

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: 16

2020 FORMULARY ADDITIONS UPDATE AS OF SEPTEMBER 1, 2020:

FORMULARY ID: 20483

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
DIDANOSINE CAP 200MG	VIDEX EC TABLET	DELETION	9/1/2020	2	Q/L (60/30)
E.E.S. 400 TAB 400MG	ERYTHROMYCIN ETHYLSUCCINATE TABLET	DELETION	9/1/2020	2	
OXYCOD/IBU TAB 5-400MG	IBUPROFEN/ OXYCODONE HYDROCHLORIDE TABLET	DELETION	9/1/2020	2	Q/L (120/30)
POT CHL/D5W INJ 40MEQ/L	GLUCOSE/ POTASSIUM CHLORIDE INJECTION	DELETION	9/1/2020	4	PA
RIFAMATE CAP	ISONIAZID/ RIFAMPIN CAPSULE	DELETION	9/1/2020	4	
RIFATER TAB	ISONIAZID / PYRAZINAMIDE / RIFAMPIN	DELETION	9/1/2020	5	
TABRECTA TAB 150MG	CAPMATINIB TABLET	ADDITION	9/1/2020	5	PA
TABRECTA TAB 200MG	CAPMATINIB TABLET	ADDITION	9/1/2020	5	PA
TROPHAMINE INJ 6%	ALANINE/ ARGININE/ ASPARTATE/ CYSTEINE/ GLUTAMATE/ GLYCINE/ HISTIDINE/ ISOLEUCINE/ LEUCINE/ LYSINE/ METHIONINE/ PHENYLALANINE	DELETION	9/1/2020	4	PA
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 50MG	TUCATINIB TABLET	ADDITION	8/1/2020	5	PA
TUKYSA TAB 150MG	TUCATINIB TABLET	ADDITION	8/1/2020	5	PA
XCOPRI TAB 50MG	CENOBAMATE TABLET	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	

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XCOPRI PAK 12.5-25	14 (CENOBAMATE TABLET / 14 (CENOBAMATE TABLET) } PACK [XCOPRI TITRATION PACK 28 COUNT]	ADDITION	8/1/2020	4	
XCOPRI PAK 50-100MG	14 (CENOBAMATE TABLET) / 14 (CENOBAMATE TABLET) PACK [XCOPRI TITRATION PACK 28 COUNT]	ADDITION	8/1/2020	4	
XCOPRI PAK 150-200	14 (CENOBAMATE TABLET) / 14 (CENOBAMATE TABLET) PACK [XCOPRI TITRATION PACK 28 COUNT]	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	
HAVRIX INJ 720UNIT	HEPATITIS A VACCINE (INACTIVATED) STRAIN HM INJECTION	DELETION	8/1/2020	4	
OGESTREL TAB	21 (ETHINYL ESTRADIOL/ NORGESTREL TABLET) / 7 (INERT INGREDIENTS TABLET) PACK	DELETION	8/1/2020	2	
AMINOSYN-PF INJ 10%	ALANINE / ARGININE / ASPARTATE / GLUTAMATE / GLYCINE / HISTIDINE / ISOLEUCINE / LEUCINE / LYSINE / METHIONINE/ PHENYLALANINE/ PROLINE	DELETION	8/1/2020	4	PA
COUMADIN TAB 1MG	WARFARIN SODIUM TABLET	DELETION	8/1/2020	3	
COUMADIN TAB 2MG	WARFARIN SODIUM TABLET	DELETION	8/1/2020	3	
COUMADIN TAB 2.5MG	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	
COUMADIN TAB 10MG	WARFARIN SODIUM TABLET	DELETION	8/1/2020	3	
HALOPER DEC INJ 50MG/ML	HALDOL DECANOATE 50MG/ML INJECTION	ADDITION	7/1/2020	2	
PEMAZYRE TAB 4.5MG	PEMIGATINIB 4.5 MG ORAL TABLET	ADDITION	7/1/2020	5	PA
PEMAZYRE TAB 9MG	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 10MG	SELUMETINIB 10 MG ORAL CAPSULE	ADDITION	7/1/2020	5	PA
KOSELUGO CAP 25MG	SELUMETINIB 25 MG ORAL CAPSULE	ADDITION	7/1/2020	5	PA
TESTOSTERONE GEL 1.62%	1250 MG TESTOSTERONE 0.0162 MG/MG TOPICAL GEL	UPDATE	7/1/2020	2	Q/L (300/300)
TESTOSTERONE GEL 1.62%	2500 MG TESTOSTERONE 0.0162 MG/MG TOPICAL GEL	UPDATE	7/1/2020	2	Q/L (300/300)

