAB 20MG	CRESTOR	ADDITION	10/01/16	2	QL (30 PER 30 DAYS)
ROSUVASTATIN TAB 40MG	CRESTOR	ADDITION	10/01/16	2	QL (30 PER 30 DAYS)
ROSUVASTATIN TAB 5MG	CRESTOR	ADDITION	10/01/16	2	QL (30 PER 30 DAYS)
ARISTADA INJ 441MG/1.	ARIPIRAZOLE LAUROXIL	ADDITION	9/1/16	4	
ARISTADA INJ 662MG/2	ARIPIRAZOLE LAUROXIL	ADDITION	9/1/16	4	
ARISTADA INJ 882MG/3	ARIPIRAZOLE LAUROXIL	ADDITION	9/1/16	4	
FYCOMPA SUS 0.5MG/ML	PERAMPANEL	ADDITION	9/1/16	4	
HYDROXY CAPR INJ 1.25/5ML	HYDROXYPROGESTERONE CAPROATE	ADDITION	9/1/16	4	PRIOR AUTHORIZATION
LENVIMA CAP 8 MG	LENVATINIB	ADDITION	9/1/16	5	PRIOR AUTHORIZATION
TIVICAY TAB 10MG	DOLUTEGRAVIR	ADDITION	9/1/16	4	
TIVICAY TAB 25MG	DOLUTEGRAVIR	ADDITION	9/1/16	5	
AZATHIOPRINE INJ 100MG	AZATHIOPRINE	ADDITION	8/1/16	2	PRIOR AUTHORIZATION
BRINTELLIX TAB 10MG	VORTIOXETINE	DELETED	8/1/16	0	PRIOR AUTHORIZATION, QL (60 PER 30 DAYS)

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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	4	
BRIVIACT SOL 10MG/ML	BRIVARACETAM	ADDITION	8/1/16	4	
BRIVIACT TAB 100MG	BRIVARACETAM	ADDITION	8/1/16	4	
BRIVIACT TAB 25MG	BRIVARACETAM	ADDITION	8/1/16	4	
BRIVIACT TAB 50MG	BRIVARACETAM	ADDITION	8/1/16	4	
BRIVIACT TAB 75MG	BRIVARACETAM	ADDITION	8/1/16	4	
CABOMETYX TAB 20MG	CABOZANTINIB	ADDITION	8/1/16	5	PRIOR AUTHORIZATION
CABOMETYX TAB 40MG	CABOZANTINIB	ADDITION	8/1/16	5	PRIOR AUTHORIZATION
CABOMETYX TAB 60MG	CABOZANTINIB	ADDITION	8/1/16	5	PRIOR AUTHORIZATION
DESCOVY TAB 200/25	EMTRICIABINE AND TENOFOVIR ALAFENAMIDE	ADDITION	8/1/16	4	
ELIQUIS TAB 2.5MG	APIXABAN	UPDATED	8/1/16	3	PRIOR AUTHORIZATION, QL (60 PER 30 DAYS)
ELIQUIS TAB 5MG	APIXABAN	UPDATED	8/1/16	3	PRIOR AUTHORIZATION, QL (60 PER 30 DAYS)

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ELITEK INJ 7.5MG	RASBURICASE	ADDITION	8/1/16	5	PRIOR AUTHORIZATION
LENVIMA CAP 18MG	LENVATINIB	ADDITION	8/1/16	5	PRIOR AUTHORIZATION
LENVIMA CAP 8MG	LENVATINIB	ADDITION	8/1/16	5	PRIOR AUTHORIZATION
NUPLAZID TAB 17MG	PIMAVANSERIN	ADDITION	8/1/16	4	
PROMACTA TAB 75MG	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
TIMOLOL GEL SOL 0.25% OP	TIMOLOL	UPDATED	8/1/16	2	
TIMOLOL GEL SOL 0.5% OP	TIMOLOL	UPDATED	8/1/16	2	
TRINTELLIX TAB 10MG	VORTIOXETINE	ADDITION	8/1/16	4	
TRINTELLIX TAB 20MG	VORTIOXETINE	ADDITION	8/1/16	4	
TRINTELLIX TAB 5MG	VORTIOXETINE	ADDITION	8/1/16	4	
TRUVADA TAB 100-150	EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE	ADDITION	8/1/16	4	
TRUVADA TAB 133-200	EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE	ADDITION	8/1/16	4	
TRUVADA TAB 167-250	EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE	ADDITION	8/1/16	4	
VENCLEXTA TAB 50MG	VENETOLAX	ADDITION	8/1/16	4	PRIOR AUTHORIZATION

