

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1.1.20-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
abiraterone acetate 250 mg tab	Generic with Prior Authorization	1/1/2020
acitretin 10 mg capsule	Generic with Prior Authorization	1/1/2020
acitretin 17.5 mg capsule	Generic with Prior Authorization	1/1/2020
acitretin 25 mg capsule	Generic with Prior Authorization	1/1/2020
ACTOPLUS MET XR 30-1,000 MG TB	Non-Preferred Brand	3/1/2020
ACUVAIL 0.45% OPHTH SOLUTION	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2020
acyclovir 5% cream	Generic with Prior Authorization and Quantity Limits	1/1/2020
ADAP 0.3%-BENZOYL 2.5%-CLIN 1%	Non-Formulary/Not Covered	10/17/2019
ADAP 0.3%-BENZOYL 2.5%-NIAC 4%	Non-Formulary/Not Covered	10/17/2019
ADAPALENE 0.1% LOTION	Non-Preferred Brand with Prior Authorization	6/1/2020
AJOVY 225 MG/1.5 ML AUTOINJECT	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	6/1/2020
ALBUTEROL HFA 90 MCG INHALER	Non-Preferred Brand with Prior Authorization and Quantity Limits	2/1/2020
albuterol hfa 90 mcg inhaler	Added to Formulary (Generic) with Quantity Limits	2/27/2020
ALOGLIPTIN-PIOGLIT 12.5-15 MG	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
ALOGLIPTIN-PIOGLIT 12.5-30 MG	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
ALOGLIPTIN-PIOGLIT 12.5-45 MG	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
ALOGLIPTIN-PIOGLIT 25-15 MG TB	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
ALOGLIPTIN-PIOGLIT 25-30 MG TB	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
ALOGLIPTIN-PIOGLIT 25-45 MG TB	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
ALOMIDE 0.1% EYE DROPS	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2020
ALORA 0.025 MG PATCH	Removed from Formulary/Not Covered	1/1/2020
ALORA 0.05 MG PATCH	Removed from Formulary/Not Covered	1/1/2020
ALORA 0.075 MG PATCH	Removed from Formulary/Not Covered	1/1/2020
ALORA 0.1 MG PATCH	Removed from Formulary/Not Covered	1/1/2020
ALTABAX 1% OINTMENT	Removed from Formulary/Not Covered	1/1/2020
ALTRENO 0.05% LOTION	Non-Preferred Brand with Prior Authorization	1/1/2020
AMICAR 0.25 GRAM/ML ORAL SOLN	Removed from Formulary/Not Covered	1/1/2020
AMPHETAMINE ER 1.25 MG/ML SUSP	Non-Preferred Brand with Step Therapy and Quantity Limits	3/1/2020
AMPYRA ER 10 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
AMZEEQ 4% FOAM	Non-Preferred Brand with Prior Authorization	2/1/2020
ANZEMET 100 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
ANZEMET 50 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
APTIOM 200 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2020

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APTIOM 400 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2020
APTIOM 600 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2020
APTIOM 800 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2020
AQUA GLYCOLIC HC 2% KIT	Removed from Formulary/Not Covered	1/1/2020
ARAZLO 0.045% LOTION	Non-Preferred Brand with Prior Authorization	6/1/2020
ARMONAIR RESPICLICK 232 MCG	Non-Preferred Brand with Step Therapy and Quantity Limits	7/1/2020
ARMONAIR RESPICLICK 55 MCG	Non-Preferred Brand with Step Therapy and Quantity Limits	7/1/2020
ASMANEX HFA 100 MCG INHALER	Added to Formulary (Preferred Brand) with Quantity Limits	3/28/2020
ASMANEX HFA 200 MCG INHALER	Added to Formulary (Preferred Brand) with Quantity Limits	3/28/2020
ASMANEX HFA 50 MCG INHALER	Added to Formulary (Preferred Brand) with Quantity Limits	3/28/2020
ASMANEX TWISTHALER 110 MCG #30	Added to Formulary (Preferred Brand) with Quantity Limits	3/28/2020
ASMANEX TWISTHALER 220 MCG #14	Added to Formulary (Preferred Brand) with Quantity Limits	3/28/2020
ASMANEX TWISTHALER 220 MCG #30	Added to Formulary (Preferred Brand) with Quantity Limits	3/28/2020
ASMANEX TWISTHALER 220 MCG #60	Added to Formulary (Preferred Brand) with Quantity Limits	3/28/2020
ASMANEX TWISTHALR 220 MCG #120	Added to Formulary (Preferred Brand) with Quantity Limits	3/28/2020
AYVAKIT 100 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/1/2020
AYVAKIT 200 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/1/2020
AYVAKIT 300 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/1/2020
azelastin-flutic 137-50mcg spr	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	5/1/2020
AZOPT 1% EYE DROPS	Removed from Formulary/Not Covered	1/1/2020
BACTROBAN NASAL 2% OINTMENT	Removed from Formulary/Not Covered	1/1/2020
BASAGLAR 100 UNIT/ML KWIKPEN	Non-Preferred Brand	4/1/2020
BENSAL HP 3% OINTMENT	Removed from Formulary/Not Covered	1/1/2020
BENZ5%-CLIN1%-NIA2%-TRET0.025%	Non-Formulary/Not Covered	10/17/2019
BENZO5%-CLIN1%-NIA2%-TRET0.05%	Non-Formulary/Not Covered	10/17/2019
BENZOYL 2.5%-CLINDA 1%-NIAC 4%	Non-Formulary/Not Covered	10/8/2019
BENZOYL 5%-CLINDA 1%-NIACIN 4%	Non-Formulary/Not Covered	10/8/2019
betamethasone dp aug 0.05% oin	Added to Formulary (Generic)	5/1/2020
BETHKIS 300 MG/4 ML AMPULE	Removed from Formulary/Not Covered	1/1/2020
BETIMOL 0.25% EYE DROPS	Removed from Formulary/Not Covered	1/1/2020
BETIMOL 0.5% EYE DROPS	Removed from Formulary/Not Covered	1/1/2020
BINOSTO 70 MG TABLET EFF	Removed from Formulary/Not Covered	1/1/2020
bp cleansing wash	Removed from Formulary/Not Covered	1/1/2020

