

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: 21

2019 FORMULARY ADDITIONS UPDATE AS OF AUGUST 1, 2019:

FORMULARY ID: 19470

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
CIPROFLOXACIN TAB 500MG ER	24 HR CIPROFLOXACIN 500 MG EXTENDED RELEASE ORAL TABLET	DELETION	8/1/2019	2	
ZYKADIA TAB 150MG	CERITINIB 150 MG ORAL TABLET	ADDITION	8/1/2019	5	PA, Q/L (150/30)
AMINOSYN INJ 8.5/LYTE	MG/ML / HISTIDINE 2.6 MG/ML / ISOLEUCINE 6.2 MG/ML /	DELETION	7/1/2019	4	PA
AMINOSYN II INJ 8.5/LYTE	5.95 MG/ML / GLUTAMATE 6.27 MG/ML / GLYCINE 4.25	DELETION	7/1/2019	4	PA
BALVERSA TAB 3MG	ERDAFITINIB	ADDITION	7/1/2019	5	PA
BALVERSA TAB 4MG	ERDAFITINIB	ADDITION	7/1/2019	5	PA

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BALVERSA TAB 5MG	ERDAFITINIB	ADDITION	7/1/2019	5	PA
ALBUTEROL AER HFA	ALBUTEROL	ADDITION	6/1/2019	2	QL (18/30)
BUPREN/NALOX MIS 12-3MG	BUPRENORPHINE-NALOXONE	ADDITION	6/1/2019	2	QL (60/30)
BUPREN/NALOX MIS 2-0.5MG	BUPRENORPHINE-NALOXONE	ADDITION	6/1/2019	2	QL (90/30)
BUPREN/NALOX MIS 4-1MG	BUPRENORPHINE-NALOXONE	ADDITION	6/1/2019	2	QL (90/30)
BUPREN/NALOX MIS 8-2MG	BUPRENORPHINE-NALOXONE	ADDITION	6/1/2019	2	QL (90/30)
CARIMUNE NF INJ 3GM	IMMUNOGLOBULIN G	DELETION	6/1/2019	1	PA
DAURISMO ORAL TABLET 100 MG	GLASDEGIB MALEATE	UPDATED	6/1/2019	5	
DAURISMO ORAL TABLET 25 MG	GLASDEGIB MALEATE	UPDATED	6/1/2019	5	
DOVATO TAB 50-300MG	DOLUTEGRAVIR-LAMIVUDINE	ADDITION	6/1/2019	5	QL (30/30)
EMGALITY INJ 120MG/ML	GALCANEZUMAB	ADDITION	6/1/2019	4	PA
EMGALITY INJ 120MG/ML	GALCANEZUMAB	ADDITION	6/1/2019	4	PA
ENBREL INJ 25MG	ETANERCEPT	ADDITION	6/1/2019	5	PA, QL (16/28)
ENBREL SRCLK INJ 50MG/ML	ETANERCEPT	ADDITION	6/1/2019	5	PA, QL (8/28)
KLOR-CON SPR CAP 10MEQ	POTASSIUM CHLORIDE	DELETION	6/1/2019	2	
MINOCYCLINE TAB 105MG ER	MINOCYCLINE	ADDITION	6/1/2019	2	
MINOCYCLINE TAB 65MG ER	MINOCYCLINE	ADDITION	6/1/2019	2	
MINOCYCLINE TAB 80MG ER	MINOCYCLINE	ADDITION	6/1/2019	2	
MOEXIPR/HCTZ TAB 15-12.5	HYDROCHLOROTHIAZIDE-MOEXIPRIL HYDROCHLORIDE	DELETION	6/1/2019	2	
MOEXIPR/HCTZ TAB 15-25MG	HYDROCHLOROTHIAZIDE-MOEXIPRIL HYDROCHLORIDE	DELETION	6/1/2019	2	
MOEXIPR/HCTZ TAB 7.5-12.5	HYDROCHLOROTHIAZIDE-MOEXIPRIL HYDROCHLORIDE	DELETION	6/1/2019	2	
NADOLOL/BEND TAB 80-5MG	BENDROFLUMETHIAZIDE-NADOLOL	DELETION	6/1/2019	2	
NUPLAZID TAB 17MG	PIMAVANSERIN	DELETION	6/1/2019	5	
PROGRAF GRA 0.2MG	TACROLIMUS	ADDITION	6/1/2019	4	PA

