

## Emblem Medicaid Formulary Updates 1.1.19-present

LABEL NAME	CHANGE	EFFECTIVE DATE
abiraterone acetate 250 mg tab	Generic with Prior Authorization	7/1/2019
acetamin-caff-dihydrocod 320.5	Generic with Prior Authorization	1/1/2019
acetaminop-codeine 120-12 mg/5	Generic with Prior Authorization	1/1/2019
acetaminophen-cod #2 tablet	Generic with Prior Authorization	1/1/2019
acetaminophen-cod #3 tablet	Generic with Prior Authorization	1/1/2019
acetaminophen-cod #4 tablet	Generic with Prior Authorization	1/1/2019
acyclovir 5% cream	Generic with Prior Authorization and Quantity Limits	7/1/2019
ADMELOG 100 UNIT/ML VIAL	Added to Formulary (Brand)	1/1/2019
ADMELOG SOLOSTAR 100 UNIT/ML	Added to Formulary (Brand)	1/1/2019
AEMCOLO DR 194 MG TABLET	Brand with Prior Authorization and Quantity Limits	7/1/2019
albendazole 200 mg tablet	Added to Formulary (Generic) with Quantity Limits	1/1/2019
ALBENZA 200 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
allfen 400 mg tablet	Removed From Formulary/Not Covered	1/1/2019
allfen dm tablet	Removed From Formulary/Not Covered	1/1/2019
ALOE VERA 99.5% GEL	Added to Formulary (Brand)	10/1/2019
ambrisentan 10 mg tablet	Generic with Prior Authorization	7/1/2019
ambrisentan 5 mg tablet	Generic with Prior Authorization	7/1/2019
amcinonide 0.1% cream	Generic with Step Therapy	10/15/2019
amcinonide 0.1% lotion	Generic with Step Therapy	10/15/2019
amcinonide 0.1% ointment	Generic with Step Therapy	10/15/2019
AMICAR 1;000 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
AMICAR 500 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
aminocaproic acid 0.25 gram/ml	Added to Formulary (Generic)	10/29/2019
AMPYRA ER 10 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
ARIKAYCE 590 MG/8.4 ML VIAL	Brand with Prior Authorization and Quantity Limits	7/1/2019
armodafinil 150 mg tablet	Generic with Prior Authorization and Quantity Limits	10/15/2019
armodafinil 200 mg tablet	Generic with Prior Authorization and Quantity Limits	10/15/2019
armodafinil 250 mg tablet	Generic with Prior Authorization and Quantity Limits	10/15/2019
armodafinil 50 mg tablet	Generic with Prior Authorization and Quantity Limits	10/15/2019
ARNUITY ELLIPTA 100 MCG INH	Added to Formulary (Brand) with Quantity Limits	1/1/2019
ARNUITY ELLIPTA 200 MCG INH	Added to Formulary (Brand) with Quantity Limits	1/1/2019
ARNUITY ELLIPTA 50 MCG INH	Added to Formulary (Brand) with Quantity Limits	1/1/2019
asa-butalb-caff-cod #3 capsule	Generic with Prior Authorization	1/1/2019

