

Emblem Commercial Formulary Changes 1.1.21-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
COSENTYX 150 MG/ML PEN INJECT	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
COSENTYX 150 MG/ML SYRINGE	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
COSENTYX 300 MG DOSE-2 PENS	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
COSENTYX 300 MG DOSE-2 SYRINGE	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
TALTZ 80 MG/ML AUTOINJ (2-PK)	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
TALTZ 80 MG/ML AUTOINJ (3-PK)	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
TALTZ 80 MG/ML AUTOINJECTOR	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
TALTZ 80 MG/ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
TALTZ 80 MG/ML SYRINGE (2-PK)	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
TALTZ 80 MG/ML SYRINGE (3-PK)	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
NUCYNTA ER 100 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
NUCYNTA ER 150 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
NUCYNTA ER 200 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
NUCYNTA ER 250 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
NUCYNTA ER 50 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
NUCYNTA 100 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
NUCYNTA 50 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
NUCYNTA 75 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
TRULANCE 3 MG TABLET	Added to Formulary (Preferred Brand)	1/1/2021
TEKURNA HCT 150-12.5 MG TAB	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
TEKURNA HCT 150-12.5 MG TAB	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
TEKURNA HCT 150-25 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
TEKURNA HCT 300-12.5 MG TAB	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
TEKURNA HCT 300-25 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
PENTASA 250 MG CAPSULE	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
PENTASA 500 MG CAPSULE	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
OMEPRAZOLE-BICARB 20-1,100 CAP	Change to Existing Quantity Limits	1/1/2021
NEXIUM 24HR 20 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
ESOMEPRAZOLE DR 49.3 MG CAP	Change to Existing Quantity Limits	1/1/2021
ESOMEPRAZOLE MAG DR 20 MG CAP	Change to Existing Quantity Limits	1/1/2021
ACIPHEX SPRINKLE DR 10 MG CAP	Change to Existing Quantity Limits	1/1/2021
ACIPHEX SPRINKLE DR 5 MG CAP	Change to Existing Quantity Limits	1/1/2021
LANSOPRAZOLE DR 15 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
AMITIZA 24 MCG CAPSULES	Removed from Formulary (Non-Preferred Brand) with Prior Authorization	1/1/2021
AMITIZA 8 MCG CAPSULE	Removed from Formulary (Non-Preferred Brand) with Prior Authorization	1/1/2021
CEQUA 0.09% SOLUTION	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
EDARBI 40 MG TABLET	Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
EDARBI 40 MG TABLET	Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
EDARBI 80 MG TABLET	Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
EDARBYCLOR 40-12.5 MG TABLET	Preferred Brand with Step Therapy and Quantity Limits	1/1/2021

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EDARBYCLOR 40-25 MG TABLET	Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
GLUCAGON 1 MG EMERGENCY KIT (Lilly mfg)	Added to Formulary (Preferred Brand) with Quantity Limits	1/1/2021
GLUCAGON 1 MG EMERGENCY KIT	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
GVOKE PFS 1PK 0.5MG/0.1 ML SYR	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
GVOKE PFS 2PK 0.5MG/0.1 ML SYR	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
HYZAAR 100-12.5 TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
HYZAAR 100-25 TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
HYZAAR 50-12.5 TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
ACIPHEX DR 20 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
DEXILANT DR 30 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
DEXILANT DR 60 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
