

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 2019.

**VERSION: 20**  
**FORMULARY ID: 19580**

**2019 FORMULARY ADDITIONS UPDATE AS OF AUGUST 1, 2019:**

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
<b>CIPROFLOXACIN TAB 1000MG</b>	TABLET	DELETION	8/1/2019	2	
<b>CIPROFLOXACIN TAB 500MG ER</b>	24 HR CIPROFLOXACIN 500 MG EXTENDED RELEASE ORAL TABLET	DELETION	8/1/2019	2	
<b>METHYCLOTHIA TAB 5MG</b>	METHYCLOTHIAZIDE 5 MG ORAL TABLET	DELETION	8/1/2019	2	
<b>ZYKADIA TAB 150MG</b>	CERITINIB 150 MG ORAL TABLET	ADDITION	8/1/2019	5	Q/L (150/30)
<b>AMINOSYN INJ 8.5/LYTE</b>	ALANINE 11 MG/ML / ARGININE 8.5 MG/ML / GLYCINE 11 MG/ML / HISTIDINE 2.6 MG/ML / ISOLEUCINE 6.2 MG/ML / LEUCINE 8.1 MG/ML / LYSINE 6.24 MG/ML / MAGNESIUM CHLORIDE 0.00502 MEQ/ML / METHIONINE 3.4 MG/ML / PHENYLALANINE 3.8 MG/ML / POTASSIUM CHLORIDE 0.0654	DELETION	7/1/2019	4	PA

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<b>AMINOSYN II INJ 8.5%</b>	ALANINE 8.44 MG/ML / ARGININE 8.65 MG/ML / ASPARTATE 5.95 MG/ML / GLUTAMATE 6.27 MG/ML / GLYCINE 4.25 MG/ML / HISTIDINE 2.55 MG/ML / ISOLEUCINE 5.61 MG/ML / LEUCINE 8.5 MG/ML / LYSINE 8.93 MG/ML / METHIONINE 1.46 MG/ML / PHENYLALANINE 2.53 MG/ML / PROLINE	DELETION	7/1/2019	4	PA
<b>AMINOSYN II INJ 8.5/LYTE</b>	ALANINE 8.44 MG/ML / ARGININE 8.65 MG/ML / ASPARTATE 5.95 MG/ML / GLUTAMATE 6.27 MG/ML / GLYCINE 4.25 MG/ML / HISTIDINE 2.55 MG/ML / ISOLEUCINE 5.61 MG/ML / LEUCINE 8.5 MG/ML / LYSINE 8.93 MG/ML / MAGNESIUM CHLORIDE 0.005 MEQ/ML / METHIONINE 1.46 MG/ML /	DELETION	7/1/2019	4	PA
<b>AMINOSYN-HBC INJ 7%</b>	ALANINE 6.6 MG/ML / ARGININE 5.07 MG/ML / GLYCINE 6.6 MG/ML / HISTIDINE 1.54 MG/ML / ISOLEUCINE 7.89 MG/ML / LEUCINE 15.8 MG/ML / LYSINE 2.65 MG/ML / METHIONINE 2.06 MG/ML / PHENYLALANINE 2.28 MG/ML / PROLINE 4.48 MG/ML / SERINE 2.21 MG/ML / THREONINE 2.7	DELETION	7/1/2019	4	PA
<b>BALVERSA TAB 3MG</b>	ERDAFITINIB	ADDITION	7/1/2019	5	
<b>BALVERSA TAB 4MG</b>	ERDAFITINIB	ADDITION	7/1/2019	5	
<b>BALVERSA TAB 5MG</b>	ERDAFITINIB	ADDITION	7/1/2019	5	
<b>BLISOVI FE TAB 1/20</b>	21 (ETHINYL ESTRADIOL 0.02 MG / NORETHINDRONE ACETATE 1 MG ORAL TABLET) / 7 (FERROUS FUMARATE 75 MG ORAL TABLET) } PACK [BLISOVI 21 FE 1/20 28 DAY PACK]	DELETION	7/1/2019	2	
<b>CHLORPROPAM TAB 100MG</b>	CHLORPROPAMIDE 100 MG ORAL TABLET	DELETION	7/1/2019	2	PA, QL (120/30)
<b>CHLORPROPAM TAB 250MG</b>	CHLORPROPAMIDE 250 MG ORAL TABLET	DELETION	7/1/2019	2	PA, QL (90/30)
<b>ALBUTEROL AER HFA</b>	ALBUTEROL		6/1/2019	4	QL (18/30)
<b>BUPREN/NALOX MIS 12-3MG</b>	BUPRENORPHINE-NALOXONE		6/1/2019	2	QL (60/30)
<b>BUPREN/NALOX MIS 2-0.5MG</b>	BUPRENORPHINE-NALOXONE		6/1/2019	2	QL (90/30)
<b>BUPREN/NALOX MIS 4-1MG</b>	BUPRENORPHINE-NALOXONE		6/1/2019	2	QL (45/30)