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BP2.5%-CLIN1%-NIA2%-TRET0.025%	Non-Formulary/Not Covered	10/17/2019
BRAVELLE 75 UNIT VIAL	Removed from Formulary/Not Covered	1/1/2020
BROMSITE 0.075% EYE DROPS	Added to Formulary (Preferred Brand)	1/1/2020
BRUKINSA 80 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	2/1/2020
BUDESONIDE-FORMOTEROL 160-4.5	Non-Preferred Brand with Prior Authorization and Quantity Limits	3/1/2020
BUDESONIDE-FORMOTEROL 80-4.5	Non-Preferred Brand with Prior Authorization and Quantity Limits	3/1/2020
buprenorphine 7.5 mcg/hr patch	Generic with Prior Authorization	6/1/2020
BUPROPION HCL XL 450 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
butalbital-acetaminophn 25-325	Added to Formulary (Generic)	5/1/2020
calcipotriene 0.005% cream	Generic with Quantity Limits	1/1/2020
CALCIPOTRIENE 0.005% FOAM	Non-Preferred Brand with Prior Authorization and Quantity Limits	3/1/2020
calcipotriene 0.005% ointment	Generic with Quantity Limits	1/1/2020
calcipotriene 0.005% solution	Generic with Quantity Limits	1/1/2020
CALCIPOTRIENE-BETAMETH DP SUSP	Non-Preferred Brand with Prior Authorization and Quantity Limits	3/1/2020
calcipotriene-betameth dp susp	Generic with Prior Authorization and Quantity Limits	7/1/2020
CAPLYTA 42 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/1/2020
CAROSPIR 25 MG/5 ML SUSPENSION	Non-Preferred Brand with Prior Authorization	6/1/2020
carvedilol er 10 mg capsule	Generic with Step Therapy	1/1/2020
carvedilol er 20 mg capsule	Generic with Step Therapy	1/1/2020
carvedilol er 40 mg capsule	Generic with Step Therapy	1/1/2020
carvedilol er 80 mg capsule	Generic with Step Therapy	1/1/2020
celecoxib 400 mg capsule	Removed from Formulary/Not Covered	1/1/2020
cem-urea 45% pre-filled appl	Removed from Formulary/Not Covered	1/1/2020
CENTANY 2% OINTMENT	Removed from Formulary/Not Covered	1/1/2020
CENTANY AT 2% OINTMENT KIT	Removed from Formulary/Not Covered	1/1/2020
CICLODAN 8% KIT	Removed from Formulary/Not Covered	1/1/2020
CLARINEX 0.5 MG/ML (2.5 MG/5)	Removed from Formulary/Not Covered	1/1/2020
CLIN1%-NIA4%-SPIR2%-TRET0.025%	Non-Formulary/Not Covered	10/22/2019
CLINDAMYCIN 1%-NIACINAMIDE 4%	Non-Formulary/Not Covered	10/17/2019
clobazam 10 mg tablet	Generic with Prior Authorization	1/1/2020
clobazam 2.5 mg/ml suspension	Generic with Prior Authorization	1/1/2020
clobazam 20 mg tablet	Generic with Prior Authorization	1/1/2020
clotrimazole 1% topical cream	Added to Formulary (Generic)	2/1/2020

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colchicine 0.6 mg tablet	Added to Formulary (Generic)	3/1/2020
COLESTID FLAVORED GRANULES	Removed from Formulary/Not Covered	1/1/2020
COLESTID GRANULES	Removed from Formulary/Not Covered	1/1/2020
colocort 100 mg/60 ml enema	Added to Formulary (Generic)	5/1/2020
COSOPT PF EYE DROPS	Removed from Formulary/Not Covered	1/1/2020
CUPRIMINE 250 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
DAPSONE 6%-NIACIN 2%-SPIRON 5%	Non-Formulary/Not Covered	10/23/2019
DAPSONE 6%-NIACINAMIDE 4% GEL	Non-Formulary/Not Covered	10/28/2019
DAPSONE 8.5%-NIACIN 2%-SPIRO5%	Non-Formulary/Not Covered	10/23/2019
DAPSONE 8.5%-NIACINAMIDE4% GEL	Non-Formulary/Not Covered	10/28/2019
DEBACTEROL SOLUTION	Removed from Formulary/Not Covered	1/1/2020
DEBACTEROL SWABSTICK	Removed from Formulary/Not Covered	1/1/2020
deferasirox 125 mg tb for susp	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	2/1/2020
deferasirox 180 mg tablet	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	3/1/2020
deferasirox 250 mg tb for susp	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	2/1/2020
deferasirox 360 mg tablet	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	2/1/2020
deferasirox 500 mg tb for susp	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	2/1/2020
deferasirox 90 mg tablet	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	2/1/2020
DELZICOL DR 400 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
DEMSER 250 MG CAPSULE	Non-Preferred Brand with Prior Authorization	1/1/2020
DEPEN 250 MG TITRATAB	Non-Preferred Brand with Prior Authorization	1/1/2020
dermazene cream	Removed from Formulary/Not Covered	1/1/2020
dexabliss 11 day 1.5 mg tab pk	Added to Formulary (Generic) with Prior Authorization	6/1/2020
diazoxide 50 mg/ml oral susp	Added to Formulary (Generic)	6/1/2020
DICLEGIS DR 10-10 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
DICLOFEN 3%-HYALURON 2%-NIAC4%	Non-Formulary/Not Covered	10/16/2019
DIFFERIN 0.1% LOTION	Non-Preferred Brand with Prior Authorization	6/1/2020
DIVIGEL 1.25 MG GEL PACKET	Non-Preferred Brand	3/1/2020
DONNATAL TABLET	Removed from Formulary/Not Covered	1/1/2020
doxepin 5% cream	Removed from Formulary/Not Covered	1/1/2020
doxepin hcl 3 mg tablet	Added to Formulary (Generic) with Step Therapy	3/1/2020
doxepin hcl 6 mg tablet	Added to Formulary (Generic) with Step Therapy	3/1/2020
doxercalciferol 0.5 mcg cap	Generic with Prior Authorization	1/1/2020