ESOMEPRANZOLE DR 20 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
NEXIUM DR 10 MG PACKET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
NEXIUM DR 2.5 MG PACKET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
NEXIUM DR 20 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
NEXIUM DR 20 MG PACKET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
NEXIUM DR 40 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
NEXIUM DR 40 MG PACKET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
NEXIUM DR 5 MG PACKET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
PREVACID 15 MG SOLUTAB	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
PREVACID 30 MG SOLUTAB	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
PREVACID DR 15 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
PREVACID DR 30 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
PRILOSEC DR 10 MG SUSPENSION	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
PRILOSEC DR 2.5 MG SUSPENSION	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
PROTONIX DR 20 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
PROTONIX DR 40 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
RABEPRAZOLE DR 10 MG SPRNKL CP	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
ZEGERID 20 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
ZEGERID 20 MG PACKET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
ZEGERID 40 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
ZEGERID 40 MG PACKET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
PROTONIX 40 MG SUSPENSION	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
CVS OMEPRAZOLE-BICARB 20-1,100	Non-Preferred Brand with Quantity Limits	1/1/2021
ELLA 30 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021
NEXIUM 24HR 20 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021
OMEPRANZOLE MAG DR 20 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021
PREVACID 24HR DR 15 MG CAPSULE	Non-Preferred Brand with Quantity Limits	1/1/2021
PRILOSEC OTC 20.6 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021

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ZEGERID OTC 20-1,100 MG CAP	Non-Preferred Brand with Quantity Limits	1/1/2021
AZITHROMYCIN 1 GM PWD PACKET	Removed quantity limits	1/1/2021
AZITHROMYCIN 100 MG/5 ML SUSP	Removed quantity limits	1/1/2021
AZITHROMYCIN 200 MG/5 ML SUSP	Removed quantity limits	1/1/2021
AZITHROMYCIN 250 MG TABLET	Removed quantity limits	1/1/2021
AZITHROMYCIN 500 MG TABLET	Removed quantity limits	1/1/2021
AZITHROMYCIN 600 MG TABLET	Removed quantity limits	1/1/2021
CHLOROQUINE PH 250 MG TABLET	Removed quantity limits	1/1/2021
CHLOROQUINE PH 500 MG TABLET	Removed quantity limits	1/1/2021
HYDROXYCHLOROQUINE 200 MG TAB	Removed quantity limits	1/1/2021
PLAQUENIL 200 MG TABLET	Removed quantity limits	1/1/2021
ZITHROMAX 1 GM POWDER PACKET	Removed quantity limits	1/1/2021
ZITHROMAX 100 MG/5 ML SUSP	Removed quantity limits	1/1/2021
ZITHROMAX 200 MG/5 ML SUSP	Removed quantity limits	1/1/2021
ZITHROMAX 250 MG TABLET	Removed quantity limits	1/1/2021
ZITHROMAX 250 MG Z-PAK TABLET	Removed quantity limits	1/1/2021
ZITHROMAX 500 MG TABLET	Removed quantity limits	1/1/2021
ZITHROMAX 600 MG TABLET	Removed quantity limits	1/1/2021
ZITHROMAX TRI-PAK 500 MG TAB	Removed quantity limits	1/1/2021
ACID REDUCER DR 20 MG CAP	Change to Existing Quantity Limits	1/1/2021
CVS ESOMEPRAZOLE MAG 20 MG CAP	Change to Existing Quantity Limits	1/1/2021
CVS LANSOPRAZOLE DR 15 MG CAP	Change to Existing Quantity Limits	1/1/2021
CVS LANSOPRAZOLE ODT 15 MG TAB	Change to Existing Quantity Limits	1/1/2021
CVS OMEPRAZOLE DR 20 MG ODT	Change to Existing Quantity Limits	1/1/2021
CVS OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
CVS OMEPRAZOLE MAG DR 20.6 MG	Change to Existing Quantity Limits	1/1/2021
EQ LANSOPRAZOLE DR 15 MG CAP	Change to Existing Quantity Limits	1/1/2021
EQ OMEPRAZOLE DR 20 MG ODT	Change to Existing Quantity Limits	1/1/2021
EQ OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