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<b>BUPREN/NALOX MIS 8-2MG</b>	BUPRENORPHINE-NALOXONE		6/1/2019	2	QL (90/30)
<b>CARIMUNE NF INJ 3GM</b>	IMMUNOGLOBULIN G		6/1/2019	4	PA
<b>CIPROFLOXACN SUS 250MG/5</b>	CIPROFLOXACIN		6/1/2019	2	
<b>DOVATO TAB 50-300MG</b>	DOLUTEGRAVIR-LAMIVUDINE		6/1/2019	5	QL (30/30)
<b>ESTROPIPATE TAB 0.75MG</b>	ESTROPIPATE		6/1/2019	2	PA
<b>HYDROCO/APAP TAB 2.5-325</b>	ACETAMINOPHEN-HYDROCODONE BITARTRATE		6/1/2019	2	
<b>KLOR-CON SPR CAP 10MEQ</b>	POTASSIUM CHLORIDE		6/1/2019	1	
<b>MOEXIPR/HCTZ TAB 15-12.5</b>	HYDROCHLOROTHIAZIDE-MOEXIPRIL HYDROCHLORIDE		6/1/2019	2	
<b>MOEXIPR/HCTZ TAB 15-25MG</b>	HYDROCHLOROTHIAZIDE-MOEXIPRIL HYDROCHLORIDE		6/1/2019	2	
<b>MOEXIPR/HCTZ TAB 7.5-12.5</b>	HYDROCHLOROTHIAZIDE-MOEXIPRIL HYDROCHLORIDE		6/1/2019	2	
<b>NADOLOL/BEND TAB 80-5MG</b>	BENDROFLUMETHIAZIDE-NADOLOL		6/1/2019	2	
<b>NUPLAZID TAB 17MG</b>	PIMAVANSERIN		6/1/2019	5	QL (60/30)
<b>PROGRAF GRA 0.2MG</b>	TACROLIMUS		6/1/2019	4	PA
<b>PROGRAF GRA 1MG</b>	TACROLIMUS		6/1/2019	4	PA
<b>QUASENSE TAB</b>	ETHINYL ESTRADIOL-LEVONORGESTREL		6/1/2019	4	
<b>RESCRIPTOR TAB 100 MG</b>	DELAVIRDINE MESYLATE		6/1/2019	4	QL (360/30)
<b>RIBAPAK PAK 600/DAY</b>	RIBAVIRIN		6/1/2019	5	
<b>RIBAPAK PAK 800/DAY</b>	RIBAVIRIN		6/1/2019	5	
<b>RIBASPHERE TAB 200MG</b>	RIBAVIRIN		6/1/2019	4	
<b>RIBASPHERE TAB 400MG</b>	RIBAVIRIN		6/1/2019	4	
<b>TECHNIVIE TAB</b>	OMBITASVIR -PARITAPREVIR-RITONAVIR		6/1/2019	5	PA, QL (56/28)
<b>VERSACLOZ SUS 50MG/ML</b>	CLOZAPINE		6/1/2019	5	QL (540/30)
<b>VIEKIRA XR TAB</b>	DASABUVIR-OMBITASVIR-PARITAPREVIR-RITONAVIR		6/1/2019	5	PA, QL (84/28)
<b>ARISTADA INJ INITIO</b>	2.4 ML ARIPIPRAZOLE LAUROXIL 281.3 MG/ML PREFILLED SYRINGE	ADDITION	4/1/2019	3	
<b>MODERIBA TAB 200MG</b>	RIBAVIRIN 200 MG ORAL TABLET	DELETION	4/1/2019	2	
<b>NEVIRAPINE SUS 50MG/5ML</b>	NEVIRAPINE 10 MG/ML ORAL SUSPENSION	ADDITION	4/1/2019	2	QL (1200/30)
<b>PERSERIS INJ 120MG</b>	0.8 ML RISPERIDONE 150 MG/ML PREFILLED SYRINGE	ADDITION	4/1/2019	5	
<b>PERSERIS INJ 90MG</b>	0.6 ML RISPERIDONE 150 MG/ML PREFILLED SYRINGE	ADDITION	4/1/2019	5	
<b>SYMPAZAN MIS 10MG</b>	CLOBAZAM 10 MG ORAL STRIP	ADDITION	4/1/2019	3	

