

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 2020.

**VERSION: 17**

**2020 FORMULARY ADDITIONS UPDATE AS OF OCTOBER 1, 2020:**

**FORMULARY ID: 20483**

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 |
|---------------------------|--|-----------------------|--------------------------|------|------------------------------|
| FINTEPLA SOL 2.2MG/ML     | FENFLURAMINE ORAL SOLUTION                                       | ADDITION              | 10/1/2020                | 4    |                              |
| D5W/NACL INJ 0.225%       | GLUCOSE/ SODIUM CHLORIDE INJECTION                               | DELETION              | 10/1/2020                | 4    | PA                           |
| DESO/ETHINYL TAB ESTRADIO | PACK   | DELETION              | 10/1/2020                | 2    |                              |
| DURAMORPH INJ 0.5MG/ML    | MORPHINE SULFATE INJECTION                                       | DELETION              | 10/1/2020                | 4    | PA, (Q/L 180/30)             |
| DURAMORPH INJ 1MG/ML      | MORPHINE SULFATE INJECTION                                       | DELETION              | 10/1/2020                | 4    | PA, (Q/L 180/30)             |
| LORCET PLUS TAB 7.5-325   | TABLET   | DELETION              | 10/1/2020                | 2    | PA, (Q/L 360/30)             |
| OMEPRAZOLE CAP 10MG       | PRILOSEC DELAYED RELEASE ORAL CAPSULE                            | DELETION              | 10/1/2020                | 1    | Q/L (60/30)                  |
| RUKOBIA TAB 600MG ER      | 12 HR FOSTEMSAVIR EXTENDED RELEASE ORAL TABLET                   | ADDITION              | 10/1/2020                | 4    |                              |
| SYLATRON KIT 200MCG       | PEGINTERFERON ALFA-2B INJECTION                                  | DELETION              | 10/1/2020                | 5    | Q/L (5/28)                   |
| SYLATRON KIT 300MCG       | PEGINTERFERON ALFA-2B INJECTION                                  | DELETION              | 10/1/2020                | 5    | Q/L (5/28)                   |
| TIVICAY PD TAB 5MG        | DOLUTEGRAVIR TABLET FOR ORAL SUSPENSION                          | ADDITION              | 10/1/2020                | 4    |                              |
| XPOVIO PAK 40MG           | 8 SELINEXOR ORAL TABLET PACK                                     | ADDITION              | 10/1/2020                | 5    | PA                           |
| XPOVIO PAK 40MG           | 16 SELINEXOR ORAL TABLET PACK                                    | ADDITION              | 10/1/2020                | 5    | PA                           |
| XPOVIO PAK 60MG           | 24 SELINEXOR 20 MG ORAL TABLET                                   | ADDITION              | 10/1/2020                | 5    | PA                           |
| ZOSTAVAX INJ              | VARICELLA-ZOSTER VIRUS VACCINE LIVE (OKA-MERCK) STRAIN INJECTION | DELETION              | 10/1/2020                | 3    |                              |
| TABRECTA TAB 150MG        | CAPMATINIB TABLET  | ADDITION              | 9/1/2020                 | 5    | PA                           |

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|-------------------------|---|-----------------------|--------------------------|------|------------------------------|
