

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: 18
FORMULARY ID: 21597

2021 FORMULARY ADDITIONS UPDATE AS OF DECEMBER 1, 2021:

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
PANRETIN GEL 0.1%	ALITRETINOIN GEL	ADDITION	12/1/2021	4	
WELIREG TAB 40MG	BELZUTIFAN TAB	ADDITION	12/1/2021	5	PA
TRUSELTIQ CAP 50MG	INFIGRATINIB CAPSULE	ADDITION	12/1/2021	5	PA
TRUSELTIQ CAP 75MG	INFIGRATINIB CAPSULE	ADDITION	12/1/2021	5	PA
TRUSELTIQ CAP 100MG	INFIGRATINIB CAPSULE	ADDITION	12/1/2021	5	PA
TRUSELTIQ CAP 125MG	INFIGRATINIB CAPSULE	ADDITION	12/1/2021	5	PA
CHLORPROMAZINE HYDROCHLORIDE 30 MG/ML SOL	CHLORPROMAZINE SOL	ADDITION	11/1/2021	4	
CHLORPROMAZINE HYDROCHLORIDE 100 MG/ML SOL	CHLORPROMAZINE SOL	ADDITION	11/1/2021	4	
REZUROCK TAB 200MG	BELUMOSUDIL MESYLATE TAB	ADDITION	11/1/2021	5	PA
Xofluza Tablet Therapy Pack 20 (2) MG	BALOXAVIR MARBOXIL TAB	DELETION	11/1/2021	4	PA, Q/L (2/30)
Xofluza Tablet Therapy Pack 40 (2) MG	BALOXAVIR MARBOXIL TAB	DELETION	11/1/2021	4	PA, Q/L (2/30)
XCOPRI TAB 50-200MG	CENOBAMATE TAB	DELETION	11/1/2021	4	
AYVAKIT TAB 25MG	AVAPRITINIB TAB	ADDITION	10/1/2021	5	PA
AYVAKIT TAB 50MG	AVAPRITINIB TAB	ADDITION	10/1/2021	5	PA

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
LUMAKRAS TAB 120MG	SOTORASIB TAB	ADDITION	10/1/2021	5	PA
ALINIA TAB 500MG	NITAZOXANIDE TAB	DELETION	10/1/2021	4	
ALINIA SUS 100/5ML	NITAZOXANIDE SUSP	DELETION	10/1/2021	4	Q/L (180/3)
KINRIX INJ	DIPHTHERIA AND TETNUS TOXOIDS, ACELLULAR PERTUSSIS, AND POLIOVIRUS VACCINE	DELETION	10/1/2021	4	
XPOVIO PAK 40MG	SELINEXOR PAK	DELETION	10/1/2021	5	PA
XPOVIO PAK 40MG	SELINEXOR PAK	DELETION	10/1/2021	5	PA
XPOVIO PAK 100MG	SELINEXOR PAK	DELETION	10/1/2021	5	PA
XPOVIO PAK 80MG	SELINEXOR PAK	DELETION	10/1/2021	5	PA
XPOVIO PAK 60MG	SELINEXOR PAK	DELETION	10/1/2021	5	PA
TRILYTE SOL	POLYETHYLENE GLYCOL-ELECTROLYTE SOL	DELETION	10/1/2021	1	
LITHIUM SOL 8MEQ/5ML	LITHIUM CITRATE SOL	DELETION	10/1/2021	3	
HEPATAMINE SOL 8%	HEPATAMINE SOL	DELETION	10/1/2021	4	PA
APTIVUS SOL	TIPRANAVIR SOL	DELETION	9/1/2021	5	Q/L (300/30)
GUANIDINE TAB 125MG	GUANIDINE TAB	DELETION	9/1/2021	4	
INFANRIX INJ	DIPHTHERIA AND TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE	DELETION	9/1/2021	3	
MAPROTILINE TAB 25MG	LUDIOMIL TAB	DELETION	9/1/2021	2	Q/L (270/30)