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<b>SYMPAZAN MIS 20MG</b>	CLOBAZAM 20 MG ORAL STRIP	ADDITION	4/1/2019	3	
<b>SYMPAZAN MIS 5MG</b>	CLOBAZAM 5 MG ORAL STRIP	ADDITION	4/1/2019	3	
<b>AFEDITAB TAB 30MG CR</b>	24 HR NIFEDIPINE 30 MG EXTENDED RELEASE	DELETION	3/1/2019	2	(90)
<b>BYDUREON INJ</b>	EXENATIDE 2 MG	DELETION	3/1/2019	3	QL (4.5/30)
<b>CLOBAZAM 10 MG TABLET</b>	CLOBAZAM 10 MG	ADDITION	3/1/2019	2	QL (60/30)
<b>CLOBAZAM 20 MG TABLET</b>	CLOBAZAM 20 MG	ADDITION	3/1/2019	2	QL (60/30)
<b>CLOBAZAM SUSPENSION 2.5 MG/ML</b>	CLOBAZAM 2.5 MG/ML	ADDITION	3/1/2019	2	QL (480/30)
<b>DALFAMPRIDIN 10MG ER TABLET</b>	12 HR DALFAMPRIDINE 10 MG EXTENDED RELEASE	ADDITION	3/1/2019	2	PA,QL (60/30)
<b>DAURISMO 100MG TABLET</b>	GLASDEGIB 100 MG	ADDITION	3/1/2019	5	
<b>DAURISMO 25MG TABLET</b>	GLASDEGIB 25 MG	ADDITION	3/1/2019	5	
<b>EPIDIOLEX 100MG/ML SOLUTION</b>	CANNABIDIOL 100 MG/ML	ADDITION	3/1/2019	5	PA
<b>GALAFOLD 123MG CAPSULE</b>	MIGALASTAT 123 MG	ADDITION	3/1/2019	5	PA
<b>GAMMAPLEX INJ 10%</b>	50 ML IMMUNOGLOBULIN G, HUMAN 100 MG/ML	ADDITION	3/1/2019	4	PA
<b>GAMMAPLEX INJ 10%</b>	100 ML IMMUNOGLOBULIN G, HUMAN 100 MG/ML	ADDITION	3/1/2019	4	PA
<b>GAMMAPLEX INJ 10%</b>	200 ML IMMUNOGLOBULIN G, HUMAN 100 MG/ML	ADDITION	3/1/2019	4	PA
<b>INVIRASE CAP 200MG</b>	SAQUINAVIR 200 MG	DELETION	3/1/2019	5	QL (300/30)
<b>LYNPARZA CAP 50MG</b>	OLAPARIB 50 MG	DELETION	3/1/2019	5	QL (480/30)
<b>METIPRANOLOL SOL 0.3% OPH</b>	METIPRANOLOL 3 MG/ML	DELETION	3/1/2019	2	
<b>NIVESTYM INJ 300/0.5</b>	0.5 ML FILGRASTIM-AAFI 0.6 MG/ML	ADDITION	3/1/2019	5	PA
<b>NIVESTYM INJ 480/0.8</b>	0.8 ML FILGRASTIM-AAFI 0.6 MG/ML	ADDITION	3/1/2019	5	PA
<b>POLYETH GLYC POW 3350 NF</b>	POLYETHYLENE GLYCOL 3350 17000 MG POWDER	DELETION	3/1/2019	2	
<b>TESTOSTERONE GEL 1.62%</b>	2500 MG TESTOSTERONE 0.0162 MG/MG	ADDITION	3/1/2019	2	QL (300/30)
<b>VITRAKVI 100MG CAPSULE</b>	LAROTRECTINIB 100 MG	ADDITION	3/1/2019	5	
<b>VITRAKVI 20 MG/ML SOLUTION</b>	LAROTRECTINIB 20 MG/ML	ADDITION	3/1/2019	5	
<b>VITRAKVI 25MG CAPSULE</b>	LAROTRECTINIB 25 MG	ADDITION	3/1/2019	5	