| TABRECTA TAB 200MG      | CAPMATINIB TABLET   | ADDITION              | 9/1/2020                 | 5    | PA                           |
| E.E.S. 400 TAB 400MG    | ERYTHROMYCIN ETHYLSUCCINATE TABLET  | DELETION              | 9/1/2020                 | 2    |                              |
| RIFAMATE CAP            | ISONIAZID/ RIFAMPIN CAPSULE   | DELETION              | 9/1/2020                 | 4    |                              |
| RIFATER TAB             | ISONIAZID / PYRAZINAMIDE / RIFAMPIN   | DELETION              | 9/1/2020                 | 5    |                              |
| DIDANOSINE CAP 200MG    | VIDEX EC TABLET   | DELETION              | 9/1/2020                 | 2    | Q/L (60/30)                  |
| OXYCOD/IBU TAB 5-400MG  | IBUPROFEN/ OXYCODONE HYDROCHLORIDE TABLET   | DELETION              | 9/1/2020                 | 2    | Q/L (120/30)                 |
| POT CHL/D5W INJ 40MEQ/L | GLUCOSE/ POTASSIUM CHLORIDE INJECTION   | DELETION              | 9/1/2020                 | 4    | PA                           |
| TROPHAMINE INJ 6%       | ALANINE/ ARGININE/ ASPARTATE/ CYSTEINE/ GLUTAMATE/<br>GLYCINE/ HISTIDINE/ ISOLEUCINE/ LEUCINE/ LYSINE/<br>METHIONINE/ PHENYLALANINE | DELETION              | 9/1/2020                 | 4    | PA                           |
| QINLOCK TAB 50MG        | RIPRETINIB TABLET   | ADDITION              | 8/1/2020                 | 5    | PA                           |
| RETEVMO CAP 40MG        | SELPERCATINIB CAPSULE   | ADDITION              | 8/1/2020                 | 5    | PA                           |
| RETEVMO CAP 80MG        | SELPERCATINIB CAPSULE   | ADDITION              | 8/1/2020                 | 5    | PA                           |
| TUKYSA TAB 50MG         | TUCATINIB TABLET  | ADDITION              | 8/1/2020                 | 5    | PA                           |
| TUKYSA TAB 150MG        | TUCATINIB TABLET  | ADDITION              | 8/1/2020                 | 5    | PA                           |
| XCOPRI TAB 50MG         | CENOBAMATE TABLET   | ADDITION              | 8/1/2020                 | 4    |                              |
| XCOPRI TAB 100MG        | CENOBAMATE TABLET   | ADDITION              | 8/1/2020                 | 4    |                              |
| XCOPRI TAB 150MG        | CENOBAMATE TABLET   | ADDITION              | 8/1/2020                 | 4    |                              |
| XCOPRI TAB 200MG        | CENOBAMATE TABLET   | ADDITION              | 8/1/2020                 | 4    |                              |
| XCOPRI PAK 12.5-25      | 14 (CENOBAMATE TABLET / 14 (CENOBAMATE TABLET ) }<br>PACK [XCOPRI TITRATION PACK 28 COUNT]  | ADDITION              | 8/1/2020                 | 4    |                              |
| XCOPRI PAK 50-100MG     | 14 (CENOBAMATE TABLET ) / 14 (CENOBAMATE TABLET)<br>PACK [XCOPRI TITRATION PACK 28 COUNT]   | ADDITION              | 8/1/2020                 | 4    |                              |
| XCOPRI PAK 150-200      | 14 (CENOBAMATE TABLET) / 14 (CENOBAMATE TABLET) PACK<br>[XCOPRI TITRATION PACK 28 COUNT]  | ADDITION              | 8/1/2020                 | 4    |                              |
| XCOPRI TAB 50-200MG     | 28 (CENOBAMATE TABLET) / 28 (CENOBAMATE TABLET )<br>PACK [XCOPRI MAINTENANCE PACK]  | ADDITION              | 8/1/2020                 | 4    |                              |