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VENCLEXTA TAB 100MG	VENETOLAX	ADDITION	8/1/16	4	PRIOR AUTHORIZATION
VENCLEXTA TAB 10MG	VENETOLAX	ADDITION	8/1/16	4	PRIOR AUTHORIZATION
VENCLEXTA TAB START PK	VENETOLAX	ADDITION	8/1/16	4	PRIOR AUTHORIZATION
ZAZOLE CRE 0.4%	TERCONAZOLE	DELETED	8/1/16	0	
AMNESTEEM CAP 10MG	ISOTRETINOIN	DELETION	6/1/16	2	0
AMNESTEEM CAP 20MG	ISOTRETINOIN	DELETION	6/1/16	2	0
AMNESTEEM CAP 40MG	ISOTRETINOIN	DELETION	6/1/16	2	0
AVANDAMET TAB 2-1000MG	ROSIGLITAZONE AND METFORMIN	DELETION	6/1/16	4	QL (60 PER 30 DAYS)
BENLYSTA INJ 400MG	BELIMUMAB	ADDITION	6/1/16	5	PRIOR AUTHORIZATION
CARBAMAZEPINE TAB 100MGER	CARBAMAZEPINE	ADDITION	6/1/16	2	0
CEFAZOLIN INJ 1GM	CEFAZOLIN	ADDITION	6/1/16	2	PRIOR AUTHORIZATION
CEFAZOLIN INJ 1GM	CEFAZOLIN	DELETION	6/1/16	2	PRIOR AUTHORIZATION
COMVAX INJ	HAEMOPHILUS B CONJUGATE AND HEPATITIS B VACCINE	DELETION	6/1/16	4	0
MOMETASONE SPR 50MCG	NASONEX	ADDITION	6/1/16	2	QL (34 PER 30 DAYS)
ODEFSEY TAB	EMTRICITABINE,RILPIVIRIN E AND TENOFOVIR ALAFENAMIDE	ADDITION	6/1/16	5	0
SPRITAM TAB 1000MG	LEVETIRACETAM	ADDITION	6/1/16	4	0

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SPRITAM TAB 250MG	LEVETIRACETAM	ADDITION	6/1/16	4	0
SPRITAM TAB 500MG	LEVETIRACETAM	ADDITION	6/1/16	4	0
SPRITAM TAB 750MG	LEVETIRACETAM	ADDITION	6/1/16	4	0
VRAYLAR CAP 1.5-3MG	CARIPRAZINE	ADDITION	6/1/16	4	0
XELJANZ XR TAB 11MG	TOFACITINIB	ADDITION	6/1/16	5	PRIOR AUTHORIZATION
ANDROGEL GEL PUMP 1%	TESTOSTERONE	DELETION	05/01/16	4	QL (300 PER 30 DAYS)
BIVIGAM INJ 10%	IMMUNE GLOBULIN	ADDITION	05/01/16	5	PRIOR AUTHORIZATION
FLEBOGAMMA INJ DIF 10%	IMMUNE GLOBULIN	ADDITION	05/01/16	5	PRIOR AUTHORIZATION
FLUCONAZOLE/ INJ DEX 400	FLUCONAZOLE/ INJ DEX	ADDITION	05/01/16	2	PRIOR AUTHORIZATION
FLUCONAZOLE/ INJ DEX 400	FLUCONAZOLE/ INJ DEX	DELETION	05/01/16	2	PRIOR AUTHORIZATION
GAMMAKED INJ 1GM/10ML	IMMUNE GLOBULIN	ADDITION	05/01/16	5	PRIOR AUTHORIZATION
GAMMAPLEX INJ 10GM	IMMUNE GLOBULIN	ADDITION	05/01/16	5	PRIOR AUTHORIZATION
IMATINIB MES TAB 100MG	GLEEVEC	ADDITION	05/01/16	2	QL (90 PER 30 DAYS)
IMATINIB MES TAB 400MG	GLEEVEC	ADDITION	05/01/16	2	QL (60 PER 30 DAYS)
MOLINDONE TAB HCL 10MG	MOLINDONE	UPDATE	05/01/16	2	
MOLINDONE TAB HCL 25MG	MOLINDONE	UPDATE	05/01/16	2	
MOLINDONE TAB HCL 5MG	MOLINDONE	UPDATE	05/01/16	2	
OCTAGAM INJ 25GM	IMMUNE GLOBULIN	ADDITION	05/01/16	5	PRIOR AUTHORIZATION
OCTAGAM INJ 2GM/20ML	IMMUNE GLOBULIN	ADDITION	05/01/16	5	PRIOR AUTHORIZATION

