

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
acetaminop-codeine 120-12 mg/5	Generic with Prior Authorization and Quantity Limits	1/1/2019
acetaminophen-cod #2 tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
acetaminophen-cod #3 tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
acetaminophen-cod #4 tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
ACIPHEX SPRINKLE DR 10 MG CAP	Removed from Formulary (Non-Preferred Brand) with Quantity Limits (LG)	1/1/2019
ACIPHEX SPRINKLE DR 5 MG CAP	Removed from Formulary (Non-Preferred Brand) with Quantity Limits (LG)	1/1/2019
ACTEMRA 162 MG/0.9 ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
ACTEMRA ACTPEN 162 MG/0.9 ML	Preferred Brand with Prior Authorization	3/12/2019
ACTOPLUS MET XR 15-1,000 MG TB	Removed from Formulary (Non-Preferred Brand) (LG)	1/1/2019
ACTOPLUS MET XR 30-1,000 MG TB	Removed from Formulary (Non-Preferred Brand) (LG)	1/1/2019
acyclovir 5% cream	Added to Formulary (Generic) with Prior Authorization	2/11/2019
acyclovir 5% ointment	Generic with Quantity Limits	1/1/2019
adapalene 0.1% swab	Non-Formulary/Not Covered	4/15/2019
ADHANSIA XR 25 MG CAPSULE	Non-Preferred Brand with Step Therapy	6/19/2019
ADHANSIA XR 35 MG CAPSULE	Non-Preferred Brand with Step Therapy	6/19/2019
ADHANSIA XR 45 MG CAPSULE	Non-Preferred Brand with Step Therapy	6/19/2019
ADHANSIA XR 55 MG CAPSULE	Non-Preferred Brand with Step Therapy	6/19/2019
ADHANSIA XR 70 MG CAPSULE	Non-Preferred Brand with Step Therapy	6/19/2019
ADHANSIA XR 85 MG CAPSULE	Non-Preferred Brand with Step Therapy	6/19/2019
ADVAIR 100-50 DISKUS	Multisource Brand Requires Prior Authorization and Quantity Limits	2/21/2019
ADVAIR 250-50 DISKUS	Multisource Brand Requires Prior Authorization and Quantity Limits	2/21/2019
ADVAIR 500-50 DISKUS	Multisource Brand Requires Prior Authorization and Quantity Limits	2/21/2019
ADVICOR 1,000 MG-20 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Step Therapy and Quantity Limits (LG)	1/1/2019
ADVICOR 1,000 MG-40 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Step Therapy and Quantity Limits (LG)	1/1/2019
ADVICOR 500 MG-20 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Step Therapy and Quantity Limits (LG)	1/1/2019
ADVICOR 750 MG-20 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Step Therapy and Quantity Limits (LG)	1/1/2019
AEMCOLO DR 194 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/12/2019
AFREZZA 90-8 UNIT / 90-12 UNIT	Non-Preferred Brand	2/4/2019
AIMOVIG 140 MG DOSE-2 AUTOINJ	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	3/21/2019
AIMOVIG 140 MG/ML AUTOINJECTOR	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	3/21/2019
AIMOVIG 70 MG/ML AUTOINJECTOR	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	3/21/2019
AJOVY 225 MG/1.5 ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	6/12/2019
AKLIEF 0.005% CREAM	Non-Preferred Brand with Prior Authorization	10/8/2019

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
AKTIPAK 3%-5% GEL POUCH	Removed from Formulary/Not Covered	1/1/2019
AKYNZEO 300-0.5 MG CAPSULE	Non-Preferred Brand with Quantity Limits	1/1/2019
ALBUTEROL SUL HFA 90 MCG INH	Non-Formulary/Not Covered	1/16/2019
aliskiren 150 mg tablet	Added to Formulary (Generic)	3/6/2019
aliskiren 300 mg tablet	Added to Formulary (Generic)	3/6/2019
ALOCRI 2% EYE DROPS	Non Preferred Brand with Step Therapy and Quantity Limits	1/1/2019
ALORA 0.025 MG PATCH	Removed from Formulary (Non-Preferred Brand) with Quantity Limits (LG)	1/1/2019
ALORA 0.05 MG PATCH	Removed from Formulary (Non-Preferred Brand) with Quantity Limits (LG)	1/1/2019
ALORA 0.075 MG PATCH	Removed from Formulary (Non-Preferred Brand) with Quantity Limits (LG)	1/1/2019
ALORA 0.1 MG PATCH	Removed from Formulary (Non-Preferred Brand) with Quantity Limits (LG)	1/1/2019
ALREX 0.2% EYE DROPS	Non Preferred Brand with Step Therapy and Quantity Limits	1/1/2019
ALTRENO 0.05% LOTION	Non Preferred Brand with Prior Authorization	3/21/2019
ambrisentan 10 mg tablet	Added to Formulary (Generic) with Quantity Limits	4/15/2019
ambrisentan 5 mg tablet	Added to Formulary (Generic) with Quantity Limits	4/15/2019
AMICAR 0.25 GRAM/ML ORAL SOLN	Multisource Brand Requires Prior Authorization	9/17/2019
AMICAR 1,000 MG TABLET	Multisource Brand Requires Prior Authorization	1/9/2019
AMICAR 500 MG TABLET	Multisource Brand Requires Prior Authorization	1/4/2019
aminocaproic acid 0.25 gram/ml	Added to Formulary (Generic)	9/10/2019
AMITIZA 24 MCG CAPSULES	Added to Formulary (Preferred Brand) (SG)	1/1/2019
AMITIZA 8 MCG CAPSULE	Added to Formulary (Preferred Brand) (SG)	1/1/2019
amlodipine-atorvast 10-10 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 10-20 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 10-40 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 10-80 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 2.5-10 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 5-10 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 5-20 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 5-40 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 5-80 mg	Generic with Quantity Limits	1/1/2019
AMRIX ER 15 MG CAPSULE	Multisource Brand Requires Prior Authorization	3/12/2019
AMRIX ER 30 MG CAPSULE	Multisource Brand Requires Prior Authorization	3/12/2019
APADAZ 4.08-325 MG TABLET	Non-Preferred Brand with Quantity Limits	2/20/2019
APADAZ 6.12-325 MG TABLET	Non-Preferred Brand with Quantity Limits	2/20/2019