| XCOPRI PAK 150-200      | 28 (CENOBAMATE TABLET) / 28 (CENOBAMATE TABLET) PACK<br>[XCOPRI MAINTENANCE PACK]   | ADDITION              | 8/1/2020                 | 4    |                              |
| HAVRIX INJ 720UNIT      | HEPATITIS A VACCINE (INACTIVATED) STRAIN HM INJECTION   | DELETION              | 8/1/2020                 | 4    |                              |
| OGESTREL TAB            | 21 (ETHINYL ESTRADIOL/ NORGESTREL TABLET) / 7 (INERT<br>INGREDIENTS TABLET) PACK  | DELETION              | 8/1/2020                 | 2    |                              |

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|-------------------------|---|-----------------------|--------------------------|------|------------------------------|
| AMINOSYN-PF INJ 10%     | ALANINE / ARGININE / ASPARTATE / GLUTAMATE / GLYCINE / HISTIDINE / ISOLEUCINE / LEUCINE / LYSINE / METHIONINE/ PHENYLALANINE/ PROLINE | DELETION              | 8/1/2020                 | 4    | PA                           |
| COUMADIN TAB 1MG        | WARFARIN SODIUM TABLET  | DELETION              | 8/1/2020                 | 3    |                              |
| COUMADIN TAB 2MG        | WARFARIN SODIUM TABLET  | DELETION              | 8/1/2020                 | 3    |                              |
| COUMADIN TAB 2.5MG      | WARFARIN SODIUM TABLET  | DELETION              | 8/1/2020                 | 3    |                              |
| COUMADIN TAB 3MG        | WARFARIN SODIUM TABLET  | DELETION              | 8/1/2020                 | 3    |                              |
| COUMADIN TAB 4MG        | WARFARIN SODIUM TABLET  | DELETION              | 8/1/2020                 | 3    |                              |
| COUMADIN TAB 5MG        | WARFARIN SODIUM TABLET  | DELETION              | 8/1/2020                 | 3    |                              |
| COUMADIN TAB 6MG        | WARFARIN SODIUM TABLET  | DELETION              | 8/1/2020                 | 3    |                              |
| COUMADIN TAB 7.5MG      | WARFARIN SODIUM TABLET  | DELETION              | 8/1/2020                 | 3    |                              |
| COUMADIN TAB 10MG       | WARFARIN SODIUM TABLET  | DELETION              | 8/1/2020                 | 3    |                              |
| HALOPER DEC INJ 50MG/ML | HALDOL DECANOATE 50MG/ML INJECTION  | ADDITION              | 7/1/2020                 | 2    |                              |
| PEMAZYRE TAB 4.5MG      | PEMIGATINIB 4.5 MG ORAL TABLET  | ADDITION              | 7/1/2020                 | 5    | PA                           |
| PEMAZYRE TAB 9MG        | PEMIGATINIB 9 MG ORAL TABLET  | ADDITION              | 7/1/2020                 | 5    | PA                           |
| PEMAZYRE TAB 13.5MG     | PEMIGATINIB 13.5 MG ORAL TABLET   | ADDITION              | 7/1/2020                 | 5    | PA                           |
| KOSELUGO CAP 10MG       | SELUMETINIB 10 MG ORAL CAPSULE  | ADDITION              | 7/1/2020                 | 5    | PA                           |
| KOSELUGO CAP 25MG       | SELUMETINIB 25 MG ORAL CAPSULE  | ADDITION              | 7/1/2020                 | 5    | PA                           |
| TESTOSTERONE GEL 1.62%  | 1250 MG TESTOSTERONE 0.0162 MG/MG TOPICAL GEL   | UPDATE                | 7/1/2020                 | 2    | Q/L (300/300)                |