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TESTOSTERONE GEL 1.62%	60 ACTUAT TESTOSTERONE 20.25 MG/ACTUAT TOPICAL GEL	UPDATE	7/1/2020	2	Q/L (300/300)
VIDEX SOL 2GM	DIDANOSINE 10 MG/ML ORAL SOLUTION	DELETION	7/1/2020	4	Q/L (1200/30)
VIDEX EC CAP 125MG	DIDANOSINE 125 MG DELAYED RELEASE ORAL CAPSULE	DELETION	7/1/2020	4	Q/L (90/30)
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	4	PA
METADATE TAB 20MG ER	8 HR METHYLPHENIDATE HYDROCHLORIDE 20 MG EXTENDED RELEASE ORAL TABLET	DELETION	7/1/2020	2	Q/L 90/30
LAZANDA SPR 100MCG	FENTANYL 0.1 MG/ACTUAT NASAL SPRAY	DELETION	7/1/2020	5	PA, Q/L (30/30)
LAZANDA SPR 300MCG	FENTANYL 0.3 MG/ACTUAT NASAL SPRAY	DELETION	7/1/2020	5	PA, Q/L (30/30)
LAZANDA SPR 400MCG	FENTANYL 0.4 MG/ACTUAT NASAL SPRAY	DELETION	7/1/2020	5	PA, Q/L (30/30)
CAPLYTA CAP 42MG	LUMATEPERONE 42MG	ADDITION	6/1/2020	5	Q/L (30/30)
EPROSARTAN MES TAB 600MG	TEVETEN 600MG	DELETION	6/1/2020	2	Q/L (30/30)
EVEROLIMUS TAB 0.25MG	ZORTRESS 0.25MG	ADDITION	6/1/2020	2	PA, Q/L (60/30)
EVEROLIMUS TAB 0.5 MG	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	5	Q/L (30/30)
IBRANCE TAB 125MG	PALBOCICLIB 125MG	ADDITION	6/1/2020	5	Q/L (30/30)
IBRANCE TAB 75MG	PALBOCICLIB 75MG	ADDITION	6/1/2020	5	Q/L (30/30)
RANITIDINE CAP 150MG	ZANTAC 150MG	DELETION	6/1/2020	4	
RANITIDINE CAP 300MG	ZANTAC 300MG	DELETION	6/1/2020	4	
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	ZANTAC 300MG	DELETION	6/1/2020	1	
RESCRIPTOR TAB 200MG	DELAVIDINE 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	
CHLOROTHIAZ TAB 500MG	CHLOROTHIAZIDE 500 MG ORAL TABLET	DELETION	5/1/2020	2	
EMEND CAP 40MG	APREPITANT 40 MG ORAL CAPSULE [EMEND]	DELETION	5/1/2020	4	PA, Q/L (30/30)
EXELDERM CRE 1%	SULCONAZOLE 10 MG/ML TOPICAL CREAM [EXELDERM]	DELETION	5/1/2020	4	