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APADAZ 8.16-325 MG TABLET	Non-Preferred Brand with Quantity Limits	2/20/2019
aprepitant 125-80-80 mg pack	Generic with Quantity Limits	1/1/2019
aprepitant 40 mg capsule	Generic with Quantity Limits	1/1/2019
aprepitant 80 mg capsule	Generic with Quantity Limits	1/1/2019
APRIZIO PAK	Non-Formulary/Not Covered	5/15/2019
ARAKODA 100 MG TABLET	Non Preferred Brand with Prior Authorization	3/21/2019
ARIKAYCE 590 MG/8.4 ML VIAL	Non-Preferred Brand with Prior Authorization and Quantity Limits	4/15/2019
aripiprazole 2 mg tablet	Generic with Quantity Limits	1/1/2019
aripiprazole odt 15 mg tablet	Generic with Quantity Limits	1/1/2019
ARNUITY ELLIPTA 50 MCG INH	Preferred Brand with Quantity Limits	1/1/2019
ARYMO ER 30 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ascomp with codeine capsule	Generic with Prior Authorization and Quantity Limits	1/1/2019
ASPIRIN-OMEPRAZOL DR 325-40 MG	Non-Preferred Brand with Prior Authorization	7/25/2019
ASPIRIN-OMEPRAZOLE DR 81-40 MG	Non-Preferred Brand with Prior Authorization	7/25/2019
ASTAGRAF XL 1 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
ASTAGRAF XL 5 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
atovaquone-proguanil 250-100	Generic with Quantity Limits	1/1/2019
atovaquone-proguanil 62.5-25	Generic with Quantity Limits	1/1/2019
ATROPINE SULFATE 0.01% EYE DRP	Non-Formulary/Not Covered	7/23/2019
AUBAGIO 14 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
AUBAGIO 14 MG TABLET	Non-Preferred Brand with Prior Authorization	9/19/2019
AUBAGIO 7 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
AUBAGIO 7 MG TABLET	Non-Preferred Brand with Prior Authorization	9/19/2019
aurovela 1 mg-20 mcg tablet	Added to Formulary (Generic) (ACA)	5/15/2019
aurovela 21 1.5-30 tablet	Added to Formulary (Generic) (ACA)	4/17/2019
aurovela fe 1.5 mg-30 mcg tab	Added to Formulary (Generic) (ACA)	6/4/2019
aurovela fe 1-20 tablet	Added to Formulary (Generic) (ACA)	4/17/2019
AVONEX 30 MCG VIAL KIT	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
AVONEX 30 MCG VIAL KIT	Preferred Brand with Prior Authorization	9/19/2019
AVONEX PEN 30 MCG/0.5 ML KIT	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
AVONEX PEN 30 MCG/0.5 ML KIT	Preferred Brand with Prior Authorization	9/19/2019
AVONEX PREFILLED SYR 30 MCG	Preferred Brand with Prior Authorization	9/19/2019
AVONEX PREFILLED SYR 30 MCG KT	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
AVONEX PREFILLED SYR 30 MCG KT	Preferred Brand with Prior Authorization	9/19/2019
AZESCO TABLET	Non-Formulary/Not Covered	4/10/2019
BALVERSA 3 MG TABLET	Non-Preferred Brand with Prior Authorization	7/15/2019
BALVERSA 4 MG TABLET	Non-Preferred Brand with Prior Authorization	7/15/2019
BALVERSA 5 MG TABLET	Non-Preferred Brand with Prior Authorization	7/15/2019
BARACLUDE 0.05 MG/ML SOLUTION	Non-Preferred Brand	1/1/2019
BELBUCA 150 MCG FILM	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BELBUCA 600 MCG FILM	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BENZHYDROCOD-ACETAMIN 4.08-325	Non-Preferred Brand with Prior Authorization and Quantity Limits	2/26/2019
BENZHYDROCOD-ACETAMIN 6.12-325	Non-Preferred Brand with Prior Authorization and Quantity Limits	2/26/2019
BENZHYDROCOD-ACETAMIN 8.16-325	Non-Preferred Brand with Prior Authorization and Quantity Limits	2/26/2019
BESER 0.05% KIT	Non-Formulary/Not Covered	9/24/2019
beser 0.05% lotion	Added to Formulary (generic) with Prior Authorization	5/1/2019
BETASERON 0.3 MG KIT	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
BETASERON 0.3 MG KIT	Preferred Brand with Prior Authorization	9/19/2019
BETOPTIC S 0.25% EYE DROPS	Removed from Formulary/Not Covered	1/1/2019
BIJUVA 1 MG-100 MG CAPSULE	Non-Preferred Brand	2/18/2019
BLOOD GLUCOSE TEST STRIPS	Change to Existing Quantity Limits	1/1/2019
bosentan 125 mg tablet	Added to Formulary (Generic) with Quantity Limits	5/20/2019
bosentan 62.5 mg tablet	Added to Formulary (Generic) with Quantity Limits	5/20/2019
bp 10-1 wash	Removed from Formulary (Non-Preferred Generic)	1/1/2019
bp vit 3 capsule	Removed from Formulary/Not Covered	1/1/2019
BRILINTA 60 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2019
BRILINTA 60 MG TABLET	Added to Formulary (Preferred Brand) with Quantity Limits	11/1/2019
BRILINTA 90 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2019
BRILINTA 90 MG TABLET	Added to Formulary (Preferred Brand) with Quantity Limits	11/1/2019
BUNAVAIL 6.3-1 MG FILM	Non-Preferred Brand with Quantity Limits	1/1/2019
bupreno-nalox 2-0.5 mg sl film	Added to Formulary (Generic) with Quantity Limits	2/12/2019
buprenor-nalox 12-3 mg sl film	Added to Formulary (Generic) with Quantity Limits	2/12/2019
BUPRENORPHINE 15 MCG/HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BUPRENORPHINE 20 MCG/HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BUPRENORPHINE 7.5 MCG/HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
buprenorp-nalox 4-1 mg sl film	Added to Formulary (Generic) with Quantity Limits	2/12/2019

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
bupropion hcl sr 100 mg tablet	Generic with Quantity Limits	1/1/2019
bupropion hcl sr 150 mg tablet	Generic with Quantity Limits	1/1/2019
bupropion hcl sr 200 mg tablet	Generic with Quantity Limits	1/1/2019
bupropion hcl xl 300 mg tablet	Generic with Quantity Limits	1/1/2019
butalb-acetaminoph-caff-codein	Generic with Prior Authorization and Quantity Limits	1/1/2019
butalb-caff-acetaminoph-codein	Generic with Prior Authorization and Quantity Limits	1/1/2019
butalbital comp-codeine #3 cap	Generic with Prior Authorization and Quantity Limits	1/1/2019
butorphanol 10 mg/ml spray	Generic with Prior Authorization and Quantity Limits	1/1/2019
BUTRANS 10 MCG/HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BUTRANS 20 MCG/HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BUTRANS 5 MCG/HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BUTRANS 7.5 MCG/HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
cabergoline 0.5 mg tablet	Generic with Quantity Limits	1/1/2019
CABLIVI 11 MG KIT	Non-Preferred Brand with Prior Authorization	9/24/2019
calcium 500+d tablet chew	Removed from Formulary/Not Covered	1/1/2019
calcium 600-vit d3 200 tablet	Removed from Formulary/Not Covered	1/1/2019
calcium citrate - vit d caplet	Removed from Formulary/Not Covered	1/1/2019
calcium-folic acid plus d wfer	Removed from Formulary/Not Covered	1/1/2019
CANASA 1,000 MG SUPPOSITORY	Multisource Brand Requires Prior Authorization	12/27/2018
carisoprodol-aspirin-codein tb	Generic with Prior Authorization and Quantity Limits	1/11/2019
CAVERJECT IMPULSE 10 MCG SYRNG	Non-Preferred Brand with Quantity Limits	8/7/2019
CAVERJECT IMPULSE 20 MCG SYRNG	Non-Preferred Brand with Quantity Limits	8/7/2019
cefixime 400 mg capsule	Added to Formulary (Generic)	5/1/2019
CETACAINE ANESTHETIC LIQUID	Non-Formulary/Not Covered	6/1/2019
CHEMET 100 MG CAPSULE	Preferred Brand with Prior Authorization	1/1/2019
CHENODAL 250 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2019
CHORIONIC GONAD 12,000 UNIT VL	Non-Preferred Brand with Prior Authorization	4/30/2019
CHORIONIC GONAD 6,000 UNIT VL	Non-Preferred Brand with Prior Authorization	4/30/2019
CIMZIA 200 MG/ML SYRINGE KIT	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
cinacalcet hcl 30 mg tablet	Generic with Prior Authorization	2/6/2019
cinacalcet hcl 60 mg tablet	Generic with Prior Authorization	2/6/2019
cinacalcet hcl 90 mg tablet	Generic with Prior Authorization	2/6/2019
CIPRO HC OTIC SUSPENSION	Non-Preferred Brand with Step Therapy	1/1/2019

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
CIPRODEX OTIC SUSPENSION	Non-Preferred Brand with Step Therapy	1/1/2019
CIPROFLOX-FLUOCINLN 0.3-0.025%	Non-Preferred Brand with Step Therapy	10/30/2019
clind ph-benzoyl pero 1.2-2.5%	Added to Formulary (Generic) with Quantity Limits (SG)	1/1/2019
clinda-benzoyl perox 1-5% pump	Added to Formulary (Generic) with Quantity Limits (SG)	1/1/2019
clinda-tretinoin 1.2%-0.025%	Removed from Formulary (Non-Preferred Generic) with Prior Authorization	1/1/2019
clovique 250 mg capsule	Added to Formulary (Generic) with Prior Authorization	10/22/2019
codeine sulfate 15 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
codeine sulfate 30 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
codeine sulfate 60 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
COLCHICINE 0.6 MG CAPSULE	Non-Preferred Brand with Step Therapy	1/1/2019
COLCHICINE 0.6 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019
COLLATYL WOUND GEL	Non-Formulary/Not Covered	4/10/2019
COPIKTRA 15 MG CAPSULE	Non Preferred Brand with Prior Authorization and Quantity Limits	1/18/2019
COPIKTRA 25 MG CAPSULE	Non Preferred Brand with Prior Authorization and Quantity Limits	1/18/2019
CORLANOR 5 MG TABLET	Added to Formulary (Preferred Brand) with Step Therapy	1/1/2019
CORLANOR 5 MG/5 ML ORAL SOLN	Added to Formulary (Preferred Brand) with Step Therapy	8/13/2019
CORLANOR 7.5 MG TABLET	Added to Formulary (Preferred Brand) with Step Therapy	1/1/2019
corvita 150 tablet	Removed from Formulary/Not Covered	1/1/2019
corvita tablet	Removed from Formulary/Not Covered	1/1/2019
CORVITE 150 TABLET	Removed from Formulary/Not Covered	1/1/2019
CORVITE FE TABLET	Removed from Formulary/Not Covered	1/1/2019
CORVITE FREE TABLET	Removed from Formulary/Not Covered	1/1/2019
CORVITE TABLET	Removed from Formulary/Not Covered	1/1/2019
COSENTYX 150 MG/ML PEN INJECT	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
COSENTYX 150 MG/ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
COSENTYX 300 MG DOSE-2 PENS	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
COSENTYX 300 MG DOSE-2 SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
CUPRIMINE 250 MG CAPSULE	Multisource Brand Requires Prior Authorization	5/21/2019
cyclobenzaprine er 15 mg cap	Non Formulary (Generic)	3/25/2019
cyclobenzaprine er 30 mg cap	Non Formulary (Generic)	3/25/2019
cytra-2 oral solution	Removed from Formulary/Not Covered	1/1/2019
cytra-3 syrup	Removed from Formulary/Not Covered	1/1/2019
cytra-k oral solution	Removed from Formulary/Not Covered	1/1/2019