| TESTOSTERONE GEL 1.62%  | 2500 MG TESTOSTERONE 0.0162 MG/MG TOPICAL GEL   | UPDATE                | 7/1/2020                 | 2    | Q/L (300/300)                |
| TESTOSTERONE GEL 1.62%  | 60 ACTUAT TESTOSTERONE 20.25 MG/ACTUAT TOPICAL GEL  | UPDATE                | 7/1/2020                 | 2    | Q/L (300/300)                |
| VIDEX SOL 2GM           | DIDANOSINE 10 MG/ML ORAL SOLUTION   | DELETION              | 7/1/2020                 | 4    | Q/L (1200/30)                |
| VIDEX EC CAP 125MG      | DIDANOSINE 125 MG DELAYED RELEASE ORAL CAPSULE  | DELETION              | 7/1/2020                 | 4    | Q/L (90/30)                  |
| TET/DIP TOX INJ 2-2 LF  | 0.5 ML DIPHThERIA TOXOID VACCINE, INACTIVATED 4 UNT/ML / TETANUS TOXOID VACCINE, INACTIVATED 4 UNT/ML INJECTION                       | DELETION              | 7/1/2020                 | 4    | PA                           |
| METADATE TAB 20MG ER    | 8 HR METHYLPHENIDATE HYDROCHLORIDE 20 MG EXTENDED RELEASE ORAL TABLET   | DELETION              | 7/1/2020                 | 2    | Q/L 90/30                    |
| LAZANDA SPR 100MCG      | FENTANYL 0.1 MG/ACTUAT NASAL SPRAY  | DELETION              | 7/1/2020                 | 5    | PA, Q/L (30/30)              |
| LAZANDA SPR 300MCG      | FENTANYL 0.3 MG/ACTUAT NASAL SPRAY  | DELETION              | 7/1/2020                 | 5    | PA, Q/L (30/30)              |
| LAZANDA SPR 400MCG      | FENTANYL 0.4 MG/ACTUAT NASAL SPRAY  | DELETION              | 7/1/2020                 | 5    | PA, Q/L (30/30)              |
| CAPLYTA CAP 42MG        | LUMATEPERONE 42MG   | ADDITION              | 6/1/2020                 | 5    | Q/L (30/30)                  |

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|--------------------------|--|-----------------------|--------------------------|------|------------------------------|
| EPROSARTAN MES TAB 600MG | TEVETEN 600MG  | DELETION              | 6/1/2020                 | 2    | Q/L (30/30)                  |
| EVEROLIMUS TAB 0.25MG    | ZORTRESS 0.25MG  | ADDITION              | 6/1/2020                 | 2    | PA, Q/L (60/30)              |
| EVEROLIMUS TAB 0.5 MG    | ZORTRESS 0.5MG   | ADDITION              | 6/1/2020                 | 2    | PA, Q/L (60/30)              |
| EVEROLIMUS TAB 0.75MG    | ZORTRESS 0.75MG  | ADDITION              | 6/1/2020                 | 2    | PA, Q/L (60/30)              |
| IBRANCE TAB 100MG        | PALBOCICLIB 100MG  | ADDITION              | 6/1/2020                 | 5    | Q/L (30/30)                  |
| IBRANCE TAB 125MG        | PALBOCICLIB 125MG  | ADDITION              | 6/1/2020                 | 5    | Q/L (30/30)                  |
| IBRANCE TAB 75MG         | PALBOCICLIB 75MG   | ADDITION              | 6/1/2020                 | 5    | Q/L (30/30)                  |
| RANITIDINE CAP 150MG     | ZANTAC 150MG   | DELETION              | 6/1/2020                 | 4    |                              |
| RANITIDINE CAP 300MG     | ZANTAC 300MG   | DELETION              | 6/1/2020                 | 4    |                              |
| RANITIDINE SYP 15MG/ML   | ZANTAC 15MG/ML   | DELETION              | 6/1/2020                 | 1    |                              |
| RANITIDINE TAB 150MG     | ZANTAC 150MG   | DELETION              | 6/1/2020                 | 1    |                              |
| RANITIDINE TAB 300MG     | ZANTAC 300MG   | DELETION              | 6/1/2020                 | 1    |                              |