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OLOPATADINE DRO 0.1%	PATANOL	ADDITION	05/01/16	2	
PRIVIGEN INJ 20GRAMS	IMMUNE GLOBULIN	ADDITION	05/01/16	5	PRIOR AUTHORIZATION
SUPREP BOWEL SOL PREP	SODIUM SULFATE, POTASSIUM SULFATE AND MAGNESIUM SULFATE	ADDITION	05/01/16	3	
VRAYLAR CAP 1.5MG	CARIPRAZINE	ADDITION	05/01/16	4	
VRAYLAR CAP 3MG	CARIPRAZINE	ADDITION	05/01/16	4	
VRAYLAR CAP 4.5MG	CARIPRAZINE	ADDITION	05/01/16	4	
VRAYLAR CAP 6MG	CARIPRAZINE	ADDITION	05/01/16	4	
AVANDIA TAB 8MG	ROSIGLITAZONE	DELETION	4/1/2016	4	QL (60 PER 30 DAYS)
EMPLICITI INJ 400MG	ELOTUZUMAB	ADDITION	4/1/2016	5	PRIOR AUTHORIZATION
GLEOSTINE CAP 100MG	LOMUSTINE	ADDITION	4/1/2016	3	
GLEOSTINE CAP 10MG	LOMUSTINE	ADDITION	4/1/2016	3	
GLEOSTINE CAP 40MG	LOMUSTINE	ADDITION	4/1/2016	3	
INVEGA TRINZ INJ 273MG	PALIPERIDONE	ADDITION	4/1/2016	5	PRIOR AUTHORIZATION
INVEGA TRINZ INJ 410MG	PALIPERIDONE	ADDITION	4/1/2016	5	PRIOR AUTHORIZATION
INVEGA TRINZ INJ 546MG	PALIPERIDONE	ADDITION	4/1/2016	5	PRIOR AUTHORIZATION
INVEGA TRINZ INJ 819MG	PALIPERIDONE	ADDITION	4/1/2016	5	PRIOR AUTHORIZATION
LOMUSTINE CAP 100MG	LOMUSTINE	DELETION	4/1/2016	3	
LOMUSTINE CAP 10MG	LOMUSTINE	DELETION	4/1/2016	3	
LOMUSTINE CAP 40MG	LOMUSTINE	DELETION	4/1/2016	3	
PHENYTOIN EX CAP 200MG	DILANTIN	ADDITION	4/1/2016	1	