MAPROTILINE TAB 50MG	LUDIOMIL TAB	DELETION	9/1/2021	2	Q/L (135/30)
MAPROTILINE TAB 75MG	LUDIOMIL TAB	DELETION	9/1/2021	2	
RUFINAMIDE TAB 200MG	BANZEL TAB	ADDITION	9/1/2021	4	
RUFINAMIDE TAB 400MG	BANZEL TAB	ADDITION	9/1/2021	4	
ALBUTEROL TAB 4MG ER	VOSPIRE ER TAB	DELETION	8/1/2021	1	
ALBUTEROL TAB 8MG ER	VOSPIRE ER TAB	DELETION	8/1/2021	1	
CAPTOPR/HCTZ TAB 25-15MG	CAPOZIDE	DELETION	8/1/2021	1	
CAPTOPR/HCTZ TAB 25-25MG	CAPOZIDE	DELETION	8/1/2021	1	
CAPTOPR/HCTZ TAB 50-15MG	CAPOZIDE	DELETION	8/1/2021	1	
CAPTOPR/HCTZ TAB 50-25MG	CAPOZIDE	DELETION	8/1/2021	1	
PHOSPHOLINE SOL 0.125% OP	ECOTHIOPHATE IODIDE OP SOL	DELETION	8/1/2021	3	
XCOPRI TAB	CENOBAMATE TAB	ADDITION	8/1/2021	4	
XPOVIO TAB 100MG ONCE WEEKLY	SELINEXOR TAB	ADDITION	8/1/2021	5	PA

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
XPOVIO TAB 40MG ONCE WEEKLY	SELINEXOR TAB	ADDITION	8/1/2021	5	PA
XPOVIO TAB 40MG TWICE WEEKLY	SELINEXOR TAB	ADDITION	8/1/2021	5	PA
XPOVIO TAB 60MG ONCE WEEKLY	SELINEXOR TAB	ADDITION	8/1/2021	5	PA
XPOVIO TAB 80MG ONCE WEEKLY	SELINEXOR TAB	ADDITION	8/1/2021	5	PA
24 HR PREGABALIN EXTENDED RELEASE ORAL TABLET 82.5 MG	LYRICA ER 24 HR TABLET	ADDITION	7/1/2021	2	
24 HR PREGABALIN EXTENDED RELEASE ORAL TABLET 330 MG	LYRICA ER 24 HR TABLET	ADDITION	7/1/2021	2	
24 HR PREGABALIN EXTENDED RELEASE ORAL TABLET 165 MG	LYRICA ER 24 HR TABLET	ADDITION	7/1/2021	2	
FOTIVDA ORAL CAPSULE 1.34 MG	TIVOZANIB HYDROCHLORIDE CAPSULE	ADDITION	7/1/2021	5	PA
FOTIVDA ORAL CAPSULE 0.89 MG	TIVOZANIB HYDROCHLORIDE CAPSULE	ADDITION	7/1/2021	5	PA
XTANDI ORAL TABLET 80 MG	ENZALUTAMIDE TABLET	ADDITION	7/1/2021	5	PA, Q/L (60/30)
XTANDI ORAL TABLET 40 MG	ENZALUTAMIDE TABLET	ADDITION	7/1/2021	5	PA, Q/L (120/30)
CRIXIVAN CAP 200MG	INDINAVIR CAP	DELETION	6/1/2021	3	Q/L 360/30
CYCLOPHOSPHAMIDE CAP 25 MG	CYTOXAN CAP	ADDITION	6/1/2021	2	PA
CYCLOPHOSPHAMIDE CAP 50 MG	CYTOXAN CAP	ADDITION	6/1/2021	2	PA
UKONIQ TAB 200MG	UMBRALISIB TOSYLATE TAB	ADDITION	6/1/2021	5	PA
ANADROL-50 TAB 50MG	OXYMETHOLONE TAB	DELETION	5/1/2021	4	
BYDUREON INJ BCISE	EXENATIDE INJ	ADDITION	5/1/2021	4	
BYDUREON PEN INJ 2MG	EXENATIDE INJ	DELETION	5/1/2021	4	Q/L 4/28
CIMDUO TAB 300-300	LAMIVUDINE-TENOFOVIR TAB	UPDATE	5/1/2021	4	Q/L 30/30
LIDOCAINE GEL 2% JELLY	XYLOCAINE JELLY	DELETION	5/1/2021	2	

