

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: 27**  
**FORMULARY ID: 19427**

**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 500MG ER</b>	24 HR CIPROFLOXACIN 500 MG EXTENDED RELEASE ORAL TABLET	DELETION	8/1/2019	1	
<b>ZYKADIA TAB 150MG</b>	CERITINIB 150 MG ORAL TABLET	ADDITION	8/1/2019	5	PA, 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
<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>BALVERSA TAB 3MG</b>	ERDAFITINIB	ADDITION	7/1/2019	5	PA

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
<b>BALVERSA TAB 4MG</b>	ERDAFITINIB	ADDITION	7/1/2019	5	PA
<b>BALVERSA TAB 5MG</b>	ERDAFITINIB	ADDITION	7/1/2019	5	PA
<b>ALBUTEROL AER HFA</b>	ALBUTEROL	ADDITION	6/1/2019	2	QL (18/30)
<b>BUPREN/NALOX MIS 12-3MG</b>	BUPRENORPHINE-NALOXONE	ADDITION	6/1/2019	2	QL (60/30)
<b>BUPREN/NALOX MIS 2-0.5MG</b>	BUPRENORPHINE-NALOXONE	ADDITION	6/1/2019	2	QL (90/30)
<b>BUPREN/NALOX MIS 4-1MG</b>	BUPRENORPHINE-NALOXONE	ADDITION	6/1/2019	2	QL (90/30)
<b>BUPREN/NALOX MIS 8-2MG</b>	BUPRENORPHINE-NALOXONE	ADDITION	6/1/2019	2	QL (90/30)
<b>CARIMUNE NF INJ 3GM</b>	IMMUNOGLOBULIN G	DELETION	6/1/2019	5	
<b>DAURISMO ORAL TABLET 100 MG</b>	GLASDEGIB MALEATE	UPDATED	6/1/2019	5	
<b>DAURISMO ORAL TABLET 25 MG</b>	GLASDEGIB MALEATE	UPDATED	6/1/2019	5	
<b>DOVATO TAB 50-300MG</b>	DOLUTEGRAVIR-LAMIVUDINE	ADDITION	6/1/2019	5	QL (30/30)
<b>EMGALITY INJ 120MG/ML</b>	GALCANEZUMAB	ADDITION	6/1/2019	4	PA
<b>EMGALITY INJ 120MG/ML</b>	GALCANEZUMAB	ADDITION	6/1/2019	4	PA
<b>ENBREL INJ 25MG</b>	ETANERCEPT	ADDITION	6/1/2019	5	PA, QL (16/28)
<b>ENBREL SRCLK INJ 50MG/ML</b>	ETANERCEPT	ADDITION	6/1/2019	5	PA, QL (8/28)
<b>KLOR-CON SPR CAP 10MEQ</b>	POTASSIUM CHLORIDE	DELETION	6/1/2019	1	
<b>MINOCYCLINE TAB 105MG ER</b>	MINOCYCLINE	ADDITION	6/1/2019	2	
<b>MINOCYCLINE TAB 65MG ER</b>	MINOCYCLINE	ADDITION	6/1/2019	2	
<b>MINOCYCLINE TAB 80MG ER</b>	MINOCYCLINE	ADDITION	6/1/2019	2	
<b>MOEXIPR/HCTZ TAB 15-12.5</b>	HYDROCHLOROTHIAZIDE-MOEXIPRIL HYDROCHLORIDE	DELETION	6/1/2019	6	
<b>MOEXIPR/HCTZ TAB 15-25MG</b>	HYDROCHLOROTHIAZIDE-MOEXIPRIL HYDROCHLORIDE	DELETION	6/1/2019	6	
<b>MOEXIPR/HCTZ TAB 7.5-12.5</b>	HYDROCHLOROTHIAZIDE-MOEXIPRIL HYDROCHLORIDE	DELETION	6/1/2019	6	
<b>NADOLOL/BEND TAB 80-5MG</b>	BENDROFLUMETHIAZIDE-NADOLOL	DELETION	6/1/2019	1	
<b>NUPLAZID TAB 17MG</b>	PIMAVANSERIN	DELETION	6/1/2019	5	
<b>PROGRAF GRA 0.2MG</b>	TACROLIMUS	ADDITION	6/1/2019	4	PA
<b>PROGRAF GRA 1MG</b>	TACROLIMUS	ADDITION	6/1/2019	4	PA
<b>RESCRIPTOR TAB 100 MG</b>	DELAVIRDINE MESYLATE	DELETION	6/1/2019	4	QL (360/30)
<b>RIBAPAK PAK 800/DAY</b>	RIBAVIRIN	DELETION	6/1/2019	5	
<b>RIBASPHERE TAB 200MG</b>	RIBAVIRIN	DELETION	6/1/2019	4	
<b>VERSACLOZ SUS 50MG/ML</b>	CLOZAPINE	ADDITION	6/1/2019	5	QL (540/30)
<b>WIXELA INHUB AER 100/50</b>	FLUTICASONE-SALMETEROL	ADDITION	6/1/2019	2	QL (60/30)