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
DAURISMO 100 MG TABLET	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
DAURISMO 25 MG TABLET	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
deferasirox 125 mg tablet	Added to Formulary (Generic) with Prior Authorization	3/27/2019
deferasirox 250 mg tablet	Added to Formulary (Generic) with Prior Authorization	3/27/2019
deferasirox 500 mg tablet	Added to Formulary (Generic) with Prior Authorization	3/27/2019
DELSTRIGO 100-300-300 MG TAB	Non Preferred Brand with Quantity Limits	1/18/2019
DELUO CLEANSER	Non-Formulary/Not Covered	6/17/2019
DELZICOL DR 400 MG CAPSULE	Multisource Brand Requires Prior Authorization	5/21/2019
DERMAZENE CREAM PACKET	Non-Formulary/Not Covered	5/29/2019
desoximetasone 0.25% ointment	Removed from Formulary (Non-Preferred Generic) with Prior Authorization	1/1/2019
DIACOMIT 250 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	4/15/2019
DIACOMIT 250 MG POWDER PACKET	Non-Preferred Brand with Prior Authorization and Quantity Limits	4/15/2019
DIACOMIT 500 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	4/15/2019
DIACOMIT 500 MG POWDER PACKET	Non-Preferred Brand with Prior Authorization and Quantity Limits	4/15/2019
dialyvite tablet	Removed from Formulary/Not Covered	1/1/2019
dialyvite with zinc tablet	Removed from Formulary/Not Covered	1/1/2019
DICLEGIS DR 10-10 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2019
DICLEGIS DR 10-10 MG TABLET	Multisource Brand Requires Prior Authorization and Quantity Limits	7/3/2019
DICLOFENAC EPOLAMINE 1.3% PTCH	Non-Preferred Brand with Prior Authorization	3/5/2019
DICLOFEX DC PACK	Non-Formulary/Not Covered	4/1/2019
DICLOSAICIN TOPICAL THERAPY KT	Non-Formulary/Not Covered	8/5/2019
DICLOVIX KIT	Non-Formulary/Not Covered	9/24/2019
dihydroergotamine 4 mg/ml spry	Removed from Formulary (Non-Preferred Generic) with Quantity Limits	1/1/2019
DIPHEN 12.5 MG/5 ML ELIXIR	Non-Preferred Brand	10/1/2019
DIVIGEL 0.75 MG GEL PACKET	Non-Preferred Brand	1/15/2019
DOVATO 50-300 MG TABLET	Non-Preferred Brand with Quantity Limits	7/15/2019
doxazosin mesylate 1 mg tab	Generic with Quantity Limits	1/1/2019
doxazosin mesylate 2 mg tab	Generic with Quantity Limits	1/1/2019
doxazosin mesylate 4 mg tab	Generic with Quantity Limits	1/1/2019
doxazosin mesylate 8 mg tab	Generic with Quantity Limits	1/1/2019
doxycycline hyc dr 100 mg tab	Removed from Formulary (Non-Preferred Generic) with Step Therapy	1/1/2019
doxycycline hyc dr 150 mg tab	Removed from Formulary (Non-Preferred Generic) with Step Therapy	1/1/2019
doxycycline hyc dr 75 mg tab	Removed from Formulary (Non-Preferred Generic) with Step Therapy	1/1/2019

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DOXYCYCLINE HYC DR 80 MG TAB	Non-Preferred Brand with Step Therapy	4/23/2019
doxylamine-pyridoxine 10-10 mg	Added to Formulary (Generic) with Quantity Limits	6/25/2019
D-PENAMINE 125 MG TABLET	Non-Preferred Brand	1/15/2019
DRIZALMA SPRINKLE DR 20 MG CAP	Non-Preferred Brand with Prior Authorization	10/1/2019
DRIZALMA SPRINKLE DR 30 MG CAP	Non-Preferred Brand with Prior Authorization	10/1/2019
DRIZALMA SPRINKLE DR 40 MG CAP	Non-Preferred Brand with Prior Authorization	10/1/2019
DRIZALMA SPRINKLE DR 60 MG CAP	Non-Preferred Brand with Prior Authorization	10/1/2019
DUAKLIR PRESSAIR 400-12MCG INH	Non-Formulary/Not Covered	9/25/2019
DUOBRII 0.01%-0.045% LOTION	Non-Preferred Brand with Prior Authorization and Quantity Limits	9/24/2019
DYRENIUM 100 MG CAPSULE	Multisource Brand Requires Prior Authorization	9/4/2019
DYRENIUM 50 MG CAPSULE	Multisource Brand Requires Prior Authorization	9/4/2019
econazole nitrate 1% cream	Generic with Quantity Limits	1/1/2019
ELIDEL 1% CREAM	Multisource Brand Requires Prior Authorization and Quantity Limits	1/1/2019
EMBEDA ER 20-0.8 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
EMBEDA ER 30-1.2 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
EMBEDA ER 50-2 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
EMBEDA ER 60-2.4 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
EMEND 125 MG POWDER PACKET	Preferred Brand with Quantity Limits	1/1/2019
EMEND 40 MG CAPSULE	Multisource Brand Requires Prior Authorization and Quantity Limits	4/17/2019
EMGALITY 120 MG/ML PEN	Non-Formulary/Not Covered	6/12/2019
EMGALITY 120 MG/ML SYRINGE	Non-Formulary/Not Covered	6/12/2019
ENBREL 25 MG KIT	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ENBREL 25 MG/0.5 ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ENBREL 50 MG/ML MINI CARTRIDGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ENBREL 50 MG/ML SURECLICK SYR	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ENBREL 50 MG/ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
endocet 10-325 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
endocet 5-325 tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
endocet 7.5-325 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
ENTRESTO 24 MG-26 MG TABLET	Added to Formulary (Preferred Brand)	5/22/2019
ENTRESTO 49 MG-51 MG TABLET	Added to Formulary (Preferred Brand)	5/22/2019
ENTRESTO 97 MG-103 MG TABLET	Added to Formulary (Preferred Brand)	5/22/2019
ENZOCLEAR 9.8% FOAM	Non-Preferred Brand with Step Therapy	11/8/2019

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
EPICYN FACIAL CLEANSER SPRAY	Non Formulary/Not Covered	3/21/2019
erlotinib hcl 100 mg tablet	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	5/15/2019
erlotinib hcl 150 mg tablet	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	5/15/2019
erlotinib hcl 25 mg tablet	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	5/15/2019
ERTACZO 2% CREAM	Removed from Formulary (Non-Preferred Brand) (LG)	1/1/2019
ERYPED 200 MG/5 ML SUSPENSION	Multisource Brand Requires Prior Authorization	6/18/2019
ERYPED 400 MG/5 ML SUSPENSION	Multisource Brand Requires Prior Authorization	3/29/2019
ERY-TAB DR 500 MG TABLET	Multisource Brand Requires Prior Authorization	7/26/2019
erythromycin 200 mg/5 ml susp	Added to Formulary (Generic)	4/29/2019
erythromycin 400 mg/5 ml susp	Added to Formulary (Generic)	3/20/2019
erythromycin dr 250 mg tablet	Added to Formulary (Generic)	7/22/2019
erythromycin dr 333 mg tablet	Added to Formulary (Generic)	7/22/2019
erythromycin dr 500 mg tablet	Added to Formulary (Generic)	7/22/2019
EXJADE 125 MG TABLET	Multisource Brand Requires Prior Authorization	5/10/2019
EXJADE 250 MG TABLET	Multisource Brand Requires Prior Authorization	5/10/2019
EXJADE 500 MG TABLET	Multisource Brand Requires Prior Authorization	5/10/2019
EXTAVIA 0.3 MG KIT	Removed from Formulary/Not Covered	1/1/2019
EXTAVIA 0.3 MG VIAL	Removed from Formulary/Not Covered	1/1/2019
EZALLOR SPRINKLE 10 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	6/25/2019
EZALLOR SPRINKLE 20 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	6/25/2019
EZALLOR SPRINKLE 40 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	6/25/2019
EZALLOR SPRINKLE 5 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	6/25/2019
FARESTON 60 MG TABLET	Multisource Brand Requires Prior Authorization	2/5/2019
FARXIGA 10 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
FARXIGA 5 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
FASENRA PEN 30 MG/ML	Non-Preferred Brand with Prior Authorization	10/8/2019
fentanyl 100 mcg/hr patch	Generic with Prior Authorization and Quantity Limits	1/1/2019
fentanyl 12 mcg/hr patch	Generic with Prior Authorization and Quantity Limits	1/1/2019
fentanyl 25 mcg/hr patch	Generic with Prior Authorization and Quantity Limits	1/1/2019
fentanyl 37.5 mcg/hr patch	Generic with Prior Authorization and Quantity Limits	1/1/2019
fentanyl 50 mcg/hr patch	Generic with Prior Authorization and Quantity Limits	1/1/2019
fentanyl 75 mcg/hr patch	Generic with Prior Authorization and Quantity Limits	1/1/2019
FENTANYL CIT 100 MCG BUCCAL TB	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/14/2019