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METAPROTEREN SYP 10MG/5ML	METAPROTERENOL SULFATE SYP	DELETION	5/1/2021	1	
SOMATULINE INJ 120/.5ML	LANREOTIDE INJ	DELETION	5/1/2021	5	
SOMATULINE INJ 60/0.2ML	LANREOTIDE INJ	DELETION	5/1/2021	5	
SOMATULINE INJ 90/0.3ML	LANREOTIDE INJ	DELETION	5/1/2021	5	
TEMIXYS TAB 300-300	LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TAB	ADDITION	5/1/2021	4	Q/L 30/30
TEPMETKO TAB 225MG	TEPOTINIB HYDROCHLORIDE TAB	ADDITION	5/1/2021	5	PA
XELJANZ SOLN 1MG/ML	TOFACITINIB CITRATE ORAL SOL	ADDITION	5/1/2021	5	PA
XELJANZ XR TAB 22MG	TOFACITINIB CITRATE TAB	ADDITION	5/1/2021	5	PA
ABIRATERONE TAB 500MG	ZYTIGA TABLET	ADDITION	4/1/2021	5	PA, Q/L (60/30)
AZITHROMYCIN TAB 500MG	ZITHROMAX TABLET	ADDITION	4/1/2021	2	
CORTISONE AC TAB 25MG	CORTISONE AC TABLET	DELETION	4/1/2021	2	
CRIVIVAN CAP 400MG	INDINAVIR CAPSULE	DELETION	4/1/2021	3	
DIDANOSINE CAP 250MG	VIDEX CAPSULE	DELETION	4/1/2021	2	
DIDANOSINE CAP 400MG	VIDEX CAPSULE	DELETION	4/1/2021	2	
EUTHYROX TAB 100MCG	LEVOTHYROXINE TABLET	ADDITION	4/1/2021	1	
EUTHYROX TAB 112MCG	LEVOTHYROXINE TABLET	ADDITION	4/1/2021	1	
EUTHYROX TAB 125MCG	LEVOTHYROXINE TABLET	ADDITION	4/1/2021	1	
EUTHYROX TAB 137MCG	LEVOTHYROXINE TABLET	ADDITION	4/1/2021	1	
EUTHYROX TAB 150MCG	LEVOTHYROXINE TABLET	ADDITION	4/1/2021	1	
EUTHYROX TAB 175MCG	LEVOTHYROXINE TABLET	ADDITION	4/1/2021	1	
EUTHYROX TAB 200MCG	LEVOTHYROXINE TABLET	ADDITION	4/1/2021	1	
EUTHYROX TAB 25MCG	LEVOTHYROXINE TABLET	ADDITION	4/1/2021	1	
EUTHYROX TAB 50MCG	LEVOTHYROXINE TABLET	ADDITION	4/1/2021	1	
EUTHYROX TAB 75MCG	LEVOTHYROXINE TABLET	ADDITION	4/1/2021	1	
EUTHYROX TAB 88MCG	LEVOTHYROXINE TABLET	ADDITION	4/1/2021	1	
EVEROLIMUS TAB 2.5MG	AFINITOR TABLET	UPDATE	4/1/2021	2	PA, Q/L (60/30)
EVEROLIMUS TAB 5MG	AFINITOR TABLET	UPDATE	4/1/2021	2	PA, Q/L (60/30)
EVEROLIMUS TAB 7.5MG	AFINITOR TABLET	UPDATE	4/1/2021	2	PA, Q/L (60/30)
HALDOL DECAN INJ 100MG/ML	HALOPERIDOL LACTATE INJECTION	ADDITION	4/1/2021	2	
HALOPER DEC INJ 100MG/ML	HALDOL DECANOATE INJECTION	ADDITION	4/1/2021	2	
HAVRIX INJ 1440UNIT	HAVRIX INJECTION	DELETION	4/1/2021	3	
HUMIRA KIT 20MG/0.4	ADALIMUMAB KIT	DELETION	4/1/2021	5	PA, Q/L (8/28)
ICLUSIG TAB 10MG	PONATINIB TABLET	ADDITION	4/1/2021	5	PA