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LABEL NAME	CHANGE	EFFECTIVE DATE
ascomp with codeine capsule	Generic with Prior Authorization	1/1/2019
ascorbic acid 250 mg tablet	Removed From Formulary/Not Covered	1/1/2019
ascorbic acid w-rh 500 mg tb	Removed From Formulary/Not Covered	1/1/2019
ASPERCREME 4% PATCH	Added to Formulary (Brand)	1/1/2019
aspirin-caff-dihydrocodein cap	Generic with Prior Authorization	1/1/2019
AVEENO BABY ECZEMA THERAPY PKT	Removed From Formulary/Not Covered	7/15/2019
AVEENO DAILY MOISTURIZING LOTN	Added to Formulary (Brand)	10/1/2019
bacitracin zn 500 unit/gm oint	Added to Formulary (Generic)	1/1/2019
BACTROBAN NASAL 2% OINTMENT	Brand with Quantity Limits	6/1/2019
BALVERSA 3 MG TABLET	Added to Formulary (Brand) with Prior Authorization	10/1/2019
BALVERSA 4 MG TABLET	Added to Formulary (Brand) with Prior Authorization	10/1/2019
BALVERSA 5 MG TABLET	Added to Formulary (Brand) with Prior Authorization	10/1/2019
b-donna tablet	Removed From Formulary/Not Covered	10/1/2019
belladonna-opium 16.2-30 supp	Generic with Prior Authorization	1/1/2019
belladonna-opium 16.2-60 supp	Generic with Prior Authorization	1/1/2019
BOSENTAN 125 MG TABLET	Brand with Prior Authorization	7/15/2019
BOSENTAN 62.5 MG TABLET	Brand with Prior Authorization	7/15/2019
BRAFTOVI 50 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
BRAFTOVI 75 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
BREO ELLIPTA 100-25 MCG INH	Removed From Formulary/Not Covered	7/15/2019
BREO ELLIPTA 200-25 MCG INH	Removed From Formulary/Not Covered	7/15/2019
BROMOCRIPTINE 2.5 MG TABLET	Generic with Prior Authorization	10/1/2019
BROMOCRIPTINE 5 MG CAPSULE	Generic with Prior Authorization	10/1/2019
bupreno-nalox 2-0.5 mg sl film	Generic with Quantity Limits	7/1/2019
buprenor-nalox 12-3 mg sl film	Generic with Quantity Limits	7/1/2019
buprenorp-nalox 4-1 mg sl film	Generic with Quantity Limits	7/1/2019
buproban 150 mg tablet	Removed From Formulary/Not Covered	10/1/2019
butalb-acetaminoph-caff-codein	Generic with Prior Authorization	1/1/2019
butalb-caff-acetaminoph-codein	Generic with Prior Authorization	1/1/2019
butalbital comp-codeine #3 cap	Generic with Prior Authorization	1/1/2019
butorphanol 10 mg/ml spray	Generic with Prior Authorization and Quantity Limits	1/1/2019
calcium 600-vit d3 200 tablet	Added to Formulary (Generic)	1/1/2019
CALCIUM GLUCONATE 648 MG TAB	Removed From Formulary/Not Covered	1/1/2019

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LABEL NAME	CHANGE	EFFECTIVE DATE
calcium lactate 10gr tablet	Removed From Formulary/Not Covered	1/1/2019
CANASA 1;000 MG SUPPOSITORY	Removed From Formulary/Not Covered	7/15/2019
childrens multivit tab chew	Removed From Formulary/Not Covered	1/1/2019
cinacalcet hcl 30 mg tablet	Generic with Prior Authorization	7/1/2019
cinacalcet hcl 60 mg tablet	Generic with Prior Authorization	7/1/2019
cinacalcet hcl 90 mg tablet	Generic with Prior Authorization	7/1/2019
clindamycin ph 1% gel	Generic with Quantity Limits	1/1/2019
clindamycin ph 1% solution	Generic with Quantity Limits	1/1/2019
clindamycin phosp 1% lotion	Generic with Quantity Limits	1/1/2019
clomiphene citrate 50 mg tab	Added to Formulary (Generic) with Prior Authorization	10/1/2019
codeine sulfate 15 mg tablet	Generic with Prior Authorization	1/1/2019
codeine sulfate 30 mg tablet	Generic with Prior Authorization	1/1/2019
codeine sulfate 60 mg tablet	Generic with Prior Authorization	1/1/2019
COLCHICINE 0.6 MG CAPSULE	Brand	7/1/2019
COLCRYS 0.6 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
COPIKTRA 15 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	1/18/2019
COPIKTRA 25 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	1/18/2019
CORLANOR 5 MG/5 ML ORAL SOLN	Added to Formulary (Brand) with Prior Authorization	8/12/2019
CRESEMBA 186 MG CAPSULE	Brand with Prior Authorization	8/30/2019
CVS FISH OIL 1;000 MG SOFTGEL	Added to Formulary (Brand)	1/1/2019
dalfampridine er 10 mg tablet	Generic with Prior Authorization	1/1/2019
DAURISMO 100 MG TABLET	Brand with Prior Authorization and Quantity Limits	3/21/2019
DAURISMO 25 MG TABLET	Brand with Prior Authorization and Quantity Limits	3/21/2019
DECONEX DMX 17.5-400-10 MG TAB	Added to Formulary (Brand)	10/1/2019
deferasirox 125 mg tablet	Generic with Prior Authorization	7/1/2019
deferasirox 250 mg tablet	Generic with Prior Authorization	7/1/2019
deferasirox 500 mg tablet	Generic with Prior Authorization	7/1/2019
DELSTRIGO 100-300-300 MG TAB	Brand with Quantity Limits	1/18/2019
desoximetasone 0.25% cream	Generic with Step Therapy	10/15/2019
DIACOMIT 250 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	7/1/2019
DIACOMIT 250 MG POWDER PACKET	Brand with Prior Authorization and Quantity Limits	7/1/2019
DIACOMIT 500 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	7/1/2019
DIACOMIT 500 MG POWDER PACKET	Brand with Prior Authorization and Quantity Limits	7/1/2019

