

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.

2020 FORMULARY ADDITIONS UPDATE AS OF OCTOBER 1, 2020:

VERSION: 23
FORMULARY ID: 20482

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/NAACL INJ 0.225%	GLUCOSE/ SODIUM CHLORIDE INJECTION	DELETION	10/1/2020	4	PA
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 (25/28)
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

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
TABRECTA TAB 200MG	CAPMATINIB TABLET	ADDITION	9/1/2020	5	PA
DIDANOSINE CAP 200MG	VIDEX EC TABLET	DELETION	9/1/2020	2	
XCOPRI PAK 12.5-25	14 (CENOBAMAT) / 14 (CENOBAMATE TABLET) PACK [XCOPRI TITRATION PACK]	ADDITION	8/1/2020	4	
XCOPRI TAB 50-200MG	28 (CENOBAMATE TABLET) / 28 (CENOBAMATE TABLET) PACK [XCOPRI MAINTENANCE PACK]	ADDITION	8/1/2020	4	
XCOPRI PAK 150-200	28 (CENOBAMATE TABLET) / 28 (CENOBAMATE TABLET) PACK [XCOPRI MAINTENANCE PACK]	ADDITION	8/1/2020	4	
XCOPRI PAK 150-200	14 (CENOBAMATE TABLET) / 14 (CENOBAMATE TABLET) PACK [XCOPRI TITRATION PACK]	ADDITION	8/1/2020	4	
XCOPRI PAK 50-100MG	14 (CENOBAMATE TABLET) / 14 (CENOBAMATE TABLET) PACK [XCOPRI TITRATION PACK]	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 TAB 50MG	CENOBAMATE TABLET	ADDITION	8/1/2020	4	
OLM MED/HCTZ TAB 20-12.5	BENICAR HCT TABLET	ADDITION	8/1/2020	1	Q/L (30/30)
OLM MED/HCTZ TAB 40-12.5	BENICAR HCT TABLET	ADDITION	8/1/2020	1	Q/L (30/30)
OLM MED/HCTZ TAB 40-25MG	BENICAR HCT TABLET	ADDITION	8/1/2020	1	Q/L (30/30)
OLMESA MEDOX TAB 20MG	BENICAR TABLET	ADDITION	8/1/2020	1	Q/L (30/30)
OLMESA MEDOX TAB 40MG	BENICAR TABLET	ADDITION	8/1/2020	1	Q/L (30/30)
OLMESA MEDOX TAB 5MG	BENICAR TABLET	ADDITION	8/1/2020	1	Q/L (30/30)
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 150MG	TUCATINIB TABLET	ADDITION	8/1/2020	5	PA
TUKYSA TAB 50MG	TUCATINIB TABLET	ADDITION	8/1/2020	5	PA
ENTRESTO TAB 24-26MG	SACUBITRIL AND VALSARTAN TABLET	UPDATED	8/1/2020	3	

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
ENTRESTO TAB 49-51MG	SACUBITRIL AND VALSARTAN TABLET	UPDATED	8/1/2020	3	
ENTRESTO TAB 97-103MG	SACUBITRIL AND VALSARTAN TABLET	UPDATED	8/1/2020	3	
COUMADIN TAB 10MG	WARFARIN SODIUM TABLET	DELETION	8/1/2020	3	
COUMADIN TAB 1MG	WARFARIN SODIUM TABLET	DELETION	8/1/2020	3	
COUMADIN TAB 2.5MG	WARFARIN SODIUM TABLET	DELETION	8/1/2020	3	
COUMADIN TAB 2MG	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	
HAVRIX INJ 720UNIT	HEPATITIS A VACCINE STRAIN HM INJECTION	DELETION	8/1/2020	3	
HALOPER DEC INJ 50MG/ML					
HALOPER DEC INJ 50MG/ML	HALDOL DECANOATE 50MG/ML INJECTION	ADDITION	7/1/2020	2	
PEMAZYRE TAB 9MG	PEMIGATINIB 4.5 MG ORAL TABLET	ADDITION	7/1/2020	5	PA
PEMAZYRE TAB 4.5MG	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 25MG	SELUMETINIB 25 MG ORAL CAPSULE	ADDITION	7/1/2020	5	PA
KOSELUGO CAP 10MG	SELUMETINIB 10 MG ORAL CAPSULE	ADDITION	7/1/2020	5	PA
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	3	PA
VIDEX EC CAP 125MG	DIDANOSINE 125 MG DELAYED RELEASE ORAL CAPSULE	DELETION	7/1/2020	4	
VIDEX SOL 2GM	DIDANOSINE 10 MG/ML ORAL SOLUTION	DELETION	7/1/2020	4	Q/L (1200/30)
CAPLYTA CAP 42MG					
CAPLYTA CAP 42MG	LUMATEPERONE 42MG	ADDITION	6/1/2020	4	
EVEROLIMUS TAB 0.25MG	ZORTRESS 0.25MG	ADDITION	6/1/2020	2	PA, 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
EVEROLIMUS TAB 0.5MG	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	4	PA, Q/L (30/30)
IBRANCE TAB 125MG	PALBOCICLIB 125MG	ADDITION	6/1/2020	4	PA, Q/L (30/30)
IBRANCE TAB 75MG	PALBOCICLIB 75MG	ADDITION	6/1/2020	4	PA, Q/L (30/30)
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	RZANTAC 300MG	DELETION	6/1/2020	1	
RESCRIPTOR TAB 200MG	DELAVIRDINE 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	
FARYDAK CAP 15MG	PANOBINOSTAT 15 MG ORAL CAPSULE [FARYDAK]	DELETION	5/1/2020	4	PA, Q/L (30/30)
FLUTIC/SALME AER 100/50	WIXELA INHUB AEROSOL 100/50	ADDITION	5/1/2020	2	Q/L (60/30)
FLUTIC/SALME AER 250/50	WIXELA INHUB AEROSOL 250/50	ADDITION	5/1/2020	2	Q/L (60/30)
FLUTIC/SALME AER 500/50	WIXELA INHUB AEROSOL 500/50	ADDITION	5/1/2020	2	Q/L (60/30)
SECUADO DIS 3.8MG	24 HR ASENAPINE 0.158 MG/HR TRANSDERMAL SYSTEM [SECUADO]	ADDITION	5/1/2020	4	Q/L (30/30)
SECUADO DIS 5.7MG	24 HR ASENAPINE 0.238 MG/HR TRANSDERMAL SYSTEM [SECUADO]	ADDITION	5/1/2020	4	Q/L (30/30)
SECUADO DIS 7.6MG	24 HR ASENAPINE 0.317 MG/HR TRANSDERMAL SYSTEM [SECUADO]	ADDITION	5/1/2020	4	Q/L (30/30)