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PHENYTOIN EX CAP 300MG	DILANTIN	ADDITION	4/1/2016	1	
TRIAMCINOLON SPR 55MCG/AC	NASACORT	DELETION	4/1/2016	1	QL (33 PER 30 DAYS)
VIIBRYD KIT STARTER	VILAZODONE	ADDITION	4/1/2016	4	
ABILIFY DISC TAB 10MG	ARIPIRAZOLE	DELETION	3/1/2016	4	PRIOR AUTHORIZATION, QL (90 PER 30 DAYS)
ALECENSA CAP 150MG	ALECTINIB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
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	PRIOR AUTHORIZATION, QL (90 PER 30 DAYS)
AVASTIN INJ 400/16ML	BEVACIZUMAB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
BEXAROTENE CAP 75MG	TARGRETIN	ADDITION	3/1/2016	2	PRIOR AUTHORIZATION
BREO ELLIPTA INH 200-25	FLUTICASONE AND VILANTEROL	ADDITION	3/1/2016	3	
CLOZAPINE TAB 100/ODT	FAZACLO	ADDITION	3/1/2016	2	QL (270 PER 30 DAYS)
CLOZAPINE TAB 12.5/ODT	FAZACLO	ADDITION	3/1/2016	2	QL (90 PER 30 DAYS)
CLOZAPINE TAB 150/ODT	FAZACLO	ADDITION	3/1/2016	2	QL (180 PER 30 DAYS)
CLOZAPINE TAB 200/ODT	FAZACLO	ADDITION	3/1/2016	2	QL (120 PER 30 DAYS)

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CLOZAPINE TAB 25MG ODT	FAZACLO	ADDITION	3/1/2016	2	QL (270 PER 30 DAYS)
COTELLIC TAB 20MG	COBIMETINIB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
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/5M	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
ENVARUSUS XR TAB 0.75MG	TACROLIMUS EXTENDED-RELEASE TABLETS	ADDITION	3/1/2016	3	
ENVARUSUS XR TAB 1MG	TACROLIMUS EXTENDED-RELEASE TABLETS	ADDITION	3/1/2016	3	
ENVARUSUS XR TAB 4MG	TACROLIMUS EXTENDED-RELEASE TABLETS	ADDITION	3/1/2016	3	
FLUTICASONE SPR 50MCG	FLONASE	UPDATED	3/1/2016	2	QL (16 PER 25 DAYS)
FOSCARNET INJ 24MG/ML	FOSCARNET	DELETION	3/1/2016	2	
GENVOYA TAB	ELVITEGRAVIR, COBICISTAT, EMTRICITABINE, AND TENOFOVIR ALAFENAMIDE	ADDITION	3/1/2016	5	
GLATOPA INJ 20MG/ML	GLATIRAMER ACETATE	ADDITION	3/1/2016	2	PRIOR AUTHORIZATION, QL (30 PER 30 DAYS)
GLEOSTINE CAP 5MG	LOMUSTINE	ADDITION	3/1/2016	3	

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IRESSA TAB 250MG	GEFITINIB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
KEYTRUDA INJ 100MG/4M	PEMBROLIZUMAB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
KLOR-CON 10 TAB 10MEQ ER	POTASSIUM CHLORIDE	TIER REDUCTION	3/1/2016	1	
KLOR-CON 8 TAB 8MEQ ER	POTASSIUM CHLORIDE	TIER REDUCTION	3/1/2016	1	
LANTUS INJ 100/ML	INSULIN GLARGINE	TIER REDUCTION	3/1/2016	3	QL (30 PER 30 DAYS)
LEVOTHYROXIN TAB 100MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXIN TAB 112MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXIN TAB 125MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXIN TAB 137MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXIN TAB 150MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXIN TAB 175MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXIN TAB 200MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXIN TAB 25MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXIN TAB 300MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	

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LEVOTHYROXIN TAB 50MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXIN TAB 75MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LEVOTHYROXIN TAB 88MCG	SYNTHROID	TIER REDUCTION	3/1/2016	1	
LONSURF TAB 15-6.14	TRIFLURIDINE AND TIPIRACIL	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
LONSURF TAB 20-8.19	TRIFLURIDINE AND TIPIRACIL	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
LYRICA CAP 100MG	PREGABALIN	TIER REDUCTION	3/1/2016	3	
LYRICA CAP 150MG	PREGABALIN	TIER REDUCTION	3/1/2016	3	
LYRICA CAP 200MG	PREGABALIN	TIER REDUCTION	3/1/2016	3	
LYRICA CAP 225MG	PREGABALIN	TIER REDUCTION	3/1/2016	3	
LYRICA CAP 25MG	PREGABALIN	TIER REDUCTION	3/1/2016	3	
LYRICA CAP 300MG	PREGABALIN	TIER REDUCTION	3/1/2016	3	
LYRICA CAP 50MG	PREGABALIN	TIER REDUCTION	3/1/2016	3	
LYRICA CAP 75MG	PREGABALIN	TIER REDUCTION	3/1/2016	3	
LYRICA SOL 20MG/ML	PREGABALIN	TIER REDUCTION	3/1/2016	3	
MEMANT TITRA PAK 5-10MG	NAMENDA	ADDITION	3/1/2016	2	QL (60 PER 30 DAYS)