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
doxercalciferol 1 mcg capsule	Generic with Prior Authorization	1/1/2020
doxercalciferol 2.5 mcg cap	Generic with Prior Authorization	1/1/2020
D-PENAMINE 125 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2020
drithocrema hp 1% cream	Removed from Formulary/Not Covered	1/1/2020
DULERA 50 MCG-5 MCG INHALER	Added to Formulary (Preferred Brand) with Quantity Limits	4/1/2020
DUREZOL 0.05% EYE DROPS	Non-Preferred Brand with Step Therapy	1/1/2020
DUTOPROL 100-12.5 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
DUTOPROL 25-12.5 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
DUTOPROL 50-12.5 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
DXEVO 11 DAY 1.5 MG TABLET PK	Non-Preferred Brand with Prior Authorization	6/1/2020
DYMISTA NASAL SPRAY	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
DYRENIUM 100 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
DYRENIUM 50 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
ECOZA 1% FOAM	Removed from Formulary/Not Covered	1/1/2020
EGRIFTA SV 2 MG VIAL	Non-Preferred Brand with Prior Authorization and Quantity Limits	3/1/2020
ELIQUIS DVT-PE TREAT START 5MG	Added to Formulary (Preferred Brand)	2/1/2020
eluryng vaginal ring	Added to Formulary (Generic) (ACA)	3/1/2020
EMEND 125 MG POWDER PACKET	Removed from Formulary/Not Covered	1/1/2020
EMEND 40 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
EMGALITY 120 MG/ML PEN	Added to Formulary (Preferred Brand) with Prior Authorization	1/8/2020
EMGALITY 120 MG/ML PEN	Added to Formulary (Preferred Brand) with Prior Authorization	2/1/2020
EMGALITY 120 MG/ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization	1/8/2020
EMGALITY 120 MG/ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization	2/1/2020
EMGALITY 300 MG (100 MG X3SYR)	Added to Formulary (Preferred Brand) with Prior Authorization	1/8/2020
EMGALITY 300 MG (100 MG X3SYR)	Added to Formulary (Preferred Brand) with Prior Authorization	2/1/2020
EMSAM 12 MG/24 HOURS PATCH	Non-Preferred Brand with Prior Authorization	1/1/2020
EMSAM 6 MG/24 HOURS PATCH	Non-Preferred Brand with Prior Authorization	1/1/2020
EMSAM 9 MG/24 HOURS PATCH	Non-Preferred Brand with Prior Authorization	1/1/2020
enoxaparin 100 mg/ml syringe	Generic with Quantity Limits	6/1/2020
enoxaparin 120 mg/0.8 ml syr	Generic with Quantity Limits	6/1/2020
enoxaparin 150 mg/ml syringe	Generic with Quantity Limits	6/1/2020
enoxaparin 30 mg/0.3 ml syr	Generic with Quantity Limits	6/1/2020
enoxaparin 300 mg/3 ml vial	Generic with Quantity Limits	6/1/2020

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
enoxaparin 40 mg/0.4 ml syr	Generic with Quantity Limits	6/1/2020
enoxaparin 60 mg/0.6 ml syr	Generic with Quantity Limits	6/1/2020
enoxaparin 80 mg/0.8 ml syr	Generic with Quantity Limits	6/1/2020
ENVARUSUS XR 0.75 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
ENVARUSUS XR 1 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
ENVARUSUS XR 4 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
EPIDUO FORTE 0.3-2.5% GEL PUMP	Non-Preferred Brand with Prior Authorization	6/1/2020
EPIFOAM FOAM	Removed from Formulary/Not Covered	1/1/2020
epinephrine 0.15 mg auto-injct	Added to Formulary (Generic) with Quantity Limits	3/28/2020
EQUETRO 100 MG CAPSULE	Non-Preferred Brand with Prior Authorization	1/1/2020
EQUETRO 200 MG CAPSULE	Non-Preferred Brand with Prior Authorization	1/1/2020
EQUETRO 300 MG CAPSULE	Non-Preferred Brand with Prior Authorization	1/1/2020
ERYPED 200 MG/5 ML SUSPENSION	Removed from Formulary/Not Covered	1/1/2020
ERY-TAB DR 500 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
esomeprazole dr 10 mg packet	Added to Formulary (Generic) with Quantity Limits	6/1/2020
esomeprazole dr 20 mg packet	Added to Formulary (Generic) with Quantity Limits	6/1/2020
esomeprazole dr 40 mg packet	Added to Formulary (Generic) with Quantity Limits	6/1/2020
etonogestrel-ee vaginal ring	Added to Formulary (Generic) (ACA)	3/1/2020
EUTHYROX 100 MCG TABLET	Removed from Formulary/Not Covered	1/1/2020
euthyrox 100 mcg tablet	Added to Formulary (Generic)	6/12/2020
EUTHYROX 112 MCG TABLET	Removed from Formulary/Not Covered	1/1/2020
euthyrox 112 mcg tablet	Added to Formulary (Generic)	6/12/2020
EUTHYROX 125 MCG TABLET	Removed from Formulary/Not Covered	1/1/2020
euthyrox 125 mcg tablet	Added to Formulary (Generic)	6/12/2020
EUTHYROX 137 MCG TABLET	Removed from Formulary/Not Covered	1/1/2020
euthyrox 137 mcg tablet	Added to Formulary (Generic)	6/12/2020
EUTHYROX 150 MCG TABLET	Removed from Formulary/Not Covered	1/1/2020
euthyrox 150 mcg tablet	Added to Formulary (Generic)	6/12/2020
EUTHYROX 175 MCG TABLET	Removed from Formulary/Not Covered	1/1/2020
euthyrox 175 mcg tablet	Added to Formulary (Generic)	6/12/2020
EUTHYROX 200 MCG TABLET	Removed from Formulary/Not Covered	1/1/2020
euthyrox 200 mcg tablet	Added to Formulary (Generic)	6/12/2020
EUTHYROX 25 MCG TABLET	Removed from Formulary/Not Covered	1/1/2020

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euthyrox 25 mcg tablet	Added to Formulary (Generic)	6/12/2020
EUTHYROX 50 MCG TABLET	Removed from Formulary/Not Covered	1/1/2020
euthyrox 50 mcg tablet	Added to Formulary (Generic)	6/12/2020
EUTHYROX 75 MCG TABLET	Removed from Formulary/Not Covered	1/1/2020
euthyrox 75 mcg tablet	Added to Formulary (Generic)	6/12/2020
EUTHYROX 88 MCG TABLET	Removed from Formulary/Not Covered	1/1/2020
euthyrox 88 mcg tablet	Added to Formulary (Generic)	6/12/2020
everolimus 0.25 mg tablet	Added to Formulary (Generic)	5/1/2020
everolimus 0.5 mg tablet	Added to Formulary (Generic)	5/1/2020
everolimus 0.75 mg tablet	Added to Formulary (Generic)	5/1/2020
everolimus 2.5 mg tablet	Added to Formulary (Generic) with Prior Authorization	2/1/2020
everolimus 5 mg tablet	Added to Formulary (Generic) with Prior Authorization	2/1/2020
everolimus 7.5 mg tablet	Added to Formulary (Generic) with Prior Authorization	2/1/2020
EXELDERM 1% CREAM	Removed from Formulary/Not Covered	7/1/2020
EXELDERM 1% SOLUTION	Non-Preferred Brand with Prior Authorization	1/1/2020
EXODERM LOTION	Removed from Formulary/Not Covered	1/1/2020
FACTIVE 320 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
FC2 FEMALE CONDOM	Added to Formulary (Preferred Brand) (ACA)	1/16/2020
febuxostat 40 mg tablet	Generic with Step Therapy	1/1/2020
febuxostat 80 mg tablet	Generic with Step Therapy	1/1/2020
fenofibrate 120 mg tablet	Removed from Formulary/Not Covered	1/1/2020
fenofibrate 40 mg tablet	Removed from Formulary/Not Covered	1/1/2020
FIORICET-COD 50-300-40-30 CAP	Non-Formulary/Not Covered	1/1/2020
FIRAZYR 30 MG/3 ML SYRINGE	Removed from Formulary/Not Covered	1/1/2020
FLAREX 0.1% EYE DROPS	Non-Preferred Brand with Step Therapy	1/1/2020
FLOLIPID 20 MG/5 ML ORAL SUSP	Non-Preferred Brand with Prior Authorization and Quantity Limits	3/1/2020
FLOLIPID 40 MG/5 ML ORAL SUSP	Non-Preferred Brand with Prior Authorization and Quantity Limits	3/1/2020
fluvastatin er 80 mg tablet	Removed from Formulary/Not Covered	1/1/2020
FML FORTE 0.25% EYE DROPS	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2020
FML S.O.P. 0.1% OINTMENT	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2020
folivane-ob capsule	Removed from Formulary/Not Covered	3/1/2020
FOLLISTIM AQ 300 UNIT CARTRIDG	Non-Preferred Brand with Prior Authorization	2/1/2020
FOLLISTIM AQ 600 UNIT CARTRIDG	Non-Preferred Brand with Prior Authorization	2/1/2020