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
<b>WIXELA INHUB AER 250/50</b>	FLUTICASONE-SALMETEROL	ADDITION	6/1/2019	2	QL (60/30)
<b>WIXELA INHUB AER 500/50</b>	FLUTICASONE-SALMETEROL	ADDITION	6/1/2019	2	QL (30/30)
<b>ARISTADA INJ INITIO</b>	2.4 ML ARIPIRAZOLE LAUROXIL 281.3 MG/ML PREFILLED SYRINGE	ADDITION	4/1/2019	4	
<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	4	
<b>SYMPAZAN MIS 20MG</b>	CLOBAZAM 20 MG ORAL STRIP	ADDITION	4/1/2019	4	
<b>SYMPAZAN MIS 5MG</b>	CLOBAZAM 5 MG ORAL STRIP	ADDITION	4/1/2019	4	
<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	4	QL (4/30)
<b>CARIMUNE NF INJ 3GM</b>	IMMUNOGLOBULIN	ADDITION	3/1/2019	5	PA
<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	PA
<b>DAURISMO 25MG TABLET</b>	GLASDEGIB 25 MG	ADDITION	3/1/2019	5	PA
<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>GAMMAGARD INJ 2.5GM/25</b>	IMMUNOGLOBULIN	ADDITION	3/1/2019	5	PA
<b>GAMMAGARD SD INJ 5GM HU</b>	IMMUNOGLOBULIN	ADDITION	3/1/2019	5	PA
<b>GAMUNEX-C INJ 1GM/10ML</b>	IMMUNOGLOBULIN	ADDITION	3/1/2019	5	PA
<b>IBU 800MG TABLETS</b>	IBUPROFEN	ADDITION	3/1/2019	1	
<b>INVIRASE CAP 200MG</b>	SAQUINAVIR 200 MG	DELETION	3/1/2019	5	QL (300/30)
<b>KLOR-CON M10 TAB 10MEQ ER</b>	POTASSIUM CHLORIDE	ADDITION	3/1/2019	1	(90)

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
<b>LYNPARZA CAP 50MG</b>	OLAPARIB 50 MG	DELETION	3/1/2019	4	PA,QL (480/30)
<b>MESALAMINE TAB 800MG DR</b>	MESALAMINE	ADDITION	3/1/2019	2	
<b>NIFEDIPINE TAB 30MG ER</b>	NIFEDIPINE	ADDITION	3/1/2019	2	
<b>NIFEDIPINE TAB 60MG ER</b>	NIFEDIPINE	ADDITION	3/1/2019	2	
<b>NIFEDIPINE TAB 90MG ER</b>	NIFEDIPINE	ADDITION	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>OCTAGAM INJ 25GM</b>	IMMUNOGLOBULIN	ADDITION	3/1/2019	5	PA
<b>OCTAGAM INJ 2GM/20ML</b>	IMMUNOGLOBULIN	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>POT CL MICRO TAB 10MEQ ER</b>	POTASSIUM CHLORIDE	ADDITION	3/1/2019	1	(90)
<b>POT CL MICRO TAB 20MEQ ER</b>	POTASSIUM CHLORIDE	ADDITION	3/1/2019	1	(90)
<b>TESTOSTERONE GEL 1.62%</b>	TESTOSTERONE	ADDITION	3/1/2019	2	QL (300/30)
<b>VITRAKVI 100MG CAPSULE</b>	LAROTRECTINIB 100 MG	ADDITION	3/1/2019	5	PA
<b>VITRAKVI 20 MG/ML SOLUTION</b>	LAROTRECTINIB 20 MG/ML	ADDITION	3/1/2019	5	PA
<b>VITRAKVI 25MG CAPSULE</b>	LAROTRECTINIB 25 MG	ADDITION	3/1/2019	5	PA
<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	PA
<b>ZERIT SOL 1MG/ML</b>	STAVUDINE 1 MG/ML	DELETION	3/1/2019	4	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	PA
<b>BRAFTOVI CAP 75MG</b>	ENCORAFENIB 75 MG ORAL CAPSULE	ADDITION	2/1/2019	5	PA
<b>COLESEVELAM PAK 3.75</b>	COLESEVELAM HYDROCHLORIDE 3750 MG POWDER FOR ORAL SUSPENSION	ADDITION	2/1/2019	2	