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
FENTANYL CIT 200 MCG BUCCAL TB	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/14/2019
FENTANYL CIT 400 MCG BUCCAL TB	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/14/2019
FENTANYL CIT 600 MCG BUCCAL TB	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/14/2019
FENTANYL CIT 800 MCG BUCCAL TB	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/14/2019
ferocon capsule	Removed from Formulary/Not Covered	1/1/2019
FERRALET 90 TABLET	Removed from Formulary/Not Covered	1/1/2019
ferraplus 90 tablet	Removed from Formulary/Not Covered	1/1/2019
ferrex 150 forte capsule	Removed from Formulary/Not Covered	1/1/2019
ferrex 150 forte plus capsule	Removed from Formulary/Not Covered	1/1/2019
ferrex 28 tablet	Removed from Formulary/Not Covered	1/1/2019
FERRIPROX 1,000 MG TABLET	Non-Preferred Brand with Prior Authorization	8/13/2019
FETZIMA ER 120 MG CAPSULE	Non-Preferred Brand with Step Therapy	1/1/2019
FETZIMA ER 20 MG CAPSULE	Non-Preferred Brand with Step Therapy	1/1/2019
FETZIMA ER 40 MG CAPSULE	Non-Preferred Brand with Step Therapy	1/1/2019
FETZIMA ER 80 MG CAPSULE	Non-Preferred Brand with Step Therapy	1/1/2019
FIASP PENFILL 100 UNIT/ML CART	Added to Formulary (Preferred Brand)	9/24/2019
FINACEA 15% GEL	Multisource Brand Requires Prior Authorization	12/4/2018
FIRAZYR 30 MG/3 ML SYRINGE	Multisource Brand Requires Prior Authorization	8/9/2019
FIRDAPSE 10 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/14/2019
FLORIVA 0.25 MG/ML DROPS	Removed from Formulary/Not Covered	1/1/2019
fluoride 1 mg tablet chewable	Removed from Formulary/Not Covered	1/1/2019
FLUOROPLEX 1% CREAM	Non-Preferred Brand	1/1/2019
FLUOVIX 0.1% CREAM KIT	Non-Formulary/Not Covered	7/15/2019
fluticasone-salmeterol 100-50	Non-Formulary/Not Covered	2/11/2019
fluticasone-salmeterol 250-50	Non-Formulary/Not Covered	2/11/2019
fluticasone-salmeterol 500-50	Non-Formulary/Not Covered	2/11/2019
folbee plus tablet	Removed from Formulary/Not Covered	1/1/2019
folbee tablet	Removed from Formulary/Not Covered	1/1/2019
folbic tablet	Removed from Formulary/Not Covered	1/1/2019
FOLGARD OS TABLET	Removed from Formulary/Not Covered	1/1/2019
folplex 2.2 tablet	Removed from Formulary/Not Covered	1/1/2019
FORFIVO XL 450 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2019
FREESTYLE 28G LANCETS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
FREESTYLE INSULINX STRIP NFRS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE INSULINX TEST STRIP	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE INSULINX TEST STRIPS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE LITE TEST STRIP	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE LITE TEST STRIP NFRS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE PREC NEO TEST STRIPS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE TEST STRIPS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE TEST STRIPS NFRS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE UNISTIK 2 LANCETS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FUSION PLUS CAPSULE	Removed from Formulary/Not Covered	1/1/2019
GALAFOLD 123 MG CAPSULE	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
GANIRELIX ACET 250 MCG/0.5 ML (BRAND)	Multisource Brand Requires Prior Authorization	5/10/2019
ganirelix acet 250 mcg/0.5 ml (generic)	Added to Formulary (Generic) with Prior Authorization	2/11/2019
GELNIQUE 10% GEL PUMP	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
GILENYA 0.5 MG CAPSULE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
GILENYA 0.5 MG CAPSULE	Preferred Brand with Prior Authorization	9/19/2019
glatiramer 20 mg/ml syringe	Preferred Generic	9/19/2019
glatiramer 40 mg/ml syringe	Preferred Generic	9/19/2019
glatopa 20 mg/ml syringe	Preferred Generic	9/19/2019
glatopa 40 mg/ml syringe	Preferred Generic	9/19/2019
GLOPERBA 0.6 MG/5 ML SOLUTION	Non-Preferred Brand with Prior Authorization	10/31/2019
griseofulvin ultra 125 mg tab	Removed from Formulary (Non-Preferred Generic)	1/1/2019
griseofulvin ultra 250 mg tab	Removed from Formulary (Non-Preferred Generic)	1/1/2019
GVOKE 0.5 MG/0.1 ML SYRINGE	Added to Formulary (Preferred Brand) with Quantity Limits	9/12/2019
GVOKE 1 MG/0.2 ML SYRINGE	Added to Formulary (Preferred Brand) with Quantity Limits	9/12/2019
halcinonide 0.1% cream	Non-Formulary (Generic) with Prior Authorization	8/19/2019
HALOBETASOL PROP 0.05% FOAM	Non-Preferred Brand with Prior Authorization	1/16/2019
HARVONI 45-200 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	10/10/2019
hematinic-folic acid tablet	Removed from Formulary/Not Covered	1/1/2019
hematogen fa softgel	Removed from Formulary/Not Covered	1/1/2019
hematogen forte softgel	Removed from Formulary/Not Covered	1/1/2019
hematogen softgel	Removed from Formulary/Not Covered	1/1/2019
HUMIRA 10 MG/0.1 ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
HUMIRA 10 MG/0.2 ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA 20 MG/0.2 ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA 20 MG/0.4 ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA 40 MG/0.4 ML PEN	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA 40 MG/0.4 ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA 40 MG/0.8 ML PEN	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA 40 MG/0.8 ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA PED CROHNS 40 MG/0.8 ML	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA PED CROHNS 80 MG/0.8 ML	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA PEDIATR CROHN'S 80-40MG	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA PEN CROHN-UC-HS 40 MG	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA PEN CROHN-UC-HS 80 MG	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA PEN PSORIA-UVEITIS 40MG	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA PEN PSOR-UVEI 80MG-40MG	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-acetamin 10-300 mg	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-acetamin 10-325 mg	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-acetamin 5-300 mg	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-acetamin 5-325 mg	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-acetamin 7.5-300	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-acetamin 7.5-325	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-ibuprofen 10-200	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-ibuprofen 5-200 mg	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-ibuprofen 7.5-200	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocort-iodoquinol-aloe sach	Removed from Formulary (Non-Preferred Generic)	1/1/2019
hydrocortison-acetic acid soln	Removed from Formulary (Non-Preferred Generic)	1/1/2019
hydromorphone 1 mg/ml solution	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydromorphone 2 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
HYDROMORPHONE 30 MG/30ML-WATER	Non-Preferred Brand with Prior Authorization and Quantity Limits	9/5/2019
hydromorphone 4 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydromorphone 8 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydromorphone hcl er 12 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydromorphone hcl er 8 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
HYSINGLA ER 60 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
icatibant 30 mg/3 ml syringe	Non-Formulary (Generic) with Prior Authorization	7/18/2019
iferex 150 forte capsule	Removed from Formulary/Not Covered	1/1/2019
INBRIJA 42 MG INHALATION CAP	Non-Preferred Brand with Prior Authorization	2/19/2019
INBRIJA 42 MG INHALATION CAP	Non-Preferred Brand with Prior Authorization and Quantity Limits	2/19/2019
INGREZZA INITIATION PACK	Non-Preferred Brand with Prior Authorization and Quantity Limits	4/29/2019
INSULIN LISPRO 100 UNIT/ML PEN	Non-Formulary/Not Covered	4/3/2019
INSULIN LISPRO 100 UNIT/ML VL	Non-Formulary/Not Covered	4/3/2019
INVOKAMET 150-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
INVOKAMET 150-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
INVOKAMET 50-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
INVOKAMET 50-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
INVOKAMET XR 150-1,000 MG TAB	Preferred Brand with Quantity Limits	1/1/2019
INVOKAMET XR 150-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
INVOKAMET XR 50-1,000 MG TAB	Preferred Brand with Quantity Limits	1/1/2019
INVOKAMET XR 50-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
INVOKANA 100 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
INVOKANA 300 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
IROSPAN 24/6 TABLET	Removed from Formulary/Not Covered	1/1/2019
itraconazole 100 mg capsule	Preferred Generic	1/1/2019
ivermectin 1% cream	Added to Formulary (Generic) with Step Therapy	10/16/2019
JANUMET 50-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JANUMET 50-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JANUMET XR 100-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JANUMET XR 50-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JANUMET XR 50-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JANUVIA 100 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JANUVIA 25 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JANUVIA 50 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JARDIANCE 10 MG TABLET	Added to Formulary (Preferred Brand) with Quantity Limits	1/1/2019
JARDIANCE 25 MG TABLET	Added to Formulary (Preferred Brand) with Quantity Limits	1/1/2019
JORNAY PM 100 MG CAPSULE	Non-Preferred Brand with Step Therapy	5/16/2019
JORNAY PM 20 MG CAPSULE	Non-Preferred Brand with Step Therapy	5/16/2019
JORNAY PM 40 MG CAPSULE	Non-Preferred Brand with Step Therapy	5/16/2019