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FOLLISTIM AQ 900 UNIT CARTRIDG	Non-Preferred Brand with Prior Authorization	2/1/2020
FORFIVO XL 450 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
FOSAMAX PLUS D 70 MG-2,800 IU	Removed from Formulary/Not Covered	1/1/2020
FOSAMAX PLUS D 70 MG-5,600 IU	Removed from Formulary/Not Covered	1/1/2020
FOSRENOL 1,000 MG POWDER PACK	Removed from Formulary/Not Covered	1/1/2020
FOSRENOL 750 MG POWDER PACKET	Removed from Formulary/Not Covered	1/1/2020
FRAGMIN 10,000 UNITS/ML SYRING	Non-Preferred Brand with Quantity Limits	6/1/2020
FRAGMIN 12,500 UNITS/0.5 ML	Non-Preferred Brand with Quantity Limits	6/1/2020
FRAGMIN 15,000 UNITS/0.6 ML	Non-Preferred Brand with Quantity Limits	6/1/2020
FRAGMIN 18,000 UNITS/0.72 ML	Non-Preferred Brand with Quantity Limits	6/1/2020
FRAGMIN 2,500 UNITS/0.2 ML SYR	Non-Preferred Brand with Quantity Limits	6/1/2020
FRAGMIN 5,000 UNITS/0.2 ML SYR	Non-Preferred Brand with Quantity Limits	6/1/2020
FRAGMIN 7,500 UNITS/0.3 ML SYR	Non-Preferred Brand with Quantity Limits	6/1/2020
FRAGMIN 95,000 UNITS/3.8 ML VL	Non-Preferred Brand with Quantity Limits	6/1/2020
ganirelix acet 250 mcg/0.5 ml	Generic with Prior Authorization	2/1/2020
GILOTRIF 20 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2020
GILOTRIF 30 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2020
GILOTRIF 40 MG TABLET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2020
guaiaatussin ac liquid	Added to Formulary (Generic)	4/1/2020
GVOKE HYOPEN 0.5 MG/0.1 ML	Added to Formulary (Preferred Brand) with Quantity Limits	6/1/2020
GVOKE HYOPEN 1 MG/0.2 ML	Added to Formulary (Preferred Brand) with Quantity Limits	6/1/2020
HALOG 0.1% CREAM	Removed from Formulary/Not Covered	1/1/2020
HALOG 0.1% SOLUTION	Non-Preferred Brand with Step Therapy	7/1/2020
HARVONI 90-400 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2020
HEMANGEOL 4.28 MG/ML ORAL SOLN	Removed from Formulary/Not Covered	1/1/2020
HEPARIN SOD 5,000 UNIT/0.5 ML	Removed from Formulary/Not Covered	1/1/2020
HYDRO 35 FOAM	Removed from Formulary/Not Covered	1/1/2020
hydrocodone er 10 mg capsule	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	3/1/2020
hydrocodone er 15 mg capsule	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	3/1/2020
hydrocodone er 20 mg capsule	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	4/1/2020
hydrocodone er 30 mg capsule	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	3/1/2020
hydrocodone er 40 mg capsule	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	3/1/2020
hydrocodone er 50 mg capsule	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	3/1/2020

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1.1.20-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
hydrocortisone-iodoquinol crm	Removed from Formulary/Not Covered	1/1/2020
HYSINGLA ER 100 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
HYSINGLA ER 120 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
HYSINGLA ER 20 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
HYSINGLA ER 30 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
HYSINGLA ER 40 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
HYSINGLA ER 60 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
HYSINGLA ER 80 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
IBRANCE 100 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/1/2020
IBRANCE 125 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/1/2020
IBRANCE 75 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/1/2020
ILEVRO 0.3% OPHTH DROPS	Added to Formulary (Preferred Brand)	1/1/2020
IMIQUIM 5%-LEVOCETIR 1%-NIA 2%	Non-Formulary/Not Covered	10/31/2019
IMIQUIM5%-LEVOCETR1%-TRET0.05%	Non-Formulary/Not Covered	11/1/2019
INCRUSE ELLIPTA 62.5 MCG INH	Added to Formulary (Preferred Brand) with Quantity Limits	3/28/2020
INDOMETHACIN 20 MG CAPSULE	Non-Preferred Brand with Step Therapy	4/1/2020
INVELTYS 1% EYE DROP	Non-Preferred Brand with Step Therapy	1/1/2020
IOPIDINE 1% EYE DROPS	Removed from Formulary/Not Covered	1/1/2020
isosorbide dinitrate 40 mg tab	Added to Formulary (Generic)	3/1/2020
ISTALOL 0.5% EYE DROPS	Removed from Formulary/Not Covered	1/1/2020
itraconazole 100 mg capsule	Generic with Quantity Limits	1/1/2020
IVERMECT 1%-METRONID 1%-NIAC4%	Non-Formulary/Not Covered	10/22/2019
jaimiess 0.15-0.03-0.01 mg tab	Added to Formulary (Generic) (ACA)	5/1/2020
JATENZO 158 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	3/1/2020
JATENZO 198 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	3/1/2020
JATENZO 237 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	3/1/2020
JYNARQUE 15 MG-15 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	7/1/2020
JYNARQUE 30 MG-15 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	7/1/2020
KERAFOAM 30% FOAM	Removed from Formulary/Not Covered	1/1/2020
KERAFOAM 42% FOAM	Removed from Formulary/Not Covered	1/1/2020
KERALAC 47% CREAM	Removed from Formulary/Not Covered	1/1/2020
KERALYT SCALP COMPLETE KIT	Removed from Formulary/Not Covered	1/1/2020
ketodan 2% foam	Generic with Prior Authorization	1/1/2020