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
<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	PA
<b>COPIKTRA CAP 25MG</b>	DUVELISIB 25 MG ORAL CAPSULE	ADDITION	2/1/2019	5	PA
<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	PA
<b>HEXALEN CAP 50MG</b>	ALTRETAMINE 50 MG ORAL CAPSULE	DELETED	2/1/2019	5	PA
<b>LENVIMA CAP 12MG</b>	LENVATINIB 4 MG ORAL CAPSULE	ADDITION	2/1/2019	4	PA
<b>LENVIMA CAP 4MG</b>	LENVATINIB 4 MG ORAL CAPSULE	ADDITION	2/1/2019	4	PA
<b>LORLATINIB</b>	LORLATINIB 100 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
<b>LORLATINIB</b>	LORLATINIB 25 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
<b>MEKTOVI TAB 15MG</b>	BINIMETINIB 15 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
<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	
<b>MOLINDONETAB HCL 10MG</b>	MOLINDONE HYDROCHLORIDE 10 MG ORAL TABLET	ADDITION	2/1/2019	4	
<b>NORVIR CAP 100MG</b>	RITONAVIR 100 MG 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>OSELTAMIVIR SUS 6MG/ML</b>	OSELTAMIVIR 6 MG/ML ORAL SUSPENSION	UPDATED	2/1/2019	2	
<b>OSELTAMIVIR CAP 30MG</b>	OSELTAMIVIR 30 MG ORAL CAPSULE	UPDATED	2/1/2019	2	
<b>OSELTAMIVIR CAP 45MG</b>	OSELTAMIVIR 45 MG ORAL CAPSULE	UPDATED	2/1/2019	2	
<b>OSELTAMIVIR CAP 75MG</b>	OSELTAMIVIR 75 MG ORAL CAPSULE	UPDATED	2/1/2019	2	
<b>PERIOGARD SOL 0.12%</b>	CHLORHEXIDINE GLUCONATE 1.2 MG/ML MOUTHWASH	DELETED	2/1/2019	2	
<b>PIFELTRO TAB 100MG</b>	DORAVIRINE 100 MG ORAL TABLET	ADDITION	2/1/2019	4	
<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	PA

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
<b>TALZENNA CAP 1MG</b>	TALAZOPARIB 1 MG ORAL CAPSULE	ADDITION	2/1/2019	5	PA
<b>TAMIFLU SUS 6MG/ML</b>	OSELTAMIVIR 6 MG/ML ORAL SUSPENSION	UPDATED	2/1/2019	3	
<b>TANZEUM INJ 30MG</b>	0.5 ML ALBIGLUTIDE 60 MG/ML PEN INJECTOR	DELETED	2/1/2019	4	
<b>TANZEUM INJ 50MG</b>	0.5 ML ALBIGLUTIDE 100 MG/ML PEN INJECTOR	DELETED	2/1/2019	4	
<b>TIBSOVO TAB 250MG</b>	IVOSIDENIB 250 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
<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	PA
<b>VIZIMPRO TAB 30MG</b>	DACOMITINIB 30 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
<b>VIZIMPRO TAB 45MG</b>	DACOMITINIB 45 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
<b>ZORTRESS</b>	EVEROLIMUS 1 MG ORAL TABLET	ADDITION	2/1/2019	5	QL (60/30), PA