EQ OMEPRAZOLE MAG DR 20.6 MG	Change to Existing Quantity Limits	1/1/2021
EQL LANSOPRAZOLE DR 15 MG CAP	Change to Existing Quantity Limits	1/1/2021
EQL OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
ESOMEPRAZOLE DR 10 MG PACKET	Change to Existing Quantity Limits	1/1/2021
ESOMEPRAZOLE DR 20 MG PACKET	Change to Existing Quantity Limits	1/1/2021
ESOMEPRAZOLE DR 40 MG PACKET	Change to Existing Quantity Limits	1/1/2021
ESOMEPRAZOLE MAG DR 40 MG CAP	Change to Existing Quantity Limits	1/1/2021
GNP ESOMEPRAZOLE MAG DR 20 MG	Change to Existing Quantity Limits	1/1/2021
GNP OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
GS ESOMEPRAZOLE MAG DR 20 MG	Change to Existing Quantity Limits	1/1/2021
GS LANSOPRAZOLE DR 15 MG CAP	Change to Existing Quantity Limits	1/1/2021
GS OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021

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HEARTBURN TREATMENT 20 MG CAP	Change to Existing Quantity Limits	1/1/2021
HEARTBURN TREATMNT 24 HR 15 MG	Change to Existing Quantity Limits	1/1/2021
HM ESOMEPRAZOLE MAG DR 20 MG	Change to Existing Quantity Limits	1/1/2021
HM LANSOPRAZOLE DR 15 MG CAP	Change to Existing Quantity Limits	1/1/2021
HM OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
LANSOPRAZOLE DR 30 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
LANSOPRAZOLE ODT 15 MG TABLET	Change to Existing Quantity Limits	1/1/2021
LANSOPRAZOLE ODT 30 MG TABLET	Change to Existing Quantity Limits	1/1/2021
OMEPEPI 20 MG-1,100 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
OMEPEPI 40 MG-1,100 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE DR 10 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE DR 20 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE DR 20 MG ODT	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE DR 40 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE MAG DR 20 MG CAP	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE MAG DR 20.6 MG CAP	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE-BICARB 20-1,680 PKT	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE-BICARB 40-1,100 CAP	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE-BICARB 40-1,680 PKT	Change to Existing Quantity Limits	1/1/2021
PANTOPRAZOLE 40 MG SUSPENSION	Change to Existing Quantity Limits	1/1/2021
PANTOPRAZOLE SOD DR 20 MG TAB	Change to Existing Quantity Limits	1/1/2021
PANTOPRAZOLE SOD DR 40 MG TAB	Change to Existing Quantity Limits	1/1/2021
PUB OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
QC ESOMEPRAZOLE MAG DR 20 MG	Change to Existing Quantity Limits	1/1/2021
QC OMEPRAZOLE MAG DR 20.6 MG	Change to Existing Quantity Limits	1/1/2021
RA ESOMEPRAZOLE MAG DR 20 MG	Change to Existing Quantity Limits	1/1/2021
RA LANSOPRAZOLE DR 15 MG CAP	Change to Existing Quantity Limits	1/1/2021
RA OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
RABEPRAZOLE SOD DR 20 MG TAB	Change to Existing Quantity Limits	1/1/2021
SM ESOMEPRAZOLE MAG DR 20 MG	Change to Existing Quantity Limits	1/1/2021
SM LANSOPRAZOLE DR 15 MG CAP	Change to Existing Quantity Limits	1/1/2021
SM OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
SW OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
LOSARTAN-HCTZ 100-12.5 MG TAB	Generic with Quantity Limits	1/1/2021
LOSARTAN-HCTZ 100-25 MG TAB	Generic with Quantity Limits	1/1/2021
LOSARTAN-HCTZ 50-12.5 MG TAB	Generic with Quantity Limits	1/1/2021
SEGLUOMET 2.5-1,000 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021
SEGLUOMET 2.5-500 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021
SEGLUOMET 7.5-1,000 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021
SEGLUOMET 7.5-500 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021

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STEGLATRO 15 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021
STEGLATRO 5 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021

VIIBRYD 10 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
VIIBRYD 10-20 MG STARTER PACK	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