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1.1.20-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
ketodan 2% foam kit	Non-Formulary/Not Covered	1/1/2020
ketoprofen 25 mg capsule	Generic with Prior Authorization	6/1/2020
KETOROLAC 15.75 MG NASAL SPRAY	Non-Preferred Brand with Prior Authorization and Quantity Limits	5/1/2020
KEVZARA 150 MG/1.14 ML PEN INJ	Non-Preferred Brand with Prior Authorization and Quantity Limits	5/1/2020
KEVZARA 150 MG/1.14 ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	5/1/2020
KEVZARA 200 MG/1.14 ML PEN INJ	Non-Preferred Brand with Prior Authorization and Quantity Limits	5/1/2020
KEVZARA 200 MG/1.14 ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	5/1/2020
kionex 15 gm/60 ml suspension	Added to Formulary (Generic)	4/1/2020
lactulose 10 gm packet	Removed from Formulary/Not Covered	1/1/2020
LASTACAFT 0.25% EYE DROPS	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2020
LETAIRIS 10 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
LETAIRIS 5 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
levorphanol 2 mg tablet	Removed from Formulary/Not Covered	1/1/2020
levo-t 100 mcg tablet	Added to Formulary (Generic)	6/12/2020
levo-t 112 mcg tablet	Added to Formulary (Generic)	6/12/2020
levo-t 125 mcg tablet	Added to Formulary (Generic)	6/12/2020
levo-t 137 mcg tablet	Added to Formulary (Generic)	6/12/2020
levo-t 150 mcg tablet	Added to Formulary (Generic)	6/12/2020
levo-t 175 mcg tablet	Added to Formulary (Generic)	6/12/2020
levo-t 200 mcg tablet	Added to Formulary (Generic)	6/12/2020
levo-t 25 mcg tablet	Added to Formulary (Generic)	6/12/2020
levo-t 300 mcg tablet	Added to Formulary (Generic)	6/12/2020
levo-t 50 mcg tablet	Added to Formulary (Generic)	6/12/2020
levo-t 75 mcg tablet	Added to Formulary (Generic)	6/12/2020
levo-t 88 mcg tablet	Added to Formulary (Generic)	6/12/2020
LICART 1.3% PATCH	Non-Preferred Brand with Prior Authorization	7/1/2020
lojaimiess 0.1-0.02-0.01 tab	Added to Formulary (Generic) (ACA)	5/1/2020
LOTEMAX 0.5% EYE DROPS	Removed from Formulary/Not Covered	1/1/2020
LOTEMAX 0.5% EYE OINTMENT	Non-Preferred Brand with Step Therapy	1/1/2020
LOTEMAX 0.5% OPHTHALMIC GEL	Non-Preferred Brand with Step Therapy	1/1/2020
LYRICA 100 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
LYRICA 150 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
LYRICA 20 MG/ML ORAL SOLUTION	Removed from Formulary/Not Covered	1/1/2020

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1.1.20-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
LYRICA 200 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
LYRICA 225 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
LYRICA 25 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
LYRICA 300 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
LYRICA 50 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
LYRICA 75 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
LYRICA CR 165 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2020
LYRICA CR 330 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2020
LYRICA CR 82.5 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2020
MAXIDEX 0.1% EYE DROPS	Non-Preferred Brand with Step Therapy	1/1/2020
MENOSTAR 14 MCG/DAY PATCH	Removed from Formulary/Not Covered	1/1/2020
meprobamate 200 mg tablet	Removed from Formulary/Not Covered	1/1/2020
meprobamate 400 mg tablet	Removed from Formulary/Not Covered	1/1/2020
mesalamine er 0.375 gram cap	Added to Formulary (Generic) with Step Therapy	2/1/2020
metformin hcl 500 mg/5 ml soln	Generic with Prior Authorization and Quantity Limits	6/1/2020
methazolamide 25 mg tablet	Removed from Formulary/Not Covered	1/1/2020
methazolamide 50 mg tablet	Removed from Formulary/Not Covered	1/1/2020
METHYLPHENIDATE ER 10 MG CAP	Non-Preferred Brand with Step Therapy and Quantity Limits	7/1/2020
METHYLPHENIDATE ER 15 MG CAP	Non-Preferred Brand with Step Therapy and Quantity Limits	7/1/2020
METHYLPHENIDATE ER 20 MG CAP	Non-Preferred Brand with Step Therapy and Quantity Limits	7/1/2020
METHYLPHENIDATE ER 30 MG CAP	Non-Preferred Brand with Step Therapy and Quantity Limits	7/1/2020
METHYLPHENIDATE ER 40 MG CAP	Non-Preferred Brand with Step Therapy and Quantity Limits	7/1/2020
METHYLPHENIDATE ER 50 MG CAP	Non-Preferred Brand with Step Therapy and Quantity Limits	7/1/2020
METHYLPHENIDATE ER 60 MG CAP	Non-Preferred Brand with Step Therapy and Quantity Limits	7/1/2020
METOPROLOL ER-HCTZ 100-12.5 MG	Removed from Formulary/Not Covered	1/1/2020
METOPROLOL ER-HCTZ 25-12.5 MG	Removed from Formulary/Not Covered	1/1/2020
METOPROLOL ER-HCTZ 50-12.5 MG	Removed from Formulary/Not Covered	1/1/2020
migergot 2-100 mg suppository	Added to Formulary (Generic)	2/1/2020
miglustat 100 mg capsule	Generic with Prior Authorization	1/1/2020
MINOCYCLINE ER 135 MG CAPSULE	Non-Preferred Brand with Step Therapy	6/1/2020
MINOCYCLINE ER 45 MG CAPSULE	Non-Preferred Brand with Step Therapy	6/1/2020
MINOCYCLINE ER 90 MG CAPSULE	Non-Preferred Brand with Step Therapy	6/1/2020
moxifloxacin 0.5% eye drops	Added to Formulary (Generic)	5/1/2020