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EXELDERM SOL 1%	SULCONAZOLE 10 MG/ML TOPICAL SOLUTION [EXELDERM]	DELETION	5/1/2020	4	
FARYDAK CAP 15MG	PANOBINOSTAT 15 MG ORAL CAPSULE [FARYDAK]	DELETION	5/1/2020	5	Q/L (30/30)
FLURBIPROFEN TAB 50MG	FLURBIPROFEN 50 MG ORAL TABLET	DELETION	5/1/2020	2	
MORPHINE SUL INJ 8MG/ML	1 ML MORPHINE SULFATE 8 MG/ML PREFILLED SYRINGE	DELETION	5/1/2020	4	PA
PATADAY SOL 0.2%	OLOPATADINE 2 MG/ML OPHTHALMIC SOLUTION [PATADAY]	DELETION	5/1/2020	3	
SECUADO DIS 3.8MG	24 HR ASENAPINE 0.158 MG/HR TRANSDERMAL SYSTEM [SECUADO]	ADDITION	5/1/2020	5	Q/L (30/30)
SECUADO DIS 5.7MG	24 HR ASENAPINE 0.238 MG/HR TRANSDERMAL SYSTEM [SECUADO]	ADDITION	5/1/2020	5	Q/L (30/30)
SECUADO DIS 7.6MG	24 HR ASENAPINE 0.317 MG/HR TRANSDERMAL SYSTEM [SECUADO]	ADDITION	5/1/2020	5	Q/L(30/30)
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	
ALA-CORT CREAM 2.5%	HYDROCORTISONE 25MG/ML TOPICAL CREAM [ALACORT]	DELETION	4/1/2020	2	
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	
EMEND CAP 125MG	APREPITANT 125MG ORAL CAPSULE [EMEND]	DELETION	4/1/2020	4	PA, Q/L (30/30)
ESBRIET TAB 267MG	PIRFENIDONE 267MG ORAL TABLET [ESBRIET]	ADDITION	4/1/2020	5	PA, Q/L (270/30)
HUMIRA PEDIA INJ CROHNS	6 (0.8ML ADALIMUMAB 50MG/ML PREFILLED SYRINGE [HUMIRA] PACK [HUMIRA PEDIATRIC CROHN'S DISEASE STARTER PACKAGE (6 COUNT)	DELETION	4/1/2020	5	PA, Q/L (8/28)

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HUMIRA PEDIA INJ CROHNS	3 (0.8ML ADALIMUMAB 50MG/ML PREFILLED SYRINGE [HUMIRA] PACK [HUMIRA PEDIATRIC CROHN'S DISEASE STARTER PACKAGE (3 COUNT)	DELETION	4/1/2020	5	PA, Q/L (8/28)
KLOR-CON SPR CAP 8MEQ	POTASSIUM CHLORIDE 8 MEQ EXTENDED RELEASE ORAL CAPSULE [KLOR-CON]	DELETION	4/1/2020	1	
NORETH/ETHIN TAB FE 1/20	24 (ETHINYL ESTRADIOL 0.02MG/NORETHINIDRONE ACETATE 1MG ORAL TABLET) / 4 (FERROUS FUMARATE 75MG ORAL TABLET) PACK	DELETION	4/1/2020	2	
SYLATRON KIT 600MCG	PEGINTERFERON ALFA-2B 0.6MG INJECTION [SYLATRON]	ADDITION	4/1/2020	5	Q/L (5/28)
TOLBUTAMIDE TAB 500MG	TOLBUTAMIDE 500MG ORAL TABLET	DELETION	4/1/2020	4	
VICODIN HP TAB 10-300MG	ACETAMINOPHEN 300MG/HYDROCODONE BITARTRATE 10MG ORAL TABLET [VICODIN]	DELETION	4/1/2020	2	Q/L (120/30)
BRUKINSA CAP 80MG	ZANUBRUTINIB 80 MG ORAL CAPSULE	ADDITION	3/1/2020	5	PA
CIPROFLOXACN SUS 500MG/5	CIPROFLOXACIN 100 MG/ML ORAL SUSPENSION	DELETION	3/1/2020	2	
ESBRIET TAB 267MG	PIRFENIDONE 267 MG ORAL TABLET	DELETION	3/1/2020	5	PA, Q/L (270/30)
EVEROLIMUS TAB 2.5MG	EVEROLIMUS 2.5 MG ORAL TABLET	ADDITION	3/1/2020	2	Q/L (60/30)
EVEROLIMUS TAB 5MG	EVEROLIMUS 5 MG ORAL TABLET	ADDITION	3/1/2020	2	Q/L (60/30)
EVEROLIMUS TAB 7.5MG	EVEROLIMUS 7.5 MG ORAL TABLET	ADDITION	3/1/2020	2	Q/L (60/30)
ISOSORB DIN TAB 40MG ER	ISOSORBIDE DINITRATE 40 MG EXTENDED RELEASE ORAL TABLET	DELETION	3/1/2020	2	
REPAGLINIDE TAB 1-500MG	METFORMIN HYDROCHLORIDE 500 MG / REPAGLINIDE 1 MG ORAL TABLET	DELETION	3/1/2020	4	
REPAGLINIDE TAB 2-500MG	METFORMIN HYDROCHLORIDE 500 MG / REPAGLINIDE 2 MG ORAL TABLET	DELETION	3/1/2020	4	
D5W/NACL INJ 0.33%	1000 ML GLUCOSE 50 MG/ML / SODIUM CHLORIDE 3.3 MG/ML INJECTION	DELETION	2/1/2020	4	PA
DELYLA TAB 0.1-0.02	21 (ETHINYL ESTRADIOL 0.02 MG / LEVONORGESTREL 0.1 MG ORAL TABLET) / 7 (INERT INGREDIENTS 1 MG ORAL TABLET) PACK [DELYLA 28 DAY]	DELETION	2/1/2020	2	
DRIZALMA CAP 20MG DR	SPRINKLE DULOXETINE 20 MG DELAYED RELEASE ORAL CAPSULE [DRIZALMA]	ADDITION	2/1/2020	4	