| RESCRIPTOR TAB 200MG     | DELAVIDINE MESYLATE 200MG                                | DELETION              | 6/1/2020                 | 4    | Q/L (180/30)                 |
|                          |  |                       |                          |      |                              |
| ALENDRONATE TAB 40MG     | ALENDRONIC ACID 40 MG ORAL TABLET                        | DELETION              | 5/1/2020                 | 1    | Q/L (30/30)                  |
| ALENDRONATE TAB 5MG      | ALENDRONIC ACID 5 MG ORAL TABLET                         | DELETION              | 5/1/2020                 | 1    | Q/L (240/30)                 |
| CHLOROTHIAZ TAB 250MG    | CHLOROTHIAZIDE 250 MG ORAL TABLET                        | DELETION              | 5/1/2020                 | 2    |                              |
| CHLOROTHIAZ TAB 500MG    | CHLOROTHIAZIDE 500 MG ORAL TABLET                        | DELETION              | 5/1/2020                 | 2    |                              |
| EMEND CAP 40MG           | APREPITANT 40 MG ORAL CAPSULE [EMEND]                    | DELETION              | 5/1/2020                 | 4    | PA, Q/L (30/30)              |
| EXELDERM CRE 1%          | SULCONAZOLE 10 MG/ML TOPICAL CREAM [EXELDERM]            | DELETION              | 5/1/2020                 | 4    |                              |
| EXELDERM SOL 1%          | SULCONAZOLE 10 MG/ML TOPICAL SOLUTION [EXELDERM]         | DELETION              | 5/1/2020                 | 4    |                              |
| FARYDAK CAP 15MG         | PANOBINOSTAT 15 MG ORAL CAPSULE [FARYDAK]                | DELETION              | 5/1/2020                 | 5    | Q/L (30/30)                  |
| FLURBIPROFEN TAB 50MG    | FLURBIPROFEN 50 MG ORAL TABLET                           | DELETION              | 5/1/2020                 | 2    |                              |
| MORPHINE SUL INJ 8MG/ML  | 1 ML MORPHINE SULFATE 8 MG/ML PREFILLED SYRINGE          | DELETION              | 5/1/2020                 | 4    | PA                           |
|                          |  |                       |                          |      |                              |
| PATADAY SOL 0.2%         | OLOPATADINE 2 MG/ML OPHTHALMIC SOLUTION [PATADAY]        | DELETION              | 5/1/2020                 | 3    |                              |
| SECUADO DIS 3.8MG        | 24 HR ASENAPINE 0.158 MG/HR TRANSDERMAL SYSTEM [SECUADO] | ADDITION              | 5/1/2020                 | 5    | Q/L (30/30)                  |
| SECUADO DIS 5.7MG        | 24 HR ASENAPINE 0.238 MG/HR TRANSDERMAL SYSTEM [SECUADO] | ADDITION              | 5/1/2020                 | 5    | Q/L (30/30)                  |
| SECUADO DIS 7.6MG        | 24 HR ASENAPINE 0.317 MG/HR TRANSDERMAL SYSTEM [SECUADO] | ADDITION              | 5/1/2020                 | 5    | Q/L(30/30)                   |
| TAZVERIK TAB 200MG       | TAZEMETOSTAT 200 MG ORAL TABLET [TAZVERIK]               | ADDITION              | 5/1/2020                 | 5    | PA                           |

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|--------------------------|---|-----------------------|--------------------------|------|------------------------------|