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1.1.20-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
mupirocin 2% cream	Removed from Formulary/Not Covered	1/1/2020
NALOXONE 2 MG AUTO-INJECTOR	Non-Preferred Brand	3/1/2020
naproxen 125 mg/5 ml suspen	Removed from Formulary/Not Covered	1/1/2020
naproxen sod cr 500 mg tablet	Removed from Formulary/Not Covered	1/1/2020
naproxen sod er 375 mg tablet	Removed from Formulary/Not Covered	1/1/2020
naproxen-esomepraz dr 375-20mg	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	5/1/2020
naproxen-esomepraz dr 500-20mg	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	5/1/2020
NEVANAC 0.1% DROPTAINER	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2020
NIA2%-SPIRON5%-TRETINOINO.025%	Non-Formulary/Not Covered	10/16/2019
noreth-ee-fe 1.5-0.03mg(21)-75	Added to Formulary (Generic) (ACA)	3/1/2020
NORITATE 1% CREAM	Removed from Formulary/Not Covered	1/1/2020
NORTHERA 100 MG CAPSULE	Non-Preferred Brand with Prior Authorization	1/1/2020
NORTHERA 200 MG CAPSULE	Non-Preferred Brand with Prior Authorization	1/1/2020
NORTHERA 300 MG CAPSULE	Non-Preferred Brand with Prior Authorization	1/1/2020
NOVOLOG MIX 70-30 FLEXPEN	Added to Formulary (Preferred Brand)	3/1/2020
NOXAFIL DR 100 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
OBREDON 2.5-200 MG/5 ML SOLN	Removed from Formulary/Not Covered	1/1/2020
ONZETRA XSAIL 11 MG/NOSEPIECE	Non-Preferred Brand with Step Therapy	4/1/2020
ORAVIG 50 MG BUCCAL TABLET	Removed from Formulary/Not Covered	1/1/2020
OSENI 12.5-15 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
OSENI 12.5-30 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
OSENI 12.5-45 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
OSENI 25-15 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
OSENI 25-30 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
OSENI 25-45 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
OSMOLEX ER 322 MG DAILY DOSE	Non-Preferred Brand with Prior Authorization	7/1/2020
OXBRYTA 500 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	4/1/2020
oxycodon-acetaminophen 2.5-300	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	5/1/2020
PANCREAZE DR 10,500 UNIT CAP	Removed from Formulary/Not Covered	1/1/2020
PANCREAZE DR 16,800 UNIT CAP	Removed from Formulary/Not Covered	1/1/2020
PANCREAZE DR 2,600 UNIT CAP	Removed from Formulary/Not Covered	1/1/2020
PANCREAZE DR 21,000 UNIT CAP	Removed from Formulary/Not Covered	1/1/2020
PANCREAZE DR 4,200 UNIT CAP	Removed from Formulary/Not Covered	1/1/2020

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1.1.20-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
paricalcitol 1 mcg capsule	Generic with Prior Authorization	1/1/2020
paricalcitol 2 mcg capsule	Generic with Prior Authorization	1/1/2020
paricalcitol 4 mcg capsule	Generic with Prior Authorization	1/1/2020
penicillamine 250 mg tablet	Added to Formulary (Generic) with Prior Authorization	3/1/2020
pentamidine 300 mg inhal powdr	Added to Formulary (Generic)	2/1/2020
PERTZYE DR 16,000 UNIT CAPSULE	Removed from Formulary/Not Covered	1/1/2020
PERTZYE DR 24,000 UNIT CAPSULE	Removed from Formulary/Not Covered	1/1/2020
PERTZYE DR 4,000 UNIT CAPSULE	Removed from Formulary/Not Covered	1/1/2020
PERTZYE DR 8,000 UNIT CAPSULE	Removed from Formulary/Not Covered	1/1/2020
phenobarb-hyo-atrop-scop elix	Added to Formulary (Generic)	6/1/2020
phenobarb-hyosc-atrop-scop tab	Added to Formulary (Generic)	6/1/2020
phenohydro elixir	Removed from Formulary/Not Covered	1/1/2020
phenohydro tablet	Removed from Formulary/Not Covered	1/1/2020
pirmella 1-35 28 tablet	Added to Formulary (Generic) (ACA)	2/1/2020
pnv-dha softgel	Removed from Formulary/Not Covered	3/1/2020
pnv-omega softgel	Removed from Formulary/Not Covered	3/1/2020
pnv-vp-u capsule	Removed from Formulary/Not Covered	3/1/2020
PODOCON-25 LIQUID	Removed from Formulary/Not Covered	1/1/2020
pramipexole er 0.375 mg tablet	Removed from Formulary/Not Covered	1/1/2020
pramipexole er 0.75 mg tablet	Removed from Formulary/Not Covered	1/1/2020
pramipexole er 1.5 mg tablet	Removed from Formulary/Not Covered	1/1/2020
pramipexole er 2.25 mg tablet	Removed from Formulary/Not Covered	1/1/2020
pramipexole er 3 mg tablet	Removed from Formulary/Not Covered	1/1/2020
pramipexole er 3.75 mg tablet	Removed from Formulary/Not Covered	1/1/2020
pramipexole er 4.5 mg tablet	Removed from Formulary/Not Covered	1/1/2020
PRED MILD 0.12% EYE DROPS	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2020
PREGENNA TABLET	Non-Preferred Brand	4/1/2020
prenatal formula tablet	Added to Formulary (Generic)	4/1/2020
PRENATAL MULTI-DHA SOFTGEL	Removed from Formulary/Not Covered	3/1/2020
PRENATAL PLUS-DHA COMBO PACK	Removed from Formulary/Not Covered	3/1/2020
PRENATAL VITAMIN TABLET	Removed from Formulary/Not Covered	3/1/2020
prenatal-u capsule	Removed from Formulary/Not Covered	3/1/2020
PRESTALIA 14 MG-10 MG TABLET	Removed from Formulary/Not Covered	1/1/2020

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1.1.20-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
PRESTALIA 3.5 MG-2.5 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
PRESTALIA 7 MG-5 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
PREVIDENT 5000 ORTHO DEFENSE	Non-Preferred Brand	6/1/2020
PROCYSBI DR 300 MG GRANULE PKT	Non-Preferred Brand	5/1/2020
PROCYSBI DR 75 MG GRANULE PKT	Non-Preferred Brand	5/1/2020
prolate 10-300 mg tablet	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	5/1/2020
prolate 5-300 mg tablet	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	5/1/2020
prolate 7.5-300 mg tablet	Added to Formulary (Generic) with Prior Authorization and Quantity Limits	5/1/2020
PROLENSA 0.07% EYE DROPS	Non-Preferred Brand with Step Therapy	1/1/2020
PROMACTA 25 MG SUSPENSION PCK	Non-Preferred Brand with Prior Authorization	6/1/2020
prudoxin 5% cream	Removed from Formulary/Not Covered	1/1/2020
PUREFE OB PLUS CAPSULE	Removed from Formulary/Not Covered	3/1/2020
pyrimethamine 25 mg tablet	Added to Formulary (Generic) with Prior Authorization	5/1/2020
QUDEXY XR 100 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
QUDEXY XR 150 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
QUDEXY XR 200 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
QUDEXY XR 25 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
QUDEXY XR 50 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
QVAR REDHALER 40 MCG	Added to Formulary (Preferred Brand) with Quantity Limits	3/28/2020
QVAR REDHALER 80 MCG	Added to Formulary (Preferred Brand) with Quantity Limits	3/28/2020
RAYALDEE ER 30 MCG CAPSULE	Non-Preferred Brand with Prior Authorization	1/1/2020
REGRANEX 0.01% GEL	Non-Preferred Brand with Prior Authorization	1/1/2020
RESTASIS 0.05% EYE EMULSION	Added to Formulary (Preferred Brand) with Quantity Limits	1/1/2020
RESTASIS MULTIDOSE 0.05% EYE	Added to Formulary (Preferred Brand) with Quantity Limits	1/1/2020
REVATIO 10 MG/ML ORAL SUSP	Removed from Formulary/Not Covered	1/1/2020
RINVOQ ER 15 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2020
RIOMET ER 500 MG/5 ML SUSP	Non-Preferred Brand with Prior Authorization and Quantity Limits	4/1/2020
ROSADAN 0.75% CREAM KIT	Removed from Formulary/Not Covered	1/1/2020
ROSADAN 0.75% GEL KIT	Removed from Formulary/Not Covered	1/1/2020
ROZEREM 8 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
RYBELSUS 14 MG TABLET	Preferred Brand with Quantity Limits	2/1/2020
RYBELSUS 3 MG TABLET	Preferred Brand with Quantity Limits	2/1/2020
RYBELSUS 7 MG TABLET	Preferred Brand with Quantity Limits	2/1/2020