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PROGRAF GRA 1MG	TACROLIMUS	ADDITION	6/1/2019	4	PA
RESCRIPTOR TAB 100 MG	DELAVIRDINE MESYLATE	DELETION	6/1/2019	4	QL (360/30)
RIBAPAK PAK 800/DAY	RIBAVIRIN	DELETION	6/1/2019	5	
RIBASPHERE TAB 200MG	RIBAVIRIN	DELETION	6/1/2019	2	
VERSACLOZ SUS 50MG/ML	CLOZAPINE	ADDITION	6/1/2019	5	QL (540/30)
WIXELA INHUB AER 100/50	FLUTICASONE-SALMETEROL	ADDITION	6/1/2019	2	QL (60/30)
WIXELA INHUB AER 250/50	FLUTICASONE-SALMETEROL	ADDITION	6/1/2019	2	QL (60/30)
WIXELA INHUB AER 500/50	FLUTICASONE-SALMETEROL	ADDITION	6/1/2019	2	QL (30/30)
ARISTADA INJ INITIO	2.4 ML ARIPIPRAZOLE LAUROXIL 281.3 MG/ML PREFILLED SYRINGE	ADDITION	4/1/2019	3	
NEVIRAPINE SUS 50MG/5ML	NEVIRAPINE 10 MG/ML ORAL SUSPENSION	ADDITION	4/1/2019	2	QL (1200/30)
PERSERIS INJ 120MG	0.8 ML RISPERIDONE 150 MG/ML PREFILLED SYRINGE	ADDITION	4/1/2019	5	
PERSERIS INJ 90MG	0.6 ML RISPERIDONE 150 MG/ML PREFILLED SYRINGE	ADDITION	4/1/2019	5	
SYMPAZAN MIS 10MG	CLOBAZAM 10 MG ORAL STRIP	ADDITION	4/1/2019	3	
SYMPAZAN MIS 20MG	CLOBAZAM 20 MG ORAL STRIP	ADDITION	4/1/2019	3	
SYMPAZAN MIS 5MG	CLOBAZAM 5 MG ORAL STRIP	ADDITION	4/1/2019	3	
DAURISMO 25MG TABLET	GLASDEGIB 25 MG	ADDITION	3/1/2019	5	PA
EPIDIOLEX 100MG/ML SOLUTION	CANNABIDIOL 100 MG/ML	ADDITION	3/1/2019	5	PA
GALAFOLD 123MG CAPSULE	MIGALASTAT 123 MG	ADDITION	3/1/2019	5	PA
GAMMAGARD INJ 2.5GM/25	IMMUNOGLOBULIN	ADDITION	3/1/2019	5	PA
GAMMAGARD SD INJ 5GM HU	IMMUNOGLOBULIN	ADDITION	3/1/2019	5	PA
GAMUNEX-C INJ 1GM/10ML	IMMUNOGLOBULIN	ADDITION	3/1/2019	5	PA
IBU 800MG TABLETS	IBUPROFEN	ADDITION	3/1/2019	1	
INVIRASE CAP 200MG	SAQUINAVIR 200 MG	DELETION	3/1/2019	5	QL (300/30)
KLOR-CON M10 TAB 10MEQ ER	POTASSIUM CHLORIDE	ADDITION	3/1/2019	1	(90)