VIIBRYD 20 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
VIIBRYD 40 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
REPATHA 140 MG/ML SURECLICK	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
REPATHA 140 MG/ML SYRINGE	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
REPATHA 420 MG/3.5ML PUSHTRONX	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
AFINITOR 2.5 MG TABLET	Multisource Brand Requires Prior Authorization	1/1/2021
AFINITOR 5 MG TABLET	Multisource Brand Requires Prior Authorization	1/1/2021
AFINITOR 7.5 MG TABLET	Multisource Brand Requires Prior Authorization	1/1/2021
MOVIPREP POWDER PACKET	Removed from Formulary (Non-Preferred Brand)	1/1/2021
DIASTAT 2.5 MG PEDI SYSTEM	Removed from Formulary (Non-Preferred Brand) with Quantity Limits	1/1/2021
EMTRIVA 200 MG CAPSULE	Removed from Formulary (Non-Preferred Brand) with Quantity Limits	1/1/2021
EPIPEN 0.3 MG AUTO-INJECTOR	Removed from Formulary (Non-Preferred Brand) with Quantity Limits	1/1/2021
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	Removed from Formulary (Non-Preferred Brand) with Quantity Limits	1/1/2021
EPIPEN JR 0.15 MG AUTO-INJECTR	Removed from Formulary (Non-Preferred Brand) with Quantity Limits	1/1/2021
EPIPEN JR 2-PAK 0.15 MG INJCTR	Removed from Formulary (Non-Preferred Brand) with Quantity Limits	1/1/2021
BAQSIMI 3 MG SPRAY ONE PACK	Added to Formulary (Preferred Brand) with Quantity Limits	1/1/2021
BAQSIMI 3 MG SPRAY TWO PACK	Added to Formulary (Preferred Brand) with Quantity Limits	1/1/2021
CIMZIA 2X200 MG/ML SYRINGE KIT	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
CIMZIA 2X200 MG/ML(X3)START KT	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2021
ACYCLOVIR 5% OINTMENT	Generic with Prior Authorization and Quantity Limits	1/1/2021
DIHYDROERGOTAMINE 4 MG/ML SPRY	Generic with Prior Authorization and Quantity Limits	1/1/2021
ALYQ 20 MG TABLET	Generic with Prior Authorization	1/1/2021
CINACALCET HCL 30 MG TABLET	Generic with Prior Authorization	1/1/2021
CINACALCET HCL 60 MG TABLET	Generic with Prior Authorization	1/1/2021
CINACALCET HCL 90 MG TABLET	Generic with Prior Authorization	1/1/2021
COREMINO ER 135 MG TABLET	Generic with Prior Authorization	1/1/2021
COREMINO ER 45 MG TABLET	Generic with Prior Authorization	1/1/2021
COREMINO ER 90 MG TABLET	Generic with Prior Authorization	1/1/2021
DRONABINOL 10 MG CAPSULE	Generic with Prior Authorization	1/1/2021
DRONABINOL 2.5 MG CAPSULE	Generic with Prior Authorization	1/1/2021
DRONABINOL 5 MG CAPSULE	Generic with Prior Authorization	1/1/2021
MINOCYCLINE ER 135 MG TABLET	Generic with Prior Authorization	1/1/2021
MINOCYCLINE ER 45 MG TABLET	Generic with Prior Authorization	1/1/2021
MINOCYCLINE ER 90 MG TABLET	Generic with Prior Authorization	1/1/2021

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OMEGA-3 ETHYL ESTERS 1 GM CAP	Generic with Prior Authorization	1/1/2021
OXICONAZOLE NITRATE 1% CREAM	Generic with Prior Authorization	1/1/2021
PHENOXYBENZAMINE HCL 10 MG CAP	Generic with Prior Authorization	1/1/2021
TADALAFIL 20 MG TABLET	Generic with Prior Authorization	1/1/2021
TOBRAMYCIN 300 MG/5 ML AMPULE	Generic with Prior Authorization	1/1/2021
TRIKLO 1 GM CAPSULE	Generic with Prior Authorization	1/1/2021
ZILEUTON ER 600 MG TABLET	Generic with Prior Authorization	1/1/2021
TOBI PODHALER 28 MG INHALE CAP	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
BELSOMRA 10 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
BELSOMRA 15 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
BELSOMRA 20 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
BELSOMRA 5 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
GLUCAGEN 1 MG HYPOKIT	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
TARGRETIN 1% GEL	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
ZOVIRAX 5% OINTMENT	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
AURYXIA 210 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2021
BYVALSON 5 MG-80 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2021
CYSTARAN 0.44% EYE DROPS	Non-Preferred Brand with Prior Authorization	1/1/2021