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
RYCLORA 2 MG/5 ML SOLUTION	Removed from Formulary/Not Covered	1/1/2020
RYVENT 6 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
salicylic acid 26% liquid	Removed from Formulary/Not Covered	1/1/2020
salicylic acid 27.5% liquid	Removed from Formulary/Not Covered	1/1/2020
salicylic acid 6% cream	Removed from Formulary/Not Covered	1/1/2020
salicylic acid 6% cream	Removed from Formulary/Not Covered	1/1/2020
salicylic acid 6% cream kit	Removed from Formulary/Not Covered	1/1/2020
salicylic acid 6% foam	Removed from Formulary/Not Covered	1/1/2020
salicylic acid 6% gel	Removed from Formulary/Not Covered	1/1/2020
salicylic acid 6% lotion	Removed from Formulary/Not Covered	1/1/2020
salicylic acid 6% lotion	Removed from Formulary/Not Covered	1/1/2020
salicylic acid 6% shampoo	Removed from Formulary/Not Covered	1/1/2020
salicylic acid er 28.5% soln	Removed from Formulary/Not Covered	1/1/2020
SALKERA 6% FOAM	Removed from Formulary/Not Covered	1/1/2020
salvax 6% foam	Removed from Formulary/Not Covered	1/1/2020
SALVAX DUO PLUS COMBO PACK	Removed from Formulary/Not Covered	1/1/2020
SAPHRIS 10 MG TAB SUBLINGUAL	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2020
SAPHRIS 2.5 MG TAB SUBLINGUAL	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2020
SAPHRIS 5 MG TAB SUBLINGUAL	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2020
SECUADO 3.8 MG/24 HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	4/1/2020
SECUADO 5.7 MG/24 HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	4/1/2020
SECUADO 7.6 MG/24 HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	4/1/2020
SELECT-OB CHEWABLE CAPLET	Non-Preferred Brand	4/1/2020
se-natal-19 tablet	Added to Formulary (Generic)	3/1/2020
sevelamer 0.8 gm powder packet	Removed from Formulary/Not Covered	1/1/2020
sevelamer 2.4 gm powder packet	Removed from Formulary/Not Covered	1/1/2020
SIKLOS 1,000 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2020
SIKLOS 100 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2020
silodosin 4 mg capsule	Generic with Step Therapy	1/1/2020
silodosin 8 mg capsule	Generic with Step Therapy	1/1/2020
silver nitrate 0.5% soln	Removed from Formulary/Not Covered	1/1/2020
silver nitrate 10% ointment	Removed from Formulary/Not Covered	1/1/2020
silver nitrate 10% solution	Removed from Formulary/Not Covered	1/1/2020

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
silver nitrate 25% solution	Removed from Formulary/Not Covered	1/1/2020
silver nitrate 50% solution	Removed from Formulary/Not Covered	1/1/2020
silver nitrate applicator	Removed from Formulary/Not Covered	1/1/2020
SIMBRINZA 1%-0.2% EYE DROPS	Removed from Formulary/Not Covered	1/1/2020
SIMVASTATIN 20 MG/5 ML SUSP	Non-Preferred Brand with Prior Authorization and Quantity Limits	3/1/2020
SITAVIG 50 MG BUCCAL TABLET	Non-Preferred Brand	5/1/2020
SIVEXTRO 200 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2020
sod polystyren sulf 15 g/60 ml	Added to Formulary (Generic)	4/1/2020
sodium sulf-sulfur cleanser	Removed from Formulary/Not Covered	1/1/2020
solifenacin 10 mg tablet	Preferred Generic	4/1/2020
solifenacin 5 mg tablet	Preferred Generic	4/1/2020
SPRITAM 1,000 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
SPRITAM 250 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
SPRITAM 500 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
SPRITAM 750 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
SPRIX 15.75 MG NASAL SPRAY	Non-Preferred Brand with Prior Authorization and Quantity Limits	4/1/2020
STENDRA 100 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
STENDRA 200 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
STENDRA 50 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
sucralfate 1 gm/10 ml susp	Added to Formulary (Generic)	2/1/2020
SULCONAZOLE NITRATE 1% CREAM	Non-Preferred Brand with Prior Authorization	3/1/2020
SULCONAZOLE NITRATE 1% SOLN	Non-Preferred Brand with Prior Authorization	3/1/2020
sulfamethoxazole-tmp iv vial	Added to Formulary (Generic)	4/1/2020
sulfamethoxazole-tmp susp	Added to Formulary (Generic)	4/1/2020
SUMAVEL DOSEPRO 6 MG/0.5 ML	Non-Preferred Brand with Prior Authorization	1/1/2020
SUPRAX 400 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
SYMLINPEN 120 PEN INJECTOR	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2020
SYMLINPEN 60 PEN INJECTOR	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2020
SYNAREL 2 MG/ML NASAL SPRAY	Non-Preferred Brand with Prior Authorization	1/1/2020
SYNDROS 5 MG/ML SOLUTION	Non-Preferred Brand with Prior Authorization	1/1/2020
TALICIA DR 10-250-12.5 MG CAP	Non-Preferred Brand	4/1/2020
TARCEVA 100 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
TARCEVA 150 MG TABLET	Removed from Formulary/Not Covered	1/1/2020