| VALTOCO LIQ 15MG         | 2 (0.1 ML) (DIAZEPAM 75 MG/ML NASAL SPRAY [VALTOCO])<br>PACK [VALTOCO 15 MG DOSE KIT]   | ADDITION              | 5/1/2020                 | 4    |                              |
| VALTOCO LIQ 20MG         | 2 (0.1 ML) (DIAZEPAM 100 MG/ML NASAL SPRAY [VALTOCO])<br>PACK [VALTOCO 20 MG DOSE KIT]  | ADDITION              | 5/1/2020                 | 4    |                              |
| VALTOCO SPR 10MG         | 1 (0.1 ML) (DIAZEPAM 100 MG/ML NASAL SPRAY [VALTOCO])<br>PACK [VALTOCO 10 MG DOSE KIT]  | ADDITION              | 5/1/2020                 | 4    |                              |
| VALTOCO SPR 5MG          | 1 (0.1 ML) (DIAZEPAM 50 MG/ML NASAL SPRAY [VALTOCO])<br>PACK [VALTOCO 5 MG DOSE KIT]  | ADDITION              | 5/1/2020                 | 4    |                              |
|                          |   |                       |                          |      |                              |
| ALA-CORT CREAM 2.5%      | HYDROCORTISONE 25MG/ML TOPICAL CREAM [ALACORT]  | DELETION              | 4/1/2020                 | 2    |                              |
| AYVAKIT TAB 100MG        | AVAPRITINIB 100MG ORAL TABLET [AYVAKIT]   | ADDITION              | 4/1/2020                 | 5    | PA                           |
| AYVAKIT TAB 200MG        | AVAPRITINIB 200MG ORAL TABLET [AYVAKIT]   | ADDITION              | 4/1/2020                 | 5    | PA                           |
| AYVAKIT TAB 300MG        | AVAPRITINIB 300MG ORAL TABLET [AYVAKIT]   | ADDITION              | 4/1/2020                 | 5    | PA                           |
| COLOCORT ENE 100MG       | HYDROCORTISONE 1.67MG/ML ENEMA [COLOCORT]   | DELETION              | 4/1/2020                 | 4    |                              |
| EMEND CAP 125MG          | APREPITANT 125MG ORAL CAPSULE [EMEND]   | DELETION              | 4/1/2020                 | 4    | PA, Q/L (30/30)              |
| ESBRIET TAB 267MG        | PIRFENIDONE 267MG ORAL TABLET [ESBRIET]   | ADDITION              | 4/1/2020                 | 5    | PA, Q/L (270/30)             |
| HUMIRA PEDIA INJ CROHNS  | 6 (0.8ML ADALIMUMAB 50MG/ML PREFILLED SYRINGE<br>[HUMIRA] PACK [HUMIRA PEDIATRIC CROHN'S DISEASE<br>STARTER PACKAGE (6 COUNT) | DELETION              | 4/1/2020                 | 5    | PA, Q/L (8/28)               |
| HUMIRA PEDIA INJ CROHNS  | 3 (0.8ML ADALIMUMAB 50MG/ML PREFILLED SYRINGE<br>[HUMIRA] PACK [HUMIRA PEDIATRIC CROHN'S DISEASE<br>STARTER PACKAGE (3 COUNT) | DELETION              | 4/1/2020                 | 5    | PA, Q/L (8/28)               |
| KLOR-CON SPR CAP 8MEQ    | POTASSIUM CHLORIDE 8 MEQ EXTENDED RELEASE ORAL<br>CAPSULE [KLOR-CON]  | DELETION              | 4/1/2020                 | 1    |                              |
| NORETH/ETHIN TAB FE 1/20 | 24 (ETHINYL ESTRADIOL 0.02MG/NORETHINIDRONE ACETATE<br>1MG ORAL TABLET) / 4 (FERROUS FUMARATE 75MG ORAL<br>TABLET) PACK       | DELETION              | 4/1/2020                 | 2    |                              |
| SYLATRON KIT 600MCG      | PEGINTERFERON ALFA-2B 0.6MG INJECTION [SYLATRON]  | ADDITION              | 4/1/2020                 | 5    | Q/L (5/28)                   |
| TOLBUTAMIDE TAB 500MG    | TOLBUTAMIDE 500MG ORAL TABLET   | DELETION              | 4/1/2020                 | 4    |                              |
| VICODIN HP TAB 10-300MG  | ACETAMINOPHEN 300MG/HYDROCODONE BITARTRATE 10MG<br>ORAL TABLET [VICODIN]  | DELETION              | 4/1/2020                 | 2    | Q/L (120/30)                 |