GLUCAGON 1 MG VIAL	Non-Preferred Brand with Prior Authorization	1/1/2021
LOVAZA 1 GM CAPSULE	Non-Preferred Brand with Prior Authorization	1/1/2021
ONMEL 200 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2021
OXISTAT 1% CREAM	Non-Preferred Brand with Prior Authorization	1/1/2021
SUCRAID 8,500 UNITS/ML SOLN	Non-Preferred Brand with Prior Authorization	1/1/2021
UCERIS 2 MG RECTAL FOAM	Non-Preferred Brand with Prior Authorization	1/1/2021
VENTAVIS 10 MCG/1 ML SOLUTION	Non-Preferred Brand with Prior Authorization	1/1/2021
VENTAVIS 20 MCG/1 ML SOLUTION	Non-Preferred Brand with Prior Authorization	1/1/2021
ZYFLO 600 MG FILMTAB	Non-Preferred Brand with Prior Authorization	1/1/2021
ZYFLO CR 600 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2021
MESALAMINE DR 400 MG CAPSULE	Generic with no UM	1/1/2021
MESALAMINE ER 0.375 GRAM CAP	Generic with no UM	1/1/2021
DARIFENACIN ER 15 MG TABLET	Generic with Step Therapy	1/1/2021
DARIFENACIN ER 7.5 MG TABLET	Generic with Step Therapy	1/1/2021
AMLODIPINE-OLMESARTAN 10-20 MG	Generic with Step Therapy and Quantity Limits	1/1/2021
AMLODIPINE-OLMESARTAN 10-40 MG	Generic with Step Therapy and Quantity Limits	1/1/2021
AMLODIPINE-OLMESARTAN 5-20 MG	Generic with Step Therapy and Quantity Limits	1/1/2021
AMLODIPINE-OLMESARTAN 5-40 MG	Generic with Step Therapy and Quantity Limits	1/1/2021
CANDESARTAN CILEXETIL 16 MG TB	Generic with Step Therapy and Quantity Limits	1/1/2021
CANDESARTAN CILEXETIL 32 MG TB	Generic with Step Therapy and Quantity Limits	1/1/2021
CANDESARTAN CILEXETIL 4 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
CANDESARTAN CILEXETIL 8 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
CANDESARTAN-HCTZ 16-12.5 MG TB	Generic with Step Therapy and Quantity Limits	1/1/2021

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CANDESARTAN-HCTZ 32-12.5 MG TB	Generic with Step Therapy and Quantity Limits	1/1/2021
CANDESARTAN-HCTZ 32-25 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
EPROSARTAN MESYLATE 600 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
OLMESARTAN MEDOXOMIL 20 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
OLMESARTAN MEDOXOMIL 40 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
OLMESARTAN MEDOXOMIL 5 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
OLMESARTAN-HCTZ 20-12.5 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
OLMESARTAN-HCTZ 40-12.5 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
OLMESARTAN-HCTZ 40-25 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN 20 MG TABLET	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN 40 MG TABLET	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN 80 MG TABLET	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN-AMLODIPINE 40-10	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN-AMLODIPINE 40-5 MG	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN-AMLODIPINE 80-10	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN-AMLODIPINE 80-5 MG	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN-HCTZ 40-12.5 MG TB	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN-HCTZ 80-12.5 MG TB	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN-HCTZ 80-25 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
ALISKIREN 150 MG TABLET	Generic with Step Therapy	1/1/2021
ALISKIREN 300 MG TABLET	Generic with Step Therapy	1/1/2021
AMLODIPINE-VALSARTAN 10-160 MG	Generic with Step Therapy	1/1/2021
AMLODIPINE-VALSARTAN 10-320 MG	Generic with Step Therapy	1/1/2021
AMLODIPINE-VALSARTAN 5-160 MG	Generic with Step Therapy	1/1/2021
AMLODIPINE-VALSARTAN 5-320 MG	Generic with Step Therapy	1/1/2021
LANTHANUM CARB 1,000 MG TB CHW	Generic with Step Therapy	1/1/2021
LANTHANUM CARB 500 MG TAB CHEW	Generic with Step Therapy	1/1/2021
LANTHANUM CARB 750 MG TAB CHEW	Generic with Step Therapy	1/1/2021
SEVELAMER 0.8 GM POWDER PACKET	Generic with Step Therapy	1/1/2021
SEVELAMER 2.4 GM POWDER PACKET	Generic with Step Therapy	1/1/2021
SEVELAMER HCL 400 MG TABLET	Generic with Step Therapy	1/1/2021
SEVELAMER HCL 800 MG TABLET	Generic with Step Therapy	1/1/2021