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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	
FAZACLO TAB 12.5 ODT	CLOZAPINE 12.5 MG DISINTEGRATING ORAL TABLET [FAZACLO]	DELETION	2/1/2020	4	Q/L (2160/30)
FAZACLO TAB 150 ODT	CLOZAPINE 150 MG DISINTEGRATING ORAL TABLET [FAZACLO]	DELETION	2/1/2020	4	Q/L (180/30)
FAZACLO TAB 200 ODT	CLOZAPINE 200 MG DISINTEGRATING ORAL TABLET [FAZACLO]	DELETION	2/1/2020	4	Q/L (120/30)
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	2	
KCL/D5W/NACL INJ .15/.33%	1000 ML GLUCOSE 50 MG/ML / POTASSIUM CHLORIDE 0.02 MEQ/ML / SODIUM CHLORIDE 3 MG/ML INJECTION	DELETION	2/1/2020	4	PA
METHYCLOTHIA TAB 5MG	METHYCLOTHIAZIDE 5 MG ORAL TABLET	DELETION	2/1/2020	2	
MIMVEY LO TAB 0.5-0.1	28 (ESTRADIOL 0.5 MG / NORETHINDRONE ACETATE 0.1 MG ORAL TABLET) PACK [MIMVEY LO 28 DAY]	DELETION	2/1/2020	2	PA
MORGIDOX CAP 1X50MG	DOXYCYCLINE HYCLATE 50 MG ORAL CAPSULE [MORGIDOX]	DELETION	2/1/2020	1	
MORPHINE SUL INJ 10MG/ML	1 ML MORPHINE SULFATE 10 MG/ML PREFILLED SYRINGE	DELETION	2/1/2020	4	PA
NADOLOL/BEND TAB 40-5MG	BENDROFLUMETHIAZIDE 5 MG / NADOLOL 40 MG ORAL TABLET	DELETION	2/1/2020	2	
NAYZILAM SPR 5MG	MIDAZOLAM 50 MG/ML NASAL SPRAY [NAYZILAM]	ADDITION	2/1/2020	4	
NORLYROC TAB 0.35MG	28 (NORETHINDRONE 0.35 MG ORAL TABLET [NORLYROC]) PACK [NORLYROC 28 DAY]	DELETION	2/1/2020	2	
RIBAPAK PAK 1000/DAY	{7 (RIBAVIRIN 400 MG ORAL TABLET [RIBASPHERE]) / 7 (RIBAVIRIN 600 MG ORAL TABLET [RIBASPHERE]) } PACK [RIBASPHERE RIBAPAK 1000]	DELETION	2/1/2020	5	
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	
RIBASPHERE TAB 600MG	RIBAVIRIN 600 MG ORAL TABLET [RIBASPHERE]	DELETION	2/1/2020	5	
ROZLYTREK CAP 100MG	ENTRECTINIB 100 MG ORAL CAPSULE [ROZLYTREK]	ADDITION	2/1/2020	5	PA

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ROZLYTREK CAP 200MG	ENTRECTINIB 200 MG ORAL CAPSU+G3:G21LE [ROZLYTREK]	ADDITION	2/1/2020	5	PA
VICODIN ES TAB 7.5-300	ACETAMINOPHEN 300 MG / HYDROCODONE BITARTRATE 7.5 MG ORAL TABLET [VICODIN]	DELETION	2/1/2020	2	Q/L (120/30)
ZYKADIA CAP 150MG	CERITINIB 150 MG ORAL CAPSULE [ZYKADIA]	DELETION	2/1/2020	5	Q/L (150/30)