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
TARCEVA 25 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
taron-c dha capsule	Removed from Formulary/Not Covered	3/1/2020
taron-prex prenatal dha cap	Removed from Formulary/Not Covered	3/1/2020
TAZVERIK 200 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	7/1/2020
TERIPARATIDE 620 MCG/2.48 ML	Non-Preferred Brand with Prior Authorization and Quantity Limits	6/1/2020
TETRAVISC FORTE 0.5% EYE DROPS	Non-Preferred Brand	4/1/2020
tiadylt er 120 mg capsule	Added to Formulary (Generic) with Quantity Limits	4/1/2020
tiadylt er 180 mg capsule	Added to Formulary (Generic) with Quantity Limits	4/1/2020
tiadylt er 240 mg capsule	Added to Formulary (Generic) with Quantity Limits	4/1/2020
tiadylt er 300 mg capsule	Added to Formulary (Generic) with Quantity Limits	4/1/2020
tiadylt er 360 mg capsule	Added to Formulary (Generic) with Quantity Limits	2/1/2020
tiadylt er 420 mg capsule	Added to Formulary (Generic) with Quantity Limits	4/1/2020
tolvaptan 30 mg tablet	Added to Formulary (Generic) with Prior Authorization	7/1/2020
TOPIRAMATE ER 100 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
TOPIRAMATE ER 150 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
TOPIRAMATE ER 200 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
TOPIRAMATE ER 25 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
TOPIRAMATE ER 50 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
TRAMADOL HCL 100 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	5/1/2020
travoprost 0.004% eye drop	Added to Formulary (Generic) with Quantity Limits	3/1/2020
TRELEGY ELLIPTA 100-62.5-25	Preferred Brand with Quantity Limits	2/1/2020
triamcinolone 0.05% ointment	Added to Formulary (Generic) with Prior Authorization	3/1/2020
triderm 0.1% cream	Removed from Formulary/Not Covered	1/1/2020
triderm 0.5% cream	Removed from Formulary/Not Covered	1/1/2020
trientine hcl 250 mg capsule	Generic with Prior Authorization	1/1/2020
TRINAZ TABLET	Non-Preferred Brand	4/1/2020
TRIPLE DYE SWAB	Removed from Formulary/Not Covered	1/1/2020
TRULICITY 0.75 MG/0.5 ML PEN	Added to Formulary (Preferred Brand) with Quantity Limits	3/28/2020
TRULICITY 1.5 MG/0.5 ML PEN	Added to Formulary (Preferred Brand) with Quantity Limits	3/28/2020
ULORIC 40 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
ULORIC 80 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
ULTRASAL-ER 28.5% SOLUTION	Removed from Formulary/Not Covered	1/1/2020
umecta 40% mousse	Removed from Formulary/Not Covered	1/1/2020

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1.1.20-present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
URAMAXIN 20% FOAM	Removed from Formulary/Not Covered	1/1/2020
urea 35% foam	Removed from Formulary/Not Covered	1/1/2020
urea 39% cream	Removed from Formulary/Not Covered	1/1/2020
urea 40% cream	Removed from Formulary/Not Covered	1/1/2020
urea 40% gel	Removed from Formulary/Not Covered	1/1/2020
urea 45% cream	Removed from Formulary/Not Covered	1/1/2020
urea 45% nail gel	Removed from Formulary/Not Covered	1/1/2020
urea 47% cream	Removed from Formulary/Not Covered	1/1/2020
urea 50% cream	Removed from Formulary/Not Covered	1/1/2020
urea 50% nail stick	Removed from Formulary/Not Covered	1/1/2020
UTOPIC 41% CREAM	Removed from Formulary/Not Covered	1/1/2020
VALCHLOR 0.016% GEL	Non-Preferred Brand with Prior Authorization	1/1/2020
VALTOCO 10 MG NASAL SPRAY	Non-Preferred Brand with Prior Authorization	3/1/2020
VALTOCO 15 MG NASAL SPRAY	Non-Preferred Brand with Prior Authorization	3/1/2020
VALTOCO 20 MG NASAL SPRAY	Non-Preferred Brand with Prior Authorization	3/1/2020
VALTOCO 5 MG NASAL SPRAY	Non-Preferred Brand with Prior Authorization	3/1/2020
VESICARE 10 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
VESICARE 5 MG TABLET	Removed from Formulary/Not Covered	1/1/2020
VIKACE 10,440-39,150 UNITS TB	Removed from Formulary/Not Covered	1/1/2020
VIKACE 20,880-78,300 UNITS TB	Removed from Formulary/Not Covered	1/1/2020
VIRASAL ANTIVIRAL WART REMOVER	Removed from Formulary/Not Covered	1/1/2020
virt-c dha softgel	Removed from Formulary/Not Covered	3/1/2020
virt-pn dha softgel	Removed from Formulary/Not Covered	3/1/2020
virt-pn plus softgel	Removed from Formulary/Not Covered	3/1/2020
vitamin b complex-vitamin c tb	Added to Formulary (Generic) (ACA)	7/1/2020
volnea 0.15-0.02-0.01 mg tab	Added to Formulary (Generic) (ACA)	5/1/2020
vtol lq 50-325-40 mg/15 ml sol	Added to Formulary (Generic)	5/1/2020
VUMERITY DR 231 MG CAPSULE	Added to Formulary (Preferred Brand) with Prior Authorization	4/1/2020
VYNDAMAX 61 MG CAPSULE	Non-Preferred Brand with Prior Authorization	4/1/2020
WAKIX 17.8 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	2/1/2020
WAKIX 4.45 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	2/1/2020
XALIX 28% SOLUTION	Removed from Formulary/Not Covered	1/1/2020
XELJANZ XR 22 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	3/1/2020

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LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
XEPI 1% CREAM	Removed from Formulary/Not Covered	1/1/2020
XERESE 5%-1% CREAM	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2020
XIFAXAN 200 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2020
XTAMPZA ER 13.5 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
XTAMPZA ER 18 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
XTAMPZA ER 27 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
XTAMPZA ER 36 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
XTAMPZA ER 9 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2020
zatean-pn dha capsule	Removed from Formulary/Not Covered	3/1/2020
zatean-pn plus softgel	Removed from Formulary/Not Covered	3/1/2020
ZELAPAR 1.25 MG ODT TABLET	Removed from Formulary/Not Covered	1/1/2020
ZEPATIER 50-100 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2020
ZERVIATE 0.24% EYE DROP	Non-Preferred Brand with Step Therapy	5/1/2020
ZIRGAN 0.15% OPHTHALMIC GEL	Removed from Formulary/Not Covered	1/1/2020
ZITHRANOL 1% SHAMPOO	Removed from Formulary/Not Covered	1/1/2020
ZONALON 5% CREAM	Removed from Formulary/Not Covered	1/1/2020
ZONTIVITY 2.08 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2020
ZUPLENZ 4 MG SOLUBLE FILM	Removed from Formulary/Not Covered	1/1/2020
ZUPLENZ 8 MG SOLUBLE FILM	Removed from Formulary/Not Covered	1/1/2020
ZYTIGA 500 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2020