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
JORNAY PM 60 MG CAPSULE	Non-Preferred Brand with Step Therapy	5/16/2019
JORNAY PM 80 MG CAPSULE	Non-Preferred Brand with Step Therapy	5/16/2019
JYNARQUE 15 MG TABLET	Non-Preferred Brand with Prior Authorization	4/10/2019
JYNARQUE 15 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
JYNARQUE 30 MG TABLET	Non-Preferred Brand with Prior Authorization	4/10/2019
JYNARQUE 30 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
JYNARQUE 45 MG-15 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
JYNARQUE 60 MG-30 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
JYNARQUE 90 MG-30 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
KALYDECO 25 MG GRANULES PACKET	Non-Preferred Brand with Prior Authorization and Quantity Limits	5/6/2019
ketoconazole 2% foam	Generic with Prior Authorization	1/1/2019
KEVZARA 150 MG/1.14 ML PEN INJ	Non-Preferred Brand with Prior Authorization	1/1/2019
KEVZARA 150 MG/1.14 ML SYRINGE	Non-Preferred Brand with Prior Authorization	1/1/2019
KEVZARA 200 MG/1.14 ML PEN INJ	Non-Preferred Brand with Prior Authorization	1/1/2019
KEVZARA 200 MG/1.14 ML SYRINGE	Non-Preferred Brand with Prior Authorization	1/1/2019
KHEDEZLA ER 100 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019
KHEDEZLA ER 50 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019
KINERET 100 MG/0.67 ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
KLARITY(CHONDROITIN) 2.5 MG/ML	Non Formulary/Not Covered	3/21/2019
KOMBIGLYZE XR 2.5-1,000 MG TAB	Preferred Brand with Quantity Limits	1/1/2019
KOMBIGLYZE XR 5-1,000 MG TAB	Preferred Brand with Quantity Limits	1/1/2019
KOMBIGLYZE XR 5-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
k-phos neutral tablet	Removed from Formulary/Not Covered	1/1/2019
KRINTAFEL 150 MG TABLET	Non-Preferred Brand	1/16/2019
L.E.T.(LIDO-EPINEPH-TETRA) GEL	Non-Preferred Brand with Prior Authorization	3/25/2019
LANCETS	Change to Existing Quantity Limits	1/1/2019
LETAIRIS 10 MG TABLET	Multisource Brand Requires Prior Authorization and Quantity Limits	5/3/2019
LETAIRIS 5 MG TABLET	Multisource Brand Requires Prior Authorization and Quantity Limits	5/3/2019
levorphanol 2 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
LEVORPHANOL 3 MG TABLET	Non-Formulary/Not Covered	1/28/2019
lidocaine-prilocaine cream	Generic with Quantity Limits	1/1/2019
lido-sorb 3% lotion	Non-Formulary/Not Covered	7/9/2019
LIQUIVIDA HYDRATION KIT	Non-Formulary/Not Covered	2/4/2019

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
LMR PLUS KIT	Non-Formulary/Not Covered	8/12/2019
LOKELMA 10 GRAM POWDER PACKET	Non Preferred Brand with Prior Authorization	3/21/2019
LOKELMA 5 GRAM POWDER PACKET	Non Preferred Brand with Prior Authorization	3/21/2019
LORBRENA 100 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
LORBRENA 25 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
lorcet 5-325 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
lorcet plus 7.5-325 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
LOTEMAX 0.5% EYE DROPS	Multisource Brand Requires Prior Authorization	7/12/2019
LOTEMAX SM 0.38% OPHTH GEL	Non-Preferred Brand with Step Therapy	2/28/2019
loteprednol etabonate 0.5% drp	Added to Formulary (Generic)	5/15/2019
ludent fluoride 1 mg tab chew	Removed from Formulary/Not Covered	1/1/2019
LUMIGAN 0.01% EYE DROPS	Preferred Brand with Quantity Limits	1/1/2019
LURADROX GEL	Non-Formulary/Not Covered	1/14/2019
LYRICA 100 MG CAPSULE	Multisource Brand Requires Prior Authorization and Quantity Limits	7/30/2019
LYRICA 150 MG CAPSULE	Multisource Brand Requires Prior Authorization and Quantity Limits	7/30/2019
LYRICA 20 MG/ML ORAL SOLUTION	Multisource Brand Requires Prior Authorization and Quantity Limits	8/7/2019
LYRICA 200 MG CAPSULE	Multisource Brand Requires Prior Authorization and Quantity Limits	7/30/2019
LYRICA 225 MG CAPSULE	Multisource Brand Requires Prior Authorization and Quantity Limits	7/30/2019
LYRICA 25 MG CAPSULE	Multisource Brand Requires Prior Authorization and Quantity Limits	7/30/2019
LYRICA 300 MG CAPSULE	Multisource Brand Requires Prior Authorization and Quantity Limits	7/30/2019
LYRICA 50 MG CAPSULE	Multisource Brand Requires Prior Authorization and Quantity Limits	7/30/2019
LYRICA 75 MG CAPSULE	Multisource Brand Requires Prior Authorization and Quantity Limits	7/30/2019
MAVENCLAD 10 MG X 10 TABLET PK	Non-Preferred Brand with Prior Authorization	4/8/2019
MAVENCLAD 10 MG X 4 TABLET PK	Non-Preferred Brand with Prior Authorization	4/8/2019
MAVENCLAD 10 MG X 5 TABLET PK	Non-Preferred Brand with Prior Authorization	4/8/2019
MAVENCLAD 10 MG X 6 TABLET PK	Non-Preferred Brand with Prior Authorization	4/8/2019
MAVENCLAD 10 MG X 7 TABLET PK	Non-Preferred Brand with Prior Authorization	4/8/2019
MAVENCLAD 10 MG X 8 TABLET PK	Non-Preferred Brand with Prior Authorization	4/8/2019
MAVENCLAD 10 MG X 9 TABLET PK	Non-Preferred Brand with Prior Authorization	4/8/2019
MAVYRET 100-40 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
MAYZENT 0.25 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	9/24/2019
MAYZENT 2 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	9/24/2019
MENOPUR 75 UNIT VIAL	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
mesalamine dr 400 mg capsule	Added to Formulary (Generic) with Step Therapy	5/15/2019
MESTINON 60 MG/5 ML SYRUP	Multisource Brand Requires Prior Authorization	4/9/2019
metformin hcl er 500 mg tablet	Generic with Quantity Limits	1/1/2019
methadone hcl 10 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
methadone hcl 5 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
mifepristone 200 mg tablet	Added to Formulary (Generic)	5/15/2019
minocycline er 105 mg tablet	Added to Formulary (Generic) with Prior Authorization	3/12/2019
minocycline er 55 mg tablet	Added to Formulary (Generic) with Prior Authorization	3/25/2019
minocycline er 80 mg tablet	Added to Formulary (Generic) with Prior Authorization	3/12/2019
mometasone furoate 50 mcg spry	Removed from Formulary (Non-Preferred Generic)	1/1/2019
MORPHABOND ER 15 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
MORPHABOND ER 30 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
MORPHABOND ER 60 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf 10 mg/5 ml soln	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf 100 mg/5 ml soln	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf 20 mg/5 ml soln	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf er 100 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf er 15 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf er 200 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf er 30 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf er 60 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate er 10 mg cap	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate er 20 mg cap	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate er 30 mg cap	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate er 60 mg cap	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate er 80 mg cap	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate er 90 mg cap	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate ir 15 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate ir 30 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
MOTEGRITY 1 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	7/15/2019
MOTEGRITY 2 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	7/15/2019
MULTAQ 400 MG TABLET	Added to Formulary (Preferred Brand) (SG)	1/1/2019
multigen folic caplet	Removed from Formulary/Not Covered	1/1/2019