|                          |   |                       |                          |      |                              |
| BRUKINSA CAP 80MG        | ZANUBRUTINIB 80 MG ORAL CAPSULE   | ADDITION              | 3/1/2020                 | 5    | PA                           |

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|--------------------------|--|-----------------------|--------------------------|------|------------------------------|
| CIPROFLOXACN SUS 500MG/5 | CIPROFLOXACIN 100 MG/ML ORAL SUSPENSION  | DELETION              | 3/1/2020                 | 2    |                              |
| ESBRIET TAB 267MG        | PIRFENIDONE 267 MG ORAL TABLET   | DELETION              | 3/1/2020                 | 5    | PA, Q/L (270/30)             |
| EVEROLIMUS TAB 2.5MG     | EVEROLIMUS 2.5 MG ORAL TABLET  | ADDITION              | 3/1/2020                 | 2    | Q/L (60/30)                  |
| EVEROLIMUS TAB 5MG       | EVEROLIMUS 5 MG ORAL TABLET  | ADDITION              | 3/1/2020                 | 2    | Q/L (60/30)                  |
| EVEROLIMUS TAB 7.5MG     | EVEROLIMUS 7.5 MG ORAL TABLET  | ADDITION              | 3/1/2020                 | 2    | Q/L (60/30)                  |
| ISOSORB DIN TAB 40MG ER  | ISOSORBIDE DINITRATE 40 MG EXTENDED RELEASE ORAL TABLET  | DELETION              | 3/1/2020                 | 2    |                              |
| REPAGLINIDE TAB 1-500MG  | METFORMIN HYDROCHLORIDE 500 MG / REPAGLINIDE 1 MG ORAL TABLET  | DELETION              | 3/1/2020                 | 4    |                              |
| REPAGLINIDE TAB 2-500MG  | METFORMIN HYDROCHLORIDE 500 MG / REPAGLINIDE 2 MG ORAL TABLET  | DELETION              | 3/1/2020                 | 4    |                              |
| D5W/NACL INJ 0.33%       | 1000 ML GLUCOSE 50 MG/ML / SODIUM CHLORIDE 3.3 MG/ML INJECTION   | DELETION              | 2/1/2020                 | 4    | PA                           |
| DELYLA TAB 0.1-0.02      | 21 (ETHINYL ESTRADIOL 0.02 MG / LEVONORGESTREL 0.1 MG ORAL TABLET) / 7 (INERT INGREDIENTS 1 MG ORAL TABLET) PACK [DELYLA 28 DAY]   | DELETION              | 2/1/2020                 | 2    |                              |
| DRIZALMA CAP 20MG DR     | SPRINKLE DULOXETINE 20 MG DELAYED RELEASE ORAL CAPSULE [DRIZALMA]  | ADDITION              | 2/1/2020                 | 4    |                              |
| DRIZALMA CAP 40MG DR     | SPRINKLE DULOXETINE 40 MG DELAYED RELEASE ORAL CAPSULE [DRIZALMA]  | ADDITION              | 2/1/2020                 | 4    |                              |
| DRIZALMA CAP 60MG DR     | SPRINKLE DULOXETINE 60 MG DELAYED RELEASE ORAL CAPSULE [DRIZALMA]  | ADDITION              | 2/1/2020                 | 4    |                              |
| FAZACLO TAB 12.5 ODT     | CLOZAPINE 12.5 MG DISINTEGRATING ORAL TABLET [FAZACLO]   | DELETION              | 2/1/2020                 | 4    | Q/L (2160/30)                |
| FAZACLO TAB 150 ODT      | CLOZAPINE 150 MG DISINTEGRATING ORAL TABLET [FAZACLO]  | DELETION              | 2/1/2020                 | 4    | Q/L (180/30)                 |
| FAZACLO TAB 200 ODT      | CLOZAPINE 200 MG DISINTEGRATING ORAL TABLET [FAZACLO]  | DELETION              | 2/1/2020                 | 4    | Q/L (120/30)                 |