ICLUSIG TAB 30MG	PONATINIB TABLET	ADDITION	4/1/2021	5	PA

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ONUREG TAB 200MG	AZACITIDINE TABLET	ADDITION	4/1/2021	5	PA
ONUREG TAB 300MG	AZACITIDINE TABLET	ADDITION	4/1/2021	5	PA
ORGOVYX TAB 120MG	RELUGOLIX TABLET	ADDITION	4/1/2021	5	PA
PREVALITE POW 4GM	CHOLESTYRAMINE RESIN POWDER	ADDITION	4/1/2021	2	
QUESTRAN POW 4GM LITE	CHOLESTYRAMINE RESIN POWDER	ADDITION	4/1/2021	2	
SOTALOL AF TAB 120MG	BETAPACE AF TABLET	ADDITION	4/1/2021	1	
STAVUDINE CAP 15MG	ZERIT CAPSULE	DELETION	4/1/2021	2	Q/L (120/30)
STAVUDINE CAP 20MG	ZERIT CAPSULE	DELETION	4/1/2021	2	Q/L (120/30)
STAVUDINE CAP 30MG	ZERIT CAPSULE	DELETION	4/1/2021	2	Q/L (60/30)
STAVUDINE CAP 40MG	ZERIT CAPSULE	DELETION	4/1/2021	2	Q/L (60/30)
TRELEGY AER ELLIPTA	FLUTICASONE, UMECLIDINIUM & VILANTEROL AEROSOL	ADDITION	4/1/2021	3	
TRULICITY INJ 3/0.5	DULAGLUTIDE INJECTION	ADDITION	4/1/2021	3	
TRULICITY INJ 4.5/0.5	DULAGLUTIDE INJECTION	ADDITION	4/1/2021	3	
AMLOD/OLMESA TAB 10-20MG	AZOR TAB	ADDITION	2/1/2021	2	Q/L (30/30)
AMLOD/OLMESA TAB 10-40MG	AZOR TAB	ADDITION	2/1/2021	2	Q/L (30/30)
AMLOD/OLMESA TAB 5-20MG	AZOR TAB	ADDITION	2/1/2021	2	Q/L (30/30)
AMLOD/OLMESA TAB 5-40MG	AZOR TAB	ADDITION	2/1/2021	2	Q/L (30/30)
AMLOD/VALSAR TAB 10-160MG	EXFORGE TAB	ADDITION	2/1/2021	2	
AMLOD/VALSAR TAB 10-320MG	EXFORGE TAB	ADDITION	2/1/2021	2	
AMLOD/VALSAR TAB 5-160MG	EXFORGE TAB	ADDITION	2/1/2021	2	
AMLOD/VALSAR TAB 5-320MG	EXFORGE TAB	ADDITION	2/1/2021	2	
ARCAPTA CAP 75MCG	INDACATEROL CAP	DELETION	2/1/2021	4	Q/L (30/30)
BUNAVAIL MIS 2.1-0.3	BUPRENORPHINE/NALOXONE MIS	DELETION	2/1/2021	3	
BUNAVAIL MIS 4.2-0.7	BUPRENORPHINE/NALOXONE MIS	DELETION	2/1/2021	3	
BUNAVAIL MIS 6.3-1MG	BUPRENORPHINE/NALOXONE MIS	DELETION	2/1/2021	3	
DIACOMIT CAP 250MG	STIRIPENTOL CAP	ADDITION	2/1/2021	5	
DIACOMIT CAP 500MG	STIRIPENTOL CAP	ADDITION	2/1/2021	5	
DIACOMIT PAK 250MG	STIRIPENTOL PAK	ADDITION	2/1/2021	5	
DIACOMIT PAK 500MG	STIRIPENTOL PAK	ADDITION	2/1/2021	5	
DISULFIRAM TAB 500MG	ANTABUSE TAB	DELETION	2/1/2021	2	
EFAVIR/LAMIV TAB TENOFOVI	SYMFI LO	ADDITION	2/1/2021	2	Q/L (30/30)
EFAVIR/LAMIV TAB TENOFOVI	SYMFI	ADDITION	2/1/2021	2	Q/L (30/30)
ELIQUIS ST P TAB 5MG	APIXABAN TAB	ADDITION	2/1/2021	3	Q/L (74/30)