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
multigen plus caplet	Removed from Formulary/Not Covered	1/1/2019
multivit-fluoride 1 mg tab chw	Removed from Formulary/Not Covered	1/1/2019
multivit-fluor-iron 0.25 mg/ml	Removed from Formulary/Not Covered	1/1/2019
multivit-iron-fl 0.25 mg/ml	Removed from Formulary/Not Covered	1/1/2019
multivit-iron-fluor 0.25 mg/ml	Removed from Formulary/Not Covered	1/1/2019
mvc-fluoride 1 mg tab chew	Removed from Formulary/Not Covered	1/1/2019
MYRBETRIQ ER 25 MG TABLET	Added to Formulary (Preferred Brand) (SG)	1/1/2019
MYRBETRIQ ER 50 MG TABLET	Added to Formulary (Preferred Brand) (SG)	1/1/2019
naftifine hcl 1% gel	Added to Formulary (Generic)	6/5/2019
NATESTO NASAL 5.5 MG/0.122 GM	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2019
NAYZILAM 5 MG NASAL SPRAY	Non-Preferred Brand with Prior Authorization and Quantity Limits	9/11/2019
nephplex rx tablet	Removed from Formulary/Not Covered	1/1/2019
NEPHROCAPS QT TABLET	Removed from Formulary/Not Covered	1/1/2019
NEPHRON FA TABLET	Removed from Formulary/Not Covered	1/1/2019
nephro-vite rx tablet	Removed from Formulary/Not Covered	1/1/2019
NICADAN TABLET	Removed from Formulary/Not Covered	1/1/2019
NICAZEL FORTE TABLET	Removed from Formulary/Not Covered	1/1/2019
NICOMIDE TABLET	Removed from Formulary/Not Covered	1/1/2019
nitisinone 10 mg capsule	Added to Formulary (Generic)	9/23/2019
nitisinone 2 mg capsule	Added to Formulary (Generic)	9/23/2019
nitisinone 5 mg capsule	Added to Formulary (Generic)	9/23/2019
norethin-ee 1.5-0.03 mg(21) tb	Added to Formulary (Generic) (ACA)	10/1/2019
NOURIANZ 20 MG TABLET	Non-Preferred Brand with Prior Authorization	9/20/2019
NOURIANZ 40 MG TABLET	Non-Preferred Brand with Prior Authorization	9/20/2019
NOXAFIL DR 100 MG TABLET	Multisource Brand Requires Prior Authorization	9/13/2019
NUCARACLINPAK	Non-Formulary/Not Covered	8/27/2019
NUCARARXPAK	Non-Formulary/Not Covered	8/26/2019
NUCYNTA 100 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
NUCYNTA 50 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
NUCYNTA 75 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
NUCYNTA ER 100 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
NUCYNTA ER 150 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
NUCYNTA ER 200 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
NUCYNTA ER 50 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
NUDERMRXPAK-120	Non-Formulary/Not Covered	8/20/2019
NUDERMRXPAK-60	Non-Formulary/Not Covered	8/20/2019
NUVAKAAN KIT	Non-Formulary/Not Covered	9/24/2019
NUZYRA 150 MG TABLET	Non-Preferred Brand with Prior Authorization	6/12/2019
NUZYRA 150 MG TABLET-7 DAY	Non-Preferred Brand with Prior Authorization	6/12/2019
NUZYRA 150 MG-7 DAY WITH LOAD	Non-Preferred Brand with Prior Authorization	6/12/2019
OFEV 100 MG CAPSULE	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
OFEV 150 MG CAPSULE	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
OLUMIANT 1 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	11/1/2019
OLUMIANT 2 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ONGLYZA 2.5 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
ONGLYZA 5 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
OPSUMIT 10 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
ORENCIA 125 MG/ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ORENCIA 50 MG/0.4 ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ORENCIA 87.5 MG/0.7 ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ORENCIA CLICKJECT 125 MG/ML	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ORILISSA 150 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
ORILISSA 200 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
orphenad-asa-caff 50-770-60 mg	Generic with Prior Authorization	7/11/2019
orphengesic forte 50-770-60 mg	Generic with Prior Authorization	7/11/2019
oseltamivir 6 mg/ml suspension	Generic with Quantity Limits	1/1/2019
oseltamivir phos 75 mg capsule	Generic with Quantity Limits	1/1/2019
OTEZLA 28 DAY STARTER PACK	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
OTEZLA 30 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
OTEZLA STARTER PACK	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
OTOVEL 0.3%-0.025% EAR DROPS	Added to Formulary (Preferred Brand)	1/1/2019
OXAYDO 7.5 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
OXERVATE 0.002% EYE DROP	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/12/2019
oxycodon-acetaminophen 2.5-325	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodon-acetaminophen 7.5-325	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 10 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
oxycodone hcl 100 mg/5 ml soln	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 15 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 20 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 30 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 5 mg capsule	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 5 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 5 mg/5 ml soln	Generic with Prior Authorization and Quantity Limits	1/1/2019
OXYCODONE HCL ER 10 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
OXYCODONE HCL ER 20 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
OXYCODONE HCL ER 30 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
OXYCODONE HCL ER 40 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
OXYCODONE HCL ER 60 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
OXYCODONE HCL ER 80 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
oxycodone-acetaminophen 10-325	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone-acetaminophen 5-325	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone-ibuprofen 5-400 tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxymorphone hcl 10 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxymorphone hcl er 10 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxymorphone hcl er 15 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxymorphone hcl er 20 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxymorphone hcl er 30 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxymorphone hcl er 40 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxymorphone hcl er 5 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
oyster shell calcium-vit d tab	Removed from Formulary/Not Covered	1/1/2019
OZOBAX 5 MG/5 ML SOLUTION	Non-Preferred Brand with Prior Authorization	10/3/2019
PALYNZIQ 10 MG/0.5 ML SYRINGE	Non Preferred Brand with Prior Authorization	3/21/2019
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	Non Preferred Brand with Prior Authorization	3/21/2019
PALYNZIQ 20 MG/ML SYRINGE	Non Preferred Brand with Prior Authorization	3/21/2019
PEDIAPRED 5 MG/5 ML SOLN	Multisource Brand Requires Prior Authorization and Quantity Limits	10/18/2019
penicillamine 250 mg capsule	Added to Formulary (Generic) with Prior Authorization	5/15/2019
PENLEN SPRAY EMULSION	Non-Formulary/Not Covered	1/14/2019
phenobarbital-belladonna elixr	Added to Formulary (Generic)	8/1/2019
phospha 250 neutral tablet	Removed from Formulary/Not Covered	1/1/2019

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
PIFELTRO 100 MG TABLET	Non Preferred Brand with Quantity Limits	1/18/2019
pioglitazone-glimepiride 30-2	Generic with Quantity Limits	1/1/2019
pioglitazone-glimepiride 30-4	Generic with Quantity Limits	1/1/2019
PIQRAY 200 MG DAILY DOSE	Non-Preferred Brand with Prior Authorization and Quantity Limits	9/24/2019
PIQRAY 250 MG DAILY DOSE	Non-Preferred Brand with Prior Authorization and Quantity Limits	9/24/2019
PIQRAY 300 MG DAILY DOSE	Non-Preferred Brand with Prior Authorization and Quantity Limits	9/24/2019
PLEGRIDY 125 MCG/0.5 ML PEN	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
PLEGRIDY 125 MCG/0.5 ML PEN	Preferred Brand with Prior Authorization	9/19/2019
PLEGRIDY 125 MCG/0.5 ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
PLEGRIDY 125 MCG/0.5 ML SYRINGE	Preferred Brand with Prior Authorization	9/19/2019
PLEGRIDY PEN INJ STARTER PACK	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
PLEGRIDY PEN INJ STARTER PACK	Preferred Brand with Prior Authorization	9/19/2019
PLEGRIDY SYRINGE STARTER PACK	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
PLEGRIDY SYRINGE STARTER PACK	Preferred Brand with Prior Authorization	9/19/2019
poly-iron 150 forte capsule	Removed from Formulary/Not Covered	1/1/2019
POLY-VI-FLOR 0.25 MG DROPS	Removed from Formulary/Not Covered	1/1/2019
POLY-VI-FLOR 0.5 MG TAB CHEW	Removed from Formulary/Not Covered	1/1/2019
POLY-VI-FLOR 1 MG TAB CHEW	Removed from Formulary/Not Covered	1/1/2019
POLY-VI-FLOR WITH IRON 0.25 MG	Removed from Formulary/Not Covered	1/1/2019
POSACONAZOLE 200 MG/5 ML SUSP	Non-Preferred Brand with Prior Authorization	8/7/2019
posaconazole dr 100 mg tablet	Added to Formulary (Generic) with Prior Authorization	8/7/2019
potassium cit-citric acid soln	Removed from Formulary/Not Covered	1/1/2019
PRED AC-MOXI-BROM 1-0.5-0.075%	Non-Formulary/Not Covered	7/23/2019
PREDNISOLONE PHOS 1%-MOXI 0.5%	Non-Formulary/Not Covered	7/23/2019
pregabalin 100 mg capsule	Added to Formulary (Generic) with Quantity Limits	7/23/2019
pregabalin 150 mg capsule	Added to Formulary (Generic) with Quantity Limits	7/23/2019
pregabalin 20 mg/ml solution	Added to Formulary (Generic) with Quantity Limits	7/24/2019
pregabalin 200 mg capsule	Added to Formulary (Generic) with Quantity Limits	7/23/2019
pregabalin 225 mg capsule	Added to Formulary (Generic) with Quantity Limits	7/23/2019
pregabalin 25 mg capsule	Added to Formulary (Generic) with Quantity Limits	7/23/2019
pregabalin 300 mg capsule	Added to Formulary (Generic) with Quantity Limits	7/23/2019
pregabalin 50 mg capsule	Added to Formulary (Generic) with Quantity Limits	7/23/2019
pregabalin 75 mg capsule	Added to Formulary (Generic) with Quantity Limits	7/23/2019