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LABEL NAME	CHANGE	EFFECTIVE DATE
diltiazem er 240 mg capsule	Removed From Formulary/Not Covered	10/1/2019
diskets 40 mg tablet dispr	Generic with Prior Authorization	1/1/2019
DOVATO 50-300 MG TABLET	Added to Formulary (Brand) with Quantity Limits	10/1/2019
DOXYCYCLINE 25 MG/5 ML SUSP	Removed From Formulary/Not Covered	7/15/2019
DOXYCYCLINE HYC DR 100 MG TAB	Removed From Formulary/Not Covered	7/15/2019
DOXYCYCLINE HYC DR 150 MG TAB	Removed From Formulary/Not Covered	7/15/2019
DOXYCYCLINE HYC DR 200 MG TAB	Removed From Formulary/Not Covered	7/15/2019
DOXYCYCLINE HYC DR 50 MG TAB	Removed From Formulary/Not Covered	7/15/2019
DOXYCYCLINE HYC DR 75 MG TAB	Removed From Formulary/Not Covered	7/15/2019
DUPIXENT 200 MG/1.14 ML SYRING	Added to Formulary (Brand) with Prior Authorization	1/1/2019
DUTOPROL 100-12.5 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
DUTOPROL 25-12.5 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
DUTOPROL 50-12.5 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
EEMT DS 1.25-2.5 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
EEMT HS 0.625-1.25 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
ELITE-OB 400 CAPSULE	Removed From Formulary/Not Covered	10/1/2019
endocet 10-325 mg tablet	Generic with Prior Authorization	1/1/2019
endocet 2.5-325 mg tablet	Generic with Prior Authorization	1/1/2019
endocet 5-325 tablet	Generic with Prior Authorization	1/1/2019
endocet 7.5-325 mg tablet	Generic with Prior Authorization	1/1/2019
ENFAMIL PROSOBEE LIPIL PWD	Removed From Formulary/Not Covered	7/15/2019
EPCLUSA 400 MG-100 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
erlotinib hcl 100 mg tablet	Added to Formulary (Generic) with Prior Authorization	10/1/2019
erlotinib hcl 150 mg tablet	Added to Formulary (Generic) with Prior Authorization	10/1/2019
erlotinib hcl 25 mg tablet	Added to Formulary (Generic) with Prior Authorization	10/1/2019
ERYPED 400 MG/5 ML SUSPENSION	Removed From Formulary/Not Covered	7/15/2019
erythromycin 400 mg/5 ml susp	Generic	7/1/2019
erythromycin dr 250 mg tablet	Added to Formulary (Generic)	10/1/2019
erythromycin dr 333 mg tablet	Added to Formulary (Generic)	10/1/2019
erythromycin dr 500 mg tablet	Added to Formulary (Generic)	10/1/2019
eszopiclone 1 mg tablet	Removed From Formulary/Not Covered	1/1/2019
eszopiclone 2 mg tablet	Removed From Formulary/Not Covered	1/1/2019
eszopiclone 3 mg tablet	Removed From Formulary/Not Covered	1/1/2019