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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)
MOLINDONE TAB HCL 10MG	MOLINDONE	ADDITION	3/1/2016	3	
MOLINDONE TAB HCL 25MG	MOLINDONE	ADDITION	3/1/2016	3	
MOLINDONE TAB HCL 5MG	MOLINDONE	ADDITION	3/1/2016	3	
MYCOPHENOLAT CAP 250MG	CELLCEPT	TIER REDUCTION	3/1/2016	2	PRIOR AUTHORIZATION
MYCOPHENOLAT SUS 200MG/ML	CELLCEPT	TIER REDUCTION	3/1/2016	2	PRIOR AUTHORIZATION
MYCOPHENOLAT TAB 500MG	CELLCEPT	TIER REDUCTION	3/1/2016	2	PRIOR AUTHORIZATION
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	
NINLARO CAP 2.3MG	IXAZOMIB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
NINLARO CAP 3MG	IXAZOMIB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
NINLARO CAP 4MG	IXAZOMIB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
ODOMZO CAP 200MG	SONIDEGIB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
OLOPATADINE SPR 0.6%	PATANASE	ADDITION	3/1/2016	2	
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)

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PALIPERIDONE TAB ER 9MG	INVEGA	ADDITION	3/1/2016	2	QL (60 PER 30 DAYS)
PHENYTOIN EX CAP 200MG	DILANTIN	DELETION	3/1/2016	1	
PHENYTOIN EX CAP 300MG	DILANTIN	DELETION	3/1/2016	1	
PIMOZIDE TAB 1MG	ORAP	ADDITION	3/1/2016	2	
PIMOZIDE TAB 2MG	ORAP	ADDITION	3/1/2016	2	
POT CHLORIDE CAP 10MEQ ER	POTASSIUM CHLORIDE	TIER REDUCTION	3/1/2016	1	
POT CHLORIDE CAP 8MEQ ER	POTASSIUM CHLORIDE	TIER REDUCTION	3/1/2016	1	
POT CHLORIDE LIQ 10%	POTASSIUM CHLORIDE	TIER REDUCTION	3/1/2016	1	
POT CHLORIDE LIQ 20%	POTASSIUM CHLORIDE	TIER REDUCTION	3/1/2016	1	
PREDNISOLONE SUS 1% OP	PRED FORTE	TIER REDUCTION	3/1/2016	2	
PREMARIN TAB 0.3MG	CONJUGATED ESTROGENS	ADDITION	3/1/2016	3	
PREMARIN TAB 0.45MG	CONJUGATED ESTROGENS	ADDITION	3/1/2016	3	
PREMARIN TAB 0.9MG	CONJUGATED ESTROGENS	ADDITION	3/1/2016	3	
PREMARIN TAB 1.25MG	CONJUGATED ESTROGENS	ADDITION	3/1/2016	3	
REXULTI TAB 0.25MG	BREXPIRAZOLE	ADDITION	3/1/2016	5	QL (480 PER 30 DAYS)
REXULTI TAB 0.5MG	BREXPIRAZOLE	ADDITION	3/1/2016	5	QL (240 PER 30 DAYS)
REXULTI TAB 1MG	BREXPIRAZOLE	ADDITION	3/1/2016	5	QL (120 PER 30 DAYS)
REXULTI TAB 2MG	BREXPIRAZOLE	ADDITION	3/1/2016	5	QL (60 PER 30 DAYS)
REXULTI TAB 3MG	BREXPIRAZOLE	ADDITION	3/1/2016	5	QL (30 PER 30 DAYS)
REXULTI TAB 4MG	BREXPIRAZOLE	ADDITION	3/1/2016	5	QL (30 PER 30 DAYS)
RIVASTIGMINE DIS 13.3/24	EXELON	ADDITION	3/1/2016	2	
RIVASTIGMINE DIS 4.6MG/24	EXELON	ADDITION	3/1/2016	2	
RIVASTIGMINE DIS 9.5MG/24	EXELON	ADDITION	3/1/2016	2	