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
PRILOVIX LITE 2.5%-2.5% CREAM	Non-Formulary/Not Covered	4/10/2019
PRILOVIX LITE PLUS 2.5%-2.5%	Non-Formulary/Not Covered	7/29/2019
PRILOVIX ULTRALITE 2.5%-2.5%	Non-Formulary/Not Covered	9/18/2019
PRILOVIX ULTRLT PLUS 2.5%-2.5%	Non-Formulary/Not Covered	10/10/2019
primaquine 26.3 mg tablet	Added to Formulary (Generic)	7/17/2019
PRIZOTRAL 2.5%-2.5%-3.88% CRM	Non-Formulary/Not Covered	7/15/2019
PROAIR DIGIHALER 90 MCG INHALR	Non-Preferred Brand with Step Therapy and Quantity Limits	10/16/2019
probenecid-colchicine tablet	Added to Formulary (Generic)	6/5/2019
progesterone 500 mg/10 ml vial	Added to Formulary (Generic) with Prior Authorization	5/29/2019
PROMACTA 12.5 MG SUSPEN PACKET	Non-Preferred Brand with Prior Authorization	1/7/2019
PROTHELIAL 1 GM/10 ML PASTE	Non-Preferred Brand	6/12/2019
PROTYL AG WOUND GEL	Non-Formulary/Not Covered	4/10/2019
pyridostigmine 60 mg/5 ml soln	Added to Formulary (Generic)	3/12/2019
PYRIDOSTIGMINE BR 30 MG TABLET	Non-Preferred Brand	6/24/2019
QBREXZA 2.4% CLOTH	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
QMIIZ ODT 15 MG TABLET	Non-Preferred Brand with Step Therapy	3/14/2019
QMIIZ ODT 7.5 MG TABLET	Non-Preferred Brand with Step Therapy	3/14/2019
QNASL 80 MCG NASAL SPRAY	Non Preferred Brand with Step Therapy and Quantity Limits	1/1/2019
QNASL CHILDREN'S 40 MCG SPRAY	Non Preferred Brand with Step Therapy and Quantity Limits	1/1/2019
QTERN 5 MG-5 MG TABLET	Non-Formulary/Not Covered	6/19/2019
QUFLORA PED 0.25 MG CHEW TAB	Removed from Formulary/Not Covered	1/1/2019
QUINIXIL KIT	Non-Formulary/Not Covered	8/9/2019
QUINOSONE COMBO PACK	Non-Formulary/Not Covered	8/20/2019
RABEPRAZOLE DR 10 MG SPRNKL CP	Non-Preferred Brand with Step Therapy and Quantity Limits	7/17/2019
ramelteon 8 mg tablet	Added to Formulary (Generic) with Prior Authorization	7/24/2019
RANEXA ER 1,000 MG TABLET	Multisource Brand Requires Prior Authorization	3/6/2019
RANEXA ER 500 MG TABLET	Multisource Brand Requires Prior Authorization	3/6/2019
ranolazine er 1,000 mg tablet	Added to Formulary (Generic)	2/28/2019
ranolazine er 500 mg tablet	Added to Formulary (Generic)	2/28/2019
RAPAMUNE 1 MG/ML ORAL SOLN	Multisource Brand Requires Prior Authorization and Quantity Limits	2/21/2019
REBIF 22 MCG/0.5 ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
REBIF 22 MCG/0.5 ML SYRINGE	Preferred Brand with Prior Authorization	9/19/2019
REBIF 44 MCG/0.5 ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
REBIF 44 MCG/0.5 ML SYRINGE	Preferred Brand with Prior Authorization	9/19/2019
REBIF REBIDOSE 22 MCG/0.5 ML	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
REBIF REBIDOSE 22 MCG/0.5 ML	Preferred Brand with Prior Authorization	9/19/2019
REBIF REBIDOSE 44 MCG/0.5 ML	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
REBIF REBIDOSE 44 MCG/0.5 ML	Preferred Brand with Prior Authorization	9/19/2019
REBIF REBIDOSE TITRATION PACK	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
REBIF REBIDOSE TITRATION PACK	Preferred Brand with Prior Authorization	9/19/2019
REBIF TITRATION PACK	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
REBIF TITRATION PACK	Preferred Brand with Prior Authorization	9/19/2019
REGANEX 0.01% GEL	Non-Preferred Brand with Quantity Limits	1/1/2019
RELAFEN DS 1,000 MG TABLET	Non-Preferred Brand with Step Therapy	10/1/2019
RELENZA 5 MG DISKHALER	Preferred Brand with Quantity Limits	1/1/2019
RELION NOVOLIN 70-30 VIAL	Removed from Formulary/Not Covered	1/1/2019
RELION NOVOLIN N 100 UNIT/ML	Removed from Formulary/Not Covered	1/1/2019
RELION NOVOLIN R 100 UNIT/ML	Removed from Formulary/Not Covered	1/1/2019
RELISTOR 12 MG/0.6 ML VIAL	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2019
RELISTOR 150 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019
RENAGEL 400 MG TABLET	Multisource Brand Requires Prior Authorization	2/19/2019
RENAGEL 800 MG TABLET	Removed from Formulary (Non-Preferred Brand)	1/1/2019
RENAGEL 800 MG TABLET	Multisource Brand Requires Prior Authorization	2/19/2019
renal caps softgel	Removed from Formulary/Not Covered	1/1/2019
rena-vite rx tablet	Removed from Formulary/Not Covered	1/1/2019
reno caps softgel	Removed from Formulary/Not Covered	1/1/2019
RESTASIS 0.05% EYE EMULSION	Added to Formulary (Preferred Brand) with Quantity Limits (SG)	1/1/2019
RESTASIS MULTIDOSE 0.05% EYE	Added to Formulary (Preferred Brand) with Quantity Limits (SG)	1/1/2019
RESTORA RX CAPSULE	Removed from Formulary/Not Covered	1/1/2019
REVATIO 10 MG/ML ORAL SUSP	Multisource Brand Requires Prior Authorization	7/2/2019
REVLIMID 10 MG CAPSULE	Non-Preferred Brand with Prior Authorization	1/1/2019
REVLIMID 15 MG CAPSULE	Non-Preferred Brand with Prior Authorization	1/1/2019
REVLIMID 25 MG CAPSULE	Non-Preferred Brand with Prior Authorization	1/1/2019
REVLIMID 5 MG CAPSULE	Non-Preferred Brand with Prior Authorization	1/1/2019
ROCKLATAN 0.02%-0.005% EYE DRP	Non-Preferred Brand with Prior Authorization	9/24/2019
ROZEREM 8 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Prior Authorization (LG)	1/1/2019

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
ROZEREM 8 MG TABLET	Multisource Brand Requires Prior Authorization	8/6/2019
RYBELSUS 14 MG TABLET	Added to Formulary (Preferred Brand) with Quantity Limits	9/20/2019
RYBELSUS 3 MG TABLET	Added to Formulary (Preferred Brand) with Quantity Limits	9/20/2019
RYBELSUS 7 MG TABLET	Added to Formulary (Preferred Brand) with Quantity Limits	9/20/2019
SABRIL 500 MG TABLET	Multisource Brand Requires Prior Authorization	2/12/2019
SAVELLA 100 MG TABLET	Added to Formulary (Preferred Brand) (SG)	1/1/2019
SAVELLA 12.5 MG TABLET	Added to Formulary (Preferred Brand) (SG)	1/1/2019
SAVELLA 25 MG TABLET	Added to Formulary (Preferred Brand) (SG)	1/1/2019
SAVELLA 50 MG TABLET	Added to Formulary (Preferred Brand) (SG)	1/1/2019
SCARSILK GEL	Non-Formulary/Not Covered	4/18/2019
SENSIPAR 30 MG TABLET	Multisource Brand Requires Prior Authorization	3/19/2019
SENSIPAR 60 MG TABLET	Multisource Brand Requires Prior Authorization	3/19/2019
SENSIPAR 90 MG TABLET	Multisource Brand Requires Prior Authorization	3/19/2019
sevelamer hcl 400 mg tablet	Added to Formulary (Generic)	2/12/2019
sevelamer hcl 800 mg tablet	Added to Formulary (Generic)	2/12/2019
SEYSARA 100 MG TABLET	Non-Preferred Brand with Step Therapy	6/12/2019
SEYSARA 150 MG TABLET	Non-Preferred Brand with Step Therapy	6/12/2019
SEYSARA 60 MG TABLET	Non-Preferred Brand with Step Therapy	6/12/2019
sildenafil 10 mg/ml oral susp	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	6/4/2019
sildenafil 100 mg tablet	Added to Formulary (Generic) with Quantity Limits	4/24/2019
sildenafil 25 mg tablet	Added to Formulary (Generic) with Quantity Limits	4/24/2019
sildenafil 50 mg tablet	Added to Formulary (Generic) with Quantity Limits	4/24/2019
SILIQ 210 MG/1.5 ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
simliya 28 day tablet	Added to Formulary (Generic)	5/3/2019
SIMPONI 100 MG/ML PEN INJECTOR	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
SIMPONI 100 MG/ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
SIMPONI 50 MG/0.5 ML PEN INJEC	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
SIMPONI 50 MG/0.5 ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
sirolimus 1 mg/ml solution	Added to Formulary (Generic) with Quantity Limits	1/31/2019
SKYRIZI 150 MG DOSE KIT-2 SYRN	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	9/24/2019
sod citrate-citric acid soln	Removed from Formulary/Not Covered	1/1/2019
sodium fluoride 1.1% cream	Added to Formulary (Generic)	10/18/2019
solifenacin 10 mg tablet	Added to Formulary (Generic)	4/25/2019