| GAVILYTE-G SOL           | POLYETHYLENE GLYCOL 3350 236000 MG / POTASSIUM CHLORIDE 2970 MG / SODIUM BICARBONATE 6740 MG / SODIUM CHLORIDE 5860 MG / SODIUM SULFATE 22740 MG POWDER FOR ORAL SOLUTION [GAVILYTE-G] | DELETION              | 2/1/2020                 | 2    |                              |

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|---------------------------|---|-----------------------|--------------------------|------|------------------------------|
| KCL/D5W/NACL INJ .15/.33% | 1000 ML GLUCOSE 50 MG/ML / POTASSIUM CHLORIDE 0.02 MEQ/ML / SODIUM CHLORIDE 3 MG/ML INJECTION                                   | DELETION              | 2/1/2020                 | 4    | PA                           |
| METHYCLOTHIA TAB 5MG      | METHYCLOTHIAZIDE 5 MG ORAL TABLET   | DELETION              | 2/1/2020                 | 2    |                              |
| MIMVEY LO TAB 0.5-0.1     | 28 (ESTRADIOL 0.5 MG / NORETHINDRONE ACETATE 0.1 MG ORAL TABLET) PACK [MIMVEY LO 28 DAY]  | DELETION              | 2/1/2020                 | 2    | PA                           |
| MORGIDOX CAP 1X50MG       | DOXYCYCLINE HYCLATE 50 MG ORAL CAPSULE [MORGIDOX]   | DELETION              | 2/1/2020                 | 1    |                              |
| MORPHINE SUL INJ 10MG/ML  | 1 ML MORPHINE SULFATE 10 MG/ML PREFILLED SYRINGE  | DELETION              | 2/1/2020                 | 4    | PA                           |
| NADOLOL/BEND TAB 40-5MG   | BENDROFLUMETHIAZIDE 5 MG / NADOLOL 40 MG ORAL TABLET  | DELETION              | 2/1/2020                 | 2    |                              |
| NAYZILAM SPR 5MG          | MIDAZOLAM 50 MG/ML NASAL SPRAY [NAYZILAM]   | ADDITION              | 2/1/2020                 | 4    |                              |
| NORLYROC TAB 0.35MG       | 28 (NORETHINDRONE 0.35 MG ORAL TABLET [NORLYROC]) PACK [NORLYROC 28 DAY]  | DELETION              | 2/1/2020                 | 2    |                              |
| RIBAPAK PAK 1000/DAY      | {7 (RIBAVIRIN 400 MG ORAL TABLET [RIBASPHERE]) / 7 (RIBAVIRIN 600 MG ORAL TABLET [RIBASPHERE]) } PACK [RIBASPHERE RIBAPAK 1000] | DELETION              | 2/1/2020                 | 5    |                              |
| RIBAPAK PAK 1200/DAY      | 14 (RIBAVIRIN 600 MG ORAL TABLET [RIBASPHERE]) PACK [RIBASPHERE RIBAPAK 1200]   | DELETION              | 2/1/2020                 | 5    |                              |
| RIBASPHERE CAP 200MG      | RIBAVIRIN 200 MG ORAL CAPSULE [RIBASPHERE]  | DELETION              | 2/1/2020                 | 3    |                              |
| RIBASPHERE TAB 600MG      | RIBAVIRIN 600 MG ORAL TABLET [RIBASPHERE]   | DELETION              | 2/1/2020                 | 5    |                              |
| ROZLYTREK CAP 100MG       | ENTRECTINIB 100 MG ORAL CAPSULE [ROZLYTREK]   | ADDITION              | 2/1/2020                 | 5    | PA                           |
| ROZLYTREK CAP 200MG       | ENTRECTINIB 200 MG ORAL CAPSU+G3:G21LE [ROZLYTREK]  | ADDITION              | 2/1/2020                 | 5    | PA                           |
| VICODIN ES TAB 7.5-300    | ACETAMINOPHEN 300 MG / HYDROCODONE BITARTRATE 7.5 MG ORAL TABLET [VICODIN]  | DELETION              | 2/1/2020                 | 2    | Q/L (120/30)                 |
| ZYKADIA CAP 150MG         | CERITINIB 150 MG ORAL CAPSULE [ZYKADIA]   | DELETION              | 2/1/2020                 | 5    | Q/L (150/30)                 |