## Emblem Medicaid Formulary Updates 1.1.19-present

LABEL NAME	CHANGE	EFFECTIVE DATE
EXJADE 125 MG TABLET	Removed From Formulary/Not Covered	11/15/2019
EXJADE 250 MG TABLET	Removed From Formulary/Not Covered	11/15/2019
EXJADE 500 MG TABLET	Removed From Formulary/Not Covered	11/15/2019
EZ FLU 2018-19 (FLUCELVAX) KIT	Added to Formulary (Brand)	1/1/2019
FARESTON 60 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
febuxostat 40 mg tablet	Added to Formulary (Generic) with Step Therapy	10/1/2019
febuxostat 80 mg tablet	Added to Formulary (Generic) with Step Therapy	10/1/2019
fenoprofen 600 mg tablet	Generic with Step Therapy	9/16/2019
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 62.5 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 87.5 mcg/hr patch	Generic with Prior Authorization and Quantity Limits	1/1/2019
FERRIPROX 1;000 MG TABLET	Added to Formulary (Brand) with Prior Authorization	10/1/2019
FLOVENT 100 MCG DISKUS	Brand with Quantity Limits	2/6/2019
FLOVENT 250 MCG DISKUS	Brand with Quantity Limits	2/6/2019
FLOVENT 50 MCG DISKUS	Brand with Quantity Limits	2/6/2019
FLOVENT HFA 110 MCG INHALER	Brand with Quantity Limits	2/6/2019
FLOVENT HFA 220 MCG INHALER	Brand with Quantity Limits	2/6/2019
FLOVENT HFA 44 MCG INHALER	Brand with Quantity Limits	2/6/2019
FLUAD 2019-2020 SYRINGE	Added to Formulary (Brand)	10/1/2019
FLUARIX QUAD 2019-2020 SYRINGE	Added to Formulary (Brand)	10/1/2019
FLUCELVAX QUAD 2019-2020 SYR	Added to Formulary (Brand)	10/1/2019
FLUCELVAX QUAD 2019-2020 VIAL	Added to Formulary (Brand)	10/1/2019
FLUMIST QUAD NASAL 2019-20 VAC	Added to Formulary (Brand)	10/1/2019
GALAFOLD 123 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	3/21/2019
GENTEAL PM OINTMENT	Added to Formulary (Brand)	10/1/2019
GLEOSTINE 10 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2019
GLEOSTINE 100 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2019
GLEOSTINE 40 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2019

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LABEL NAME	CHANGE	EFFECTIVE DATE
GLEOSTINE 5 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2019
haloperidol lac 5 mg/ml ampul	Added to Formulary (Generic)	1/1/2019
HARVONI 90-400 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
HUMALOG 100 UNITS/ML CARTRIDGE	Removed From Formulary/Not Covered	1/1/2019
HUMALOG 100 UNITS/ML KWIKPEN	Removed From Formulary/Not Covered	1/1/2019
HUMALOG 100 UNITS/ML VIAL	Removed From Formulary/Not Covered	1/1/2019
HUMALOG 200 UNITS/ML KWIKPEN	Removed From Formulary/Not Covered	1/1/2019
HUMALOG JR 100 UNIT/ML KWIKPEN	Removed From Formulary/Not Covered	1/1/2019
hydrocodone-acetamin 10-300 mg	Generic with Prior Authorization	1/1/2019
hydrocodone-acetamin 10-325 mg	Generic with Prior Authorization	1/1/2019
hydrocodone-acetamin 2.5-325	Generic with Prior Authorization	1/1/2019
hydrocodone-acetamin 5-300 mg	Generic with Prior Authorization	1/1/2019
hydrocodone-acetamin 5-325 mg	Generic with Prior Authorization	1/1/2019
hydrocodone-acetamin 7.5-300	Generic with Prior Authorization	1/1/2019
hydrocodone-acetamin 7.5-325	Generic with Prior Authorization	1/1/2019
hydrocodone-acetamn 7.5-325/15	Generic with Prior Authorization	1/1/2019
hydrocodone-ibuprofen 10-200	Removed From Formulary/Not Covered	1/1/2019
hydrocodone-ibuprofen 2.5-200	Removed From Formulary/Not Covered	1/1/2019
hydrocodone-ibuprofen 5-200 mg	Removed From Formulary/Not Covered	1/1/2019
hydrocodone-ibuprofen 7.5-200	Removed From Formulary/Not Covered	1/1/2019
hydrocortisone 1% lotion	Added to Formulary (Generic)	10/1/2019
hydrocort-pram 2.5%-1% crm kit	Removed From Formulary/Not Covered	10/1/2019
hydromorphone 1 mg/ml solution	Generic with Prior Authorization	1/1/2019
hydromorphone 2 mg tablet	Generic with Prior Authorization	1/1/2019
hydromorphone 3 mg suppos	Generic with Prior Authorization	1/1/2019
hydromorphone 4 mg tablet	Generic with Prior Authorization	1/1/2019
hydromorphone 8 mg tablet	Generic with Prior Authorization	1/1/2019
icatibant 30 mg/3 ml syringe	Added to Formulary (Generic) with Prior Authorization	8/9/2019
IMPAVIDO 50 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2019
INBRIJA 42 MG INHALATION CAP	Brand with Prior Authorization and Quantity Limits	7/15/2019
INREBIC 100 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	12/10/2019
INSULIN PUMP KIT	Removed From Formulary/Not Covered	10/1/2019
iodine 2% mild tincture	Added to Formulary (Generic)	10/1/2019



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LABEL NAME	CHANGE	EFFECTIVE DATE
iodine 5% strong solution	Added to Formulary (Generic)	10/1/2019
itraconazole 10 mg/ml solution	Added to Formulary (Generic)	1/1/2019
JENTADUETO 2.5 MG-1000 MG TAB	Removed From Formulary/Not Covered	1/1/2019
JENTADUETO 2.5 MG-500 MG TAB	Removed From Formulary/Not Covered	1/1/2019
JENTADUETO 2.5 MG-850 MG TAB	Removed From Formulary/Not Covered	1/1/2019
JENTADUETO XR 2.5 MG-1;000 MG	Removed From Formulary/Not Covered	1/1/2019
JENTADUETO XR 5 MG-1;000 MG TB	Removed From Formulary/Not Covered	1/1/2019
JYNARQUE 15 MG TABLET	Brand with Prior Authorization and Quantity Limits	7/1/2019
JYNARQUE 30 MG TABLET	Brand with Prior Authorization and Quantity Limits	7/1/2019
KALYDECO 25 MG GRANULES PACKET	Brand with Prior Authorization and Quantity Limits	7/1/2019
ketoprofen er 200 mg capsule	Generic with Step Therapy	9/16/2019
KOMBIGLYZE XR 2.5-1;000 MG TAB	Removed From Formulary/Not Covered	1/1/2019
KOMBIGLYZE XR 5-1;000 MG TAB	Removed From Formulary/Not Covered	1/1/2019
KOMBIGLYZE XR 5-500 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
LETAIRIS 10 MG TABLET	Added to Formulary (Brand) with Prior Authorization	1/1/2019
LETAIRIS 5 MG TABLET	Added to Formulary (Brand) with Prior Authorization	1/1/2019
LETROZOLE 2.5 MG TABLET	Generic with Prior Authorization and Quantity Limits	10/1/2019
LEUPROLIDE 2WK 14 MG/2.8 ML KT	Brand with Prior Authorization	7/1/2019
LIDOCAINE PAIN RELIEF 4% PATCH	Added to Formulary (Brand)	1/1/2019
LIDOCARE 4% PATCH	Added to Formulary (Brand)	1/1/2019
lindane 1% lotion	Removed From Formulary/Not Covered	10/1/2019
LORBRENA 100 MG TABLET	Brand with Prior Authorization	3/21/2019
LORBRENA 25 MG TABLET	Brand with Prior Authorization	3/21/2019
lorcet 5-325 mg tablet	Generic with Prior Authorization	1/1/2019
lorcet hd 10-325 mg tablet	Generic with Prior Authorization	1/1/2019
lorcet plus 7.5-325 mg tablet	Generic with Prior Authorization	1/1/2019
lortab 10-325 mg tablet	Generic with Prior Authorization	1/1/2019
lortab 5-325 mg tablet	Generic with Prior Authorization	1/1/2019
lortab 7.5-325 mg tablet	Generic with Prior Authorization	1/1/2019
LUCEMYRA 0.18 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
MAVENCLAD 10 MG X 4 TABLET PK	Added to Formulary (Brand) with Prior Authorization	10/1/2019
MAXIFED DM LIQUID	Removed From Formulary/Not Covered	1/1/2019
MAYZENT 0.25 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	10/1/2019

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LABEL NAME	CHANGE	EFFECTIVE DATE
MAYZENT 2 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	10/1/2019
MEKTOVI 15 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
meloxicam 7.5 mg/5 ml susp	Removed From Formulary/Not Covered	10/1/2019
mesalamine 1;000 mg supp	Generic with Quantity Limits	2/21/2019
MESTINON 60 MG/5 ML SYRUP	Removed From Formulary/Not Covered	4/4/2019
methadone 10 mg/5 ml solution	Generic with Prior Authorization	1/1/2019
methadone 10 mg/ml oral conc	Generic with Prior Authorization	1/1/2019
methadone 40 mg tablet dispr	Generic with Prior Authorization	1/1/2019
methadone 5 mg/5 ml solution	Generic with Prior Authorization	1/1/2019
methadone hcl 10 mg tablet	Generic with Prior Authorization	1/1/2019
methadone hcl 5 mg tablet	Generic with Prior Authorization	1/1/2019
methadose 10 mg/ml oral conc	Generic with Prior Authorization	1/1/2019
methadose 40 mg tablet dispr	Generic with Prior Authorization	1/1/2019
MINOCYCLINE ER 135 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
MINOCYCLINE ER 45 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
MINOCYCLINE ER 90 