Emblem Commercial Formulary Changes 1.1.19-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
solifenacin 5 mg tablet	Added to Formulary (Generic)	4/25/2019
SOLODYN ER 105 MG TABLET	Multisource Brand Requires Prior Authorization	3/14/2019
SOLODYN ER 55 MG TABLET	Multisource Brand Requires Prior Authorization	3/14/2019
SOLODYN ER 80 MG TABLET	Multisource Brand Requires Prior Authorization	3/14/2019
SOLOX WOUND GEL	Non-Formulary/Not Covered	4/10/2019
SOVALDI 200 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	10/10/2019
SOVALDI 400 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
SPRYCEL 100 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
SPRYCEL 140 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
SPRYCEL 20 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
SPRYCEL 50 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
SPRYCEL 70 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
SPRYCEL 80 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	11/1/2019
STELARA 45 MG/0.5 ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
STELARA 45 MG/0.5 ML VIAL	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
STELARA 90 MG/ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
STROVITE ONE CAPLET	Removed from Formulary/Not Covered	1/1/2019
SUBOXONE 12 MG-3 MG SL FILM	Preferred Brand with Quantity Limits	1/1/2019
SUBOXONE 12 MG-3 MG SL FILM	Multisource Brand Requires Prior Authorization and Quantity Limits	3/1/2019
SUBOXONE 2 MG-0.5 MG SL FILM	Preferred Brand with Quantity Limits	1/1/2019
SUBOXONE 2 MG-0.5 MG SL FILM	Multisource Brand Requires Prior Authorization and Quantity Limits	3/1/2019
SUBOXONE 4 MG-1 MG SL FILM	Preferred Brand with Quantity Limits	1/1/2019
SUBOXONE 4 MG-1 MG SL FILM	Multisource Brand Requires Prior Authorization and Quantity Limits	3/1/2019
SUBOXONE 8 MG-2 MG SL FILM	Preferred Brand with Quantity Limits	1/1/2019
SUBOXONE 8 MG-2 MG SL FILM	Multisource Brand Requires Prior Authorization and Quantity Limits	3/1/2019
SUNOSI 150 MG TABLET	Non-Preferred Brand with Prior Authorization	9/24/2019
SUNOSI 75 MG TABLET	Non-Preferred Brand with Prior Authorization	9/24/2019
SUPRAX 400 MG CAPSULE	Multisource Brand Requires Prior Authorization	5/8/2019
SYMDEKO 50/75 MG-75 MG TABLETS	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/26/2019
SYMJEPI 0.15 MG/0.3 ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	7/10/2019
SYMJEPI 0.3 MG/0.3 ML SYRINGE	Non-Preferred Brand with Quantity Limits and Prior Authorization	1/21/2019
SYNJARDY 12.5-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
SYNJARDY 5-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
SYNJARDY XR 10-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
TALTZ 80 MG/ML AUTOINJ (2-PK)	Non-Preferred Brand with Prior Authorization	1/1/2019
TALTZ 80 MG/ML AUTOINJ (3-PK)	Non-Preferred Brand with Prior Authorization	1/1/2019
TALTZ 80 MG/ML AUTOINJECTOR	Non-Preferred Brand with Prior Authorization	1/1/2019
TALTZ 80 MG/ML SYRINGE	Non-Preferred Brand with Prior Authorization	1/1/2019
TALTZ 80 MG/ML SYRINGE (2-PK)	Non-Preferred Brand with Prior Authorization	1/1/2019
TALTZ 80 MG/ML SYRINGE (3-PK)	Non-Preferred Brand with Prior Authorization	1/1/2019
TALZENNA 0.25 MG CAPSULE	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
TALZENNA 1 MG CAPSULE	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
TANZEUM 30 MG PEN INJECT	Removed from Formulary/Not Covered	1/1/2019
TANZEUM 50 MG PEN INJECT	Removed from Formulary/Not Covered	1/1/2019
TAPERDEX 7 DAY 1.5 MG TAB PACK	Non-Formulary/Not Covered	3/5/2019
TARCEVA 100 MG TABLET	Multisource Brand Requires Prior Authorization and Quantity Limits	5/31/2019
TARCEVA 150 MG TABLET	Multisource Brand Requires Prior Authorization and Quantity Limits	5/31/2019
TARCEVA 25 MG TABLET	Multisource Brand Requires Prior Authorization and Quantity Limits	5/31/2019
tarina 24 fe 1 mg-20 mcg tab	Added to Formulary (Generic) (ACA)	3/13/2019
TECFIDERA DR 120 MG CAPSULE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
TECFIDERA DR 120 MG CAPSULE	Preferred Brand with Prior Authorization	9/19/2019
TECFIDERA DR 240 MG CAPSULE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
TECFIDERA DR 240 MG CAPSULE	Preferred Brand with Prior Authorization	9/19/2019
TECFIDERA STARTER PACK	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
TECFIDERA STARTER PACK	Preferred Brand with Prior Authorization	9/19/2019
TEKTURNA 150 MG TABLET	Added to Formulary (Preferred Brand) (SG)	1/1/2019
TEKTURNA 150 MG TABLET	Multisource Brand Requires Prior Authorization	3/21/2019
TEKTURNA 300 MG TABLET	Added to Formulary (Preferred Brand) (SG)	1/1/2019
TEKTURNA 300 MG TABLET	Multisource Brand Requires Prior Authorization	3/21/2019
TEKTURNA HCT 150-12.5 MG TAB	Added to Formulary (Preferred Brand) (SG)	1/1/2019
TEKTURNA HCT 150-25 MG TABLET	Added to Formulary (Preferred Brand) (SG)	1/1/2019
TEKTURNA HCT 300-25 MG TABLET	Added to Formulary (Preferred Brand) (SG)	1/1/2019
TEMIXYS 300-300 MG TABLET	Non-Preferred Brand with Quantity Limits	9/26/2019
TESTOSTERONE CYP 250 MG/5 ML	Non-Preferred Brand	11/6/2019
THIOLA 100 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2019
TIBSOVO 250 MG TABLET	Non Preferred Brand with Prior Authorization and Quantity Limits	1/18/2019

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
TIGLUTIK 50 MG/10 ML SUSP	Non-Preferred Brand with Prior Authorization and Quantity Limits	4/15/2019
TIMOPTIC 0.5% OCULOSE DROP	Removed from Formulary/Not Covered	1/1/2019
TIROSINT-SOL 100 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 112 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 125 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 13 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 137 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 150 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 175 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 200 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 25 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 50 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 75 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 88 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
tl gard rx tablet	Removed from Formulary/Not Covered	1/1/2019
TOBI PODHALER 28 MG INHALE CAP	Added to Formulary (Preferred Brand) with Quantity Limits	1/1/2019
TOLSURA 65 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/12/2019
toremifene citrate 60 mg tab	Added to Formulary (Generic)	1/28/2019
TOSYMRA 10 MG NASAL SPRAY	Non-Preferred Brand with Prior Authorization and Quantity Limits	9/18/2019
tovet emollient 0.05% foam	Generic with Prior Authorization	10/3/2019
TRACLEER 125 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
TRACLEER 62.5 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
tramadol er 100 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
tramadol er 300 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
tramadol hcl 50 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
TRAMADOL HCL ER 100 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
tramadol hcl er 100 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
tramadol hcl er 200 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
tramadol hcl er 300 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
tramadol-acetaminophn 37.5-325	Generic with Prior Authorization and Quantity Limits	1/1/2019
TRAVATAN Z 0.004% EYE DROP	Non Preferred Brand with Step Therapy	1/1/2019
TRELEGY ELLIPTA 100-62.5-25	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	11/1/2019
TRELEGY ELLIPTA 100-62.5-25	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	11/1/2019

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
TREMFYA 100 MG/ML INJECTOR	Added to Formulary (Preferred Brand) with Prior Authorization	2/21/2019
TREMFYA 100 MG/ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
TRESIBA 100 UNIT/ML VIAL	Preferred Brand	1/18/2019
tretinoin gel micro 0.04% pump	Removed from Formulary (Non-Preferred Generic) with Prior Authorization	1/1/2019
tretinoin gel micro 0.04% tube	Removed from Formulary (Non-Preferred Generic) with Prior Authorization	1/1/2019
tretinoin gel micro 0.1% pump	Removed from Formulary (Non-Preferred Generic) with Prior Authorization	1/1/2019