ESOMEPRAMAG CAP 20MG DR	NEXIUM CAP	ADDITION	2/1/2021	2	Q/L (60/30)

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ESOMEPRAZOLE CAP 49.3MG	NEXIUM CAP	ADDITION	2/1/2021	2	Q/L (60/30)
FARYDAK CAP 15MG	PANOBINOSTAT CAP	ADDITION	2/1/2021	4	PA, Q/L (60/30)
FLUTIC/SALME AER 100/50	ADVAIR DISKUS AER	ADDITION	2/1/2021	2	Q/L (60/30)
FLUTIC/SALME AER 250/50	ADVAIR DISKUS AER	ADDITION	2/1/2021	2	Q/L (60/30)
FLUTIC/SALME AER 500/50	ADVAIR DISKUS AER	ADDITION	2/1/2021	2	Q/L (60/30)
GAVRETO CAP 100MG	PRALSETINIB CAP	ADDITION	2/1/2021	5	PA
GRALISE STAR MIS 300/600	GABAPENTIN STAR MIS	DELETION	2/1/2021	4	
HUMIRA INJ 40/0.4ML	ADALIMUMAB INJ	ADDITION	2/1/2021	5	PA, Q/L (8/28)
ISTURISA TAB 10MG	OSILODROSTAT TAB	ADDITION	2/1/2021	5	PA
ISTURISA TAB 1MG	OSILODROSTAT TAB	ADDITION	2/1/2021	5	PA
ISTURISA TAB 5MG	OSILODROSTAT TAB	ADDITION	2/1/2021	5	PA
JUXTAPID CAP 40MG	LOMITAPIDE CAP	DELETION	2/1/2021	5	PA
JUXTAPID CAP 60MG	LOMITAPIDE CAP	DELETION	2/1/2021	5	PA
KIONEX POW	SOD POLY SUL POWDER	DELETION	2/1/2021	2	
LARIN FE TAB 1.5/30	ETHINYL ESTRADIOL/NORETHINDRONE TAB	ADDITION	2/1/2021	2	
LARIN FE TAB 1/20	ETHINYL ESTRADIOL/NORETHINDRONE TAB	ADDITION	2/1/2021	2	
OLM MED/HCTZ TAB 20-12.5	BENICAR HCT TABLET	ADDITION	2/1/2021	1	Q/L (30/30)
OLM MED/HCTZ TAB 40-12.5	BENICAR HCT TABLET	ADDITION	2/1/2021	1	Q/L (30/30)
OLM MED/HCTZ TAB 40-25MG	BENICAR HCT TABLET	ADDITION	2/1/2021	1	Q/L (30/30)
OLMESA MEDOX TAB 20MG	BENICAR TAB	ADDITION	2/1/2021	1	Q/L (30/30)
OLMESA MEDOX TAB 40MG	BENICAR TAB	ADDITION	2/1/2021	1	Q/L (30/30)
OLMESA MEDOX TAB 5MG	BENICAR TAB	ADDITION	2/1/2021	1	Q/L (30/30)
PEG-3350/KCL SOL /SODIUM	POLYETHYLENE GLYCOL-ELECTROLYTE SOL	ADDITION	2/1/2021	1	
PEGANONE TAB 250MG	ETHOTOIN TAB	DELETION	2/1/2021	4	
ROWEEPRA TAB 500MG	LEVETIRACETAM TAB	DELETION	2/1/2021	2	
SOD POLY SUL SUS 15GM/60	KIONEX SUSP	DELETION	2/1/2021	2	
TOLTERODINE CAP 2MG ER	DETROL LA CAP	ADDITION	2/1/2021	2	Q/L (60/30)
TOLTERODINE CAP 4MG ER	DETROL LA CAP	ADDITION	2/1/2021	2	Q/L (60/30)
TRULICITY INJ 0.75/0.5	DULAGLUTIDE INJ	UPDATE	2/1/2021	3	
TRULICITY INJ 1.5/0.5	DULAGLUTIDE INJ	UPDATE	2/1/2021	3	
XARELTO TAB 10MG	RIVAROXABAN TAB	UPDATE	2/1/2021	3	Q/L (30/30)
XARELTO TAB 15MG	RIVAROXABAN TAB	UPDATE	2/1/2021	3	Q/L (30/30)
XARELTO TAB 20MG	RIVAROXABAN TAB	UPDATE	2/1/2021	3	