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TAGRISSO TAB 40MG	OSIMERTINIB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
TAGRISSO TAB 80MG	OSIMERTINIB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
TANZEUM INJ 30MG	ALBIGLUTIDE	ADDITION	3/1/2016	4	PRIOR AUTHORIZATION
TANZEUM INJ 50MG	ALBIGLUTIDE	ADDITION	3/1/2016	4	PRIOR AUTHORIZATION
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)
TETRABENAZIN TAB 12.5MG	XENAZINE	ADDITION	3/1/2016	2	
TETRABENAZIN TAB 25MG	XENAZINE	ADDITION	3/1/2016	2	
THIOTEPA INJ 15MG	THIOTEPA	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
XELJANZ TAB 5MG	TOFACITINIB	ADDITION	3/1/2016	5	PRIOR AUTHORIZATION
ALOSETRON TAB 0.5MG	LOTRONEX	ADDITION	1/1/2016	2	PRIOR AUTHORIZATION, QL(60 per 30 days)
ALOSETRON TAB 1MG	LOTRONEX	ADDITION	1/1/2016	2	PRIOR AUTHORIZATION, QL(60 per 30 days)
BEXAROTENE	TARGRETIN	ADDITION	1/1/2016	2	PRIOR AUTHORIZATION

QL = Quantity Limit,
PA = Prior Authorization,
ST = Step Therapy;
Covered drug is indicated in bold.

Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
GLATOPA INJ 20MG/ML	COPAXONE	ADDITION	1/1/2016	2	QL(30 per 30 days), PRIOR AUTHORIZATION
LANTUS INJ 100/ML VIAL	INSULIN GLARGINE	TIER REDUCTION	1/1/2016	3	QL (30 per 30 days)
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	
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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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
KLOR-CON 8 TAB 8MEQ ER	POTASSIUM CHLORIDE	TIER REDUCTION	1/1/2016	1	
KLOR-CON 10 TAB 10MEQ ER	POTASSIUM CHLORIDE	TIER REDUCTION	1/1/2016	1	
KLOR-CON M20 TAB 20MEQ ER	POTASSIUM CHLORIDE	TIER REDUCTION	1/1/2016	1	
LYRICA CAP 25MG	PREGABALIN	TIER REDUCTION	1/1/2016	3	
LYRICA CAP 50MG	PREGABALIN	TIER REDUCTION	1/1/2016	3	
LYRICA CAP 75MG	PREGABALIN	TIER REDUCTION	1/1/2016	3	
LYRICA CAP 100MG	PREGABALIN	TIER REDUCTION	1/1/2016	3	
LYRICA CAP 225MG	PREGABALIN	TIER REDUCTION	1/1/2016	3	
LYRICA CAP 300MG	PREGABALIN	TIER REDUCTION	1/1/2016	3	
LYRICA SOL 20MG/ML	PREGABALIN	TIER REDUCTION	1/1/2016	3	
MEMANTINE TAB HCL 5MG	NAMENDA	ADDITION	1/1/2016	2	QL (60 per 30 days)
MEMANTINE TAB HCL 10MG	NAMENDA	ADDITION	1/1/2016	2	QL (60 per 30 days)
MEMANTINE TITRA PAK 5-10MG	NAMENDA	ADDITION	1/1/2016	2	QL (60 per 30 days)
PREMARIN TAB 0.3MG	CONJUGATED ESTROGENS	ADDITION	1/1/2016	3	
PREMARIN TAB 0.45MG	CONJUGATED ESTROGENS	ADDITION	1/1/2016	3	
PREMARIN TAB 0.9MG	CONJUGATED ESTROGENS	ADDITION	1/1/2016	3	
PREMARIN TAB 1.25MG	CONJUGATED ESTROGENS	ADDITION	1/1/2016	3	

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
XELJANZ TAB 5MG	TOFACITINIB	ADDITION	1/1/2016	5	PRIOR AUTHORIZATION

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
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