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<b>XOFLUZA 20MG (2)MG THERAPY PACK</b>	BALOXAVIR MARBOXIL	ADDITION	3/1/2019	4	QL (2/30)
<b>XOFLUZA 40MG (2)MG THERAPY PACK</b>	BALOXAVIR MARBOXIL	ADDITION	3/1/2019	4	QL (2/30)
<b>XOSPATA 40MG TABLET</b>	GILTERITINIB 40 MG	ADDITION	3/1/2019	5	
<b>ZENCHENT TABLET</b>	ETHINYL ESTRADIOL 0.035 MG / NORETHINDRONE 0.4 MG	DELETION	3/1/2019	2	
<b>ZERIT SOL 1MG/ML</b>	STAVUDINE 1 MG/ML	DELETION	3/1/2019	5	QL (2400/30)
<b>AFEDITAB TAB 60MG CR</b>	24 HR NIFEDIPINE 60 MG EXTENDED RELEASE ORAL TABLET	DELETED	2/1/2019	2	
<b>BRAFTOVI CAP 50MG</b>	ENCORAFENIB 50 MG ORAL CAPSULE	ADDITION	2/1/2019	5	
<b>BRAFTOVI CAP 75MG</b>	ENCORAFENIB 75 MG ORAL CAPSULE	ADDITION	2/1/2019	5	
<b>COLESEVELAM PAK 3.75</b>	COLESEVELAM HYDROCHLORIDE 3750 MG POWDER FOR ORAL SUSPENSION	ADDITION	2/1/2019	2	
<b>COLESEVELAM TAB 625MG</b>	COLESEVELAM HYDROCHLORIDE 625 MG ORAL TABLET	ADDITION	2/1/2019	2	
<b>COPIKTRA CAP 15MG</b>	DUVELISIB 15 MG ORAL CAPSULE	ADDITION	2/1/2019	5	
<b>COPIKTRA CAP 25MG</b>	DUVELISIB 25 MG ORAL CAPSULE	ADDITION	2/1/2019	5	
<b>DELSTRIGO TAB</b>	DORAVIRINE 100 MG / LAMIVUDINE 300 MG / TENOFOVIR DISOPROXIL FUMARATE 300 MG ORAL TABLET	ADDITION	2/1/2019	4	
<b>ERTAPENEM INJ 1GM</b>	ERTAPENEM 1000 MG INJECTION	ADDITION	2/1/2019	2	
<b>HEXALEN CAP 50MG</b>	ALTRETAMINE 50 MG ORAL CAPSULE	DELETED	2/1/2019	5	
<b>IBANDRONATE TAB 150MG</b>	IBANDRONIC ACID 150 MG ORAL TABLET	UPDATED	2/1/2019	4	QL (1/28)
<b>KIMIDESS TAB</b>	DESOGESTREL 0.15 MG / ETHINYL ESTRADIOL 0.02 MG ORAL TABLET	DELETED	2/1/2019	2	
<b>LENVIMA CAP 12MG</b>	LENVATINIB 4 MG ORAL CAPSULE	ADDITION	2/1/2019	5	
<b>LENVIMA CAP 4MG</b>	LENVATINIB 4 MG ORAL CAPSULE	ADDITION	2/1/2019	5	
<b>LORLATINIB</b>	LORLATINIB 100 MG ORAL TABLET	ADDITION	2/1/2019	5	
<b>LORLATINIB</b>	LORLATINIB 25 MG ORAL TABLET	ADDITION	2/1/2019	5	
<b>MEKTOVI TAB 15MG</b>	BINIMETINIB 15 MG ORAL TABLET	ADDITION	2/1/2019	5	
<b>MOLINDONE TAB HCL 5MG</b>	MOLINDONE HYDROCHLORIDE 5 MG ORAL TABLET	ADDITION	2/1/2019	4	
<b>MOLINDONE TAB HCL 25MG</b>	MOLINDONE HYDROCHLORIDE 25 MG ORAL TABLET	ADDITION	2/1/2019	4	