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
TAZVERIK TAB 200MG	TAZEMETOSTAT 200 MG ORAL TABLET [TAZVERIK]	ADDITION	5/1/2020	5	PA
VALTOCO LIQ 15MG	2 (0.1 ML) (DIAZEPAM 75 MG/ML NASAL SPRAY [VALTOCO]) 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]) 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]) 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]) PACK [VALTOCO 5 MG DOSE KIT]	ADDITION	5/1/2020	4	
WIXELA INHUB AER 100/50	FLUTICASONE - SALMETEROL AEROSOL 100/50	UPDATE	5/1/2020	2	Q/L (60/30)
WIXELA INHUB AER 250/50	FLUTICASONE - SALMETEROL AEROSOL 250/50	UPDATE	5/1/2020	2	Q/L (60/30)
WIXELA INHUB AER 500/50	FLUTICASONE - SALMETEROL AEROSOL 500/50	UPDATE	5/1/2020	2	Q/L (60/30)
ZARXIO INJ 300/0.5	FILGRASTIM 300 MCG/0.5 ML	ADDITION	5/1/2020	5	PA
ZARXIO INJ 480/0.8	FILGRASTIM 400 MCG/0.8 ML	ADDITION	5/1/2020	5	PA
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	
ESBRIET TAB 267MG	PIRFENIDONE 267MG ORAL TABLET [ESBRIET]	ADDITION	4/1/2020	5	PA, Q/L (270/30)
EURAX CREAM 10%	CROTAMITON CREAM 10%	DELETION	4/1/2020	3	
EURAX LOTION 10%	CROTAMITON LOTION 10%	DELETION	4/1/2020	3	
KLOR-CON SPR CAP 8MEQ	POTASSIUM CHLORIDE 8 MEQ EXTENDED RELEASE ORAL CAPSULE [KLOR-CON]	DELETION	4/1/2020	1	
PREMASOL SOL 6%	PREMASOL SOL 6%	DELETION	4/1/2020	4	PA
SYLATRON KIT 600MCG	PEGINTERFERON ALFA-2B 0.6MG INJECTION [SYLATRON]	DELETION	4/1/2020	5	Q/L (25/28)
TOLBUTAMIDE TAB 500MG	TOLBUTAMIDE TAB 500MG	DELETION	4/1/2020	1	

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
BRUKINSA CAP 80MG	ZANUBRUTINIB 80MG CAPSULE	ADDITION	3/1/2020	5	PA
ESBRIET TAB 267MG	PIRFENIDONE 267 MG ORAL TABLET	DELETION	3/1/2020	5	PA, Q/L (270/30)
EVEROLIMUS TAB 2.5MG	EVEROLIMUS 2.5MG TABLET	ADDITION	3/1/2020	2	PA, Q/L (60/30)
EVEROLIMUS TAB 7.5MG	EVEROLIMUS 5MG TABLET	ADDITION	3/1/2020	2	PA, Q/L (60/30)
EVEROLIMUS TAB 7.5MG	EVEROLIMUS 7.5MG TABLET	ADDITION	3/1/2020	2	PA, Q/L (60/30)
BACTROBAN OIN NASAL 2%	MUPIROCIN CALCIUM 2% NASAL OINTMENT	DELETION	2/1/2020	3	
D5W/NAACL INJ 0.33%	DEXTROSE 5% / SODIUM CHLORIDE	DELETION	2/1/2020	4	PA
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	
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	1	
NADOLOL/BEND TAB 40-5MG	BENDROFLUMETHIAZIDE 5 MG / NADOLOL 40 MG ORAL TABLET	DELETION	2/1/2020	1	
NAYZILAM SPR 5MG	MIDAZOLAM 50 MG/ML NASAL SPRAY [NAYZILAM]	ADDITION	2/1/2020	4	
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	

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
ROZLYTREK CAP 100MG	ENTRECTINIB 100 MG ORAL CAPSULE [ROZLYTREK]	ADDITION	2/1/2020	5	PA
ROZLYTREK CAP 200MG	ENTRECTINIB 200 MG ORAL CAPSULE [ROZLYTREK]	ADDITION	2/1/2002	5	PA
TREXIMET TAB 10-60MG	SUMATRIPTAN/NAPROXEN SODIUM 10-60 MG TABLET	DELETION	2/1/2020	3	
ZYKADIA CAP 150MG	CERITINIB 150 MG ORAL CAPSULE [ZYKADIA]	DELETION	2/1/2020	5	PA, Q/L (150/30)