SOLIFENACIN 10 MG TABLET	Generic with Step Therapy	1/1/2021
SOLIFENACIN 5 MG TABLET	Generic with Step Therapy	1/1/2021
TROSPIUM CHLORIDE 20 MG TABLET	Generic with Step Therapy	1/1/2021
TROSPIUM CHLORIDE ER 60 MG CAP	Generic with Step Therapy	1/1/2021
VENLAFAXINE HCL ER 150 MG TAB	Generic with Step Therapy	1/1/2021
VENLAFAXINE HCL ER 225 MG TAB	Generic with Step Therapy	1/1/2021
VENLAFAXINE HCL ER 37.5 MG TAB	Generic with Step Therapy	1/1/2021
VENLAFAXINE HCL ER 75 MG TAB	Generic with Step Therapy	1/1/2021
ATACAND 16 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021

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ATACAND 32 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
ATACAND 4 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
ATACAND 8 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
ATACAND HCT 16-12.5 MG TAB	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
ATACAND HCT 32-12.5 MG TAB	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
ATACAND HCT 32-25 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
AZOR 10-20 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
AZOR 10-40 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
AZOR 5-20 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
AZOR 5-40 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
BENICAR 20 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
BENICAR 40 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
BENICAR 5 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
BENICAR HCT 20-12.5 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
BENICAR HCT 40-12.5 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
BENICAR HCT 40-25 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
MICARDIS 20 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
MICARDIS 40 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
MICARDIS 80 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
MICARDIS HCT 40-12.5 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
MICARDIS HCT 80-12.5 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
MICARDIS HCT 80-25 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
TWYNSTA 40-10 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
TWYNSTA 40-5 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
TWYNSTA 80-10 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
TWYNSTA 80-5 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
APRISO ER 0.375 GRAM CAPSULE	Non-Preferred Brand with Step Therapy	1/1/2021
DESVENLAFAXINE ER 100 MG TAB	Non-Preferred Brand with Step Therapy	1/1/2021
DESVENLAFAXINE ER 50 MG TAB	Non-Preferred Brand with Step Therapy	1/1/2021
EXFORGE 10-160 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2021
EXFORGE 10-320 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2021
EXFORGE 5-160 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2021
EXFORGE 5-320 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2021
FOSRENOL 1,000 MG POWDER PACK	Non-Preferred Brand with Step Therapy	1/1/2021
FOSRENOL 1,000 MG TABLET CHEW	Non-Preferred Brand with Step Therapy	1/1/2021
FOSRENOL 500 MG TABLET CHEW	Non-Preferred Brand with Step Therapy	1/1/2021
FOSRENOL 750 MG POWDER PACKET	Non-Preferred Brand with Step Therapy	1/1/2021
FOSRENOL 750 MG TABLET CHEW	Non-Preferred Brand with Step Therapy	1/1/2021
LIALDA DR 1.2 GM TABLET	Non-Preferred Brand with Step Therapy	1/1/2021
RENAGEL 400 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2021
RENAGEL 800 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2021

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REVELA 0.8 GM POWDER PACKET	Non-Preferred Brand with Step Therapy	1/1/2021
REVELA 2.4 GM POWDER PACKET	Non-Preferred Brand with Step Therapy	1/1/2021
REVELA 800 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2021
TEKTURNA 150 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2021
TEKTURNA 300 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2021
VELPHORO 500 MG CHEWABLE TAB	Non-Preferred Brand with Step Therapy	1/1/2021