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
LYNPARZA CAP 50MG	OLAPARIB 50 MG	DELETION	3/1/2019	4	PA,QL (480/30)
MESALAMINE TAB 800MG DR	MESALAMINE	ADDITION	3/1/2019	2	
NIFEDIPINE TAB 30MG ER	NIFEDIPINE	ADDITION	3/1/2019	2	
NIFEDIPINE TAB 60MG ER	NIFEDIPINE	ADDITION	3/1/2019	2	
NIFEDIPINE TAB 90MG ER	NIFEDIPINE	ADDITION	3/1/2019	2	
NIVESTYM INJ 300/0.5	0.5 ML FILGRASTIM-AAFI 0.6 MG/ML	ADDITION	3/1/2019	5	PA
NIVESTYM INJ 480/0.8	0.8 ML FILGRASTIM-AAFI 0.6 MG/ML	ADDITION	3/1/2019	5	PA
OCTAGAM INJ 25GM	IMMUNOGLOBULIN	ADDITION	3/1/2019	5	PA
OCTAGAM INJ 2GM/20ML	IMMUNOGLOBULIN	ADDITION	3/1/2019	5	PA
POLYETH GLYC POW 3350 NF	POLYETHYLENE GLYCOL 3350 17000 MG POWDER	DELETION	3/1/2019	2	
POT CL MICRO TAB 10MEQ ER	POTASSIUM CHLORIDE	ADDITION	3/1/2019	1	(90)
POT CL MICRO TAB 20MEQ ER	POTASSIUM CHLORIDE	ADDITION	3/1/2019	2	(90)
TESTOSTERONE GEL 1.62%	TESTOSTERONE	ADDITION	3/1/2019	2	QL (300/30)
VITRAKVI 100MG CAPSULE	LAROTRECTINIB 100 MG	ADDITION	3/1/2019	5	PA
VITRAKVI 20 MG/ML SOLUTION	LAROTRECTINIB 20 MG/ML	ADDITION	3/1/2019	5	PA
VITRAKVI 25MG CAPSULE	LAROTRECTINIB 25 MG	ADDITION	3/1/2019	5	PA
XOFLUZA 20MG (2)MG THERAPY PACK	BALOXAVIR MARBOXIL	ADDITION	3/1/2019	4	QL (2/30)
XOFLUZA 40MG (2)MG THERAPY PACK	BALOXAVIR MARBOXIL	ADDITION	3/1/2019	4	QL (2/30)
XOSPATA 40MG TABLET	GILTERITINIB 40 MG	ADDITION	3/1/2019	5	PA
ZERIT SOL 1MG/ML	STAVUDINE 1 MG/ML	DELETION	3/1/2019	4	QL (2400/30)
AFEDITAB TAB 60MG CR	24 HR NIFEDIPINE 60 MG EXTENDED RELEASE ORAL TABLET	DELETED	2/1/2019	2	
BRAFTOVI CAP 50MG	ENCORAFENIB 50 MG ORAL CAPSULE	ADDITION	2/1/2019	5	PA
BRAFTOVI CAP 75MG	ENCORAFENIB 75 MG ORAL CAPSULE	ADDITION	2/1/2019	5	PA