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<b>MOLINDONETAB HCL 10MG</b>	MOLINDONE HYDROCHLORIDE 10 MG ORAL TABLET	ADDITION	2/1/2019	4	
<b>NECON TAB 7/7/7</b>	ETHINYL ESTRADIOL 0.035 MG / NORETHINDRONE 0.5 MG ORAL TABLET	DELETED	2/1/2019	2	
<b>NORVIR CAP 100MG</b>	RITONAVIR 100MG ORAL CAPSULE	DELETED	2/1/2019	4	QL (360/30)
<b>NUPLAZID TAB 10MG</b>	PIMAVANSERIN 10 MG ORAL TABLET	ADDITION	2/1/2019	5	
<b>NUPLAZID CAP 34MG</b>	PIMAVANSERIN 34 MG ORAL CAPSULE	ADDITION	2/1/2019	5	
<b>OLUMIANT TAB 2MG</b>	BARICITINIB 2 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
<b>PERIOGARD SOL 0.12%</b>	CHLORHEXIDINE GLUCONATE 1.2 MG/ML MOUTHWASH	DELETED	2/1/2019	4	
<b>PIFELTRO TAB 100MG</b>	DORAVIRINE 100 MG ORAL TABLET	ADDITION	2/1/2019	4	
<b>SOD CHLORIDE INJ 2.5/ML</b>	20 ML SODIUM CHLORIDE 146 MG/ML INJECTION	DELETED	2/1/2019	4	PA
<b>SYMTUZA TAB</b>	COBICISTAT 150 MG / DARUNAVIR 800 MG / EMTRICITABINE 200 MG / TENOFOVIR ALAFENAMIDE 10 MG ORAL TABLET	ADDITION	2/1/2019	5	
<b>TALZENNA CAP 0.25MG</b>	TALAZOPARIB 0.25 MG ORAL CAPSULE	ADDITION	2/1/2019	5	
<b>TALZENNA CAP 1MG</b>	TALAZOPARIB 1 MG ORAL CAPSULE	ADDITION	2/1/2019	5	
<b>TIBSOVO TAB 250MG</b>	IVOSIDENIB 250 MG ORAL TABLET	ADDITION	2/1/2019	5	
<b>VERSACLOZ SUS 50MG/ML</b>	CLOZAPINE 50 MG/ML ORAL SUSPENSION	DELETED	2/1/2019	5	QL (540/30)
<b>VIZIMPRO TAB 15MG</b>	DACOMITINIB 15 MG ORAL TABLET	ADDITION	2/1/2019	5	
<b>VIZIMPRO TAB 30MG</b>	DACOMITINIB 30 MG ORAL TABLET	ADDITION	2/1/2019	5	
<b>VIZIMPRO TAB 45MG</b>	DACOMITINIB 45 MG ORAL TABLET	ADDITION	2/1/2019	5	
<b>ZORTRESS</b>	EVEROLIMUS 1 MG ORAL TABLET	ADDITION	2/1/2019	5	QL (60/30)