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COLESEVELAM PAK 3.75	COLESEVELAM HYDROCHLORIDE 3750 MG POWDER FOR ORAL SUSPENSION	ADDITION	2/1/2019	2	
COLESEVELAM TAB 625MG	COLESEVELAM HYDROCHLORIDE 625 MG ORAL TABLET	ADDITION	2/1/2019	2	
COPIKTRA CAP 15MG	DUVELISIB 15 MG ORAL CAPSULE	ADDITION	2/1/2019	5	PA
COPIKTRA CAP 25MG	DUVELISIB 25 MG ORAL CAPSULE	ADDITION	2/1/2019	5	PA
DELSTRIGO TAB	DORAVIRINE 100 MG / LAMIVUDINE 300 MG / TENOFOVIR DISOPROXIL FUMARATE 300 MG ORAL TABLET	ADDITION	2/1/2019	4	
ERTAPENEM INJ 1GM	ERTAPENEM 1000 MG INJECTION	ADDITION	2/1/2019	2	PA
HEXALEN CAP 50MG	ALTRETAMINE 50 MG ORAL CAPSULE	DELETED	2/1/2019	5	PA
LENVIMA CAP 12MG	LENVATINIB 4 MG ORAL CAPSULE	ADDITION	2/1/2019	4	PA
LENVIMA CAP 4MG	LENVATINIB 4 MG ORAL CAPSULE	ADDITION	2/1/2019	4	PA
LORLATINIB	LORLATINIB 100 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
LORLATINIB	LORLATINIB 25 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
MEKTOVI TAB 15MG	BINIMETINIB 15 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
MOLINDONE TAB HCL 5MG	MOLINDONE HYDROCHLORIDE 5 MG ORAL TABLET	ADDITION	2/1/2019	4	
MOLINDONE TAB HCL 25MG	MOLINDONE HYDROCHLORIDE 25 MG ORAL TABLET	ADDITION	2/1/2019	4	
MOLINDONETAB HCL 10MG	MOLINDONE HYDROCHLORIDE 10 MG ORAL TABLET	ADDITION	2/1/2019	4	
NORVIR CAP 100MG	RITONAVIR 100 MG ORAL CAPSULE	DELETED	2/1/2019	4	QL (360/30)
NUPLAZID TAB 10MG	PIMAVANSERIN 10 MG ORAL TABLET	ADDITION	2/1/2019	5	
NUPLAZID CAP 34MG	PIMAVANSERIN 34 MG ORAL CAPSULE	ADDITION	2/1/2019	5	
OLUMIANT TAB 2MG	BARICITINIB 2 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
OSELTAMIVIR SUS 6MG/ML	OSELTAMIVIR 6 MG/ML ORAL SUSPENSION	UPDATED	2/1/2019	2	
OSELTAMIVIR CAP 30MG	OSELTAMIVIR 30 MG ORAL CAPSULE	UPDATED	2/1/2019	2	
OSELTAMIVIR CAP 45MG	OSELTAMIVIR 45 MG ORAL CAPSULE	UPDATED	2/1/2019	2	
OSELTAMIVIR CAP 75MG	OSELTAMIVIR 75 MG ORAL CAPSULE	UPDATED	2/1/2019	2	
PERIOGARD SOL 0.12%	CHLORHEXIDINE GLUCONATE 1.2 MG/ML MOUTHWASH	DELETED	2/1/2019	2	
PIFELTRO TAB 100MG	DORAVIRINE 100 MG ORAL TABLET	ADDITION	2/1/2019	4	

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SYMTUZA TAB	COBICISTAT 150 MG / DARUNAVIR 800 MG / EMTRICITABINE 200 MG / TENOFOVIR ALAFENAMIDE 10 MG ORAL TABLET	ADDITION	2/1/2019	5	
TALZENNA CAP 0.25MG	TALAZOPARIB 0.25 MG ORAL CAPSULE	ADDITION	2/1/2019	5	PA
TALZENNA CAP 1MG	TALAZOPARIB 1 MG ORAL CAPSULE	ADDITION	2/1/2019	5	PA
TAMIFLU SUS 6MG/ML	OSELTAMIVIR 6 MG/ML ORAL SUSPENSION	UPDATED	2/1/2019	3	
TANZEUM INJ 30MG	0.5 ML ALBIGLUTIDE 60 MG/ML PEN INJECTOR	DELETED	2/1/2019	4	
TANZEUM INJ 50MG	0.5 ML ALBIGLUTIDE 100 MG/ML PEN INJECTOR	DELETED	2/1/2019	4	
TIBSOVO TAB 250MG	IVOSIDENIB 250 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
VERSACLOZ SUS 50MG/ML	CLOZAPINE 50 MG/ML ORAL SUSPENSION	DELETED	2/1/2019	5	QL (540/30)
VIZIMPRO TAB 15MG	DACOMITINIB 15 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
VIZIMPRO TAB 30MG	DACOMITINIB 30 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
VIZIMPRO TAB 45MG	DACOMITINIB 45 MG ORAL TABLET	ADDITION	2/1/2019	5	PA
ZORTRESS	EVEROLIMUS 1 MG ORAL TABLET	ADDITION	2/1/2019	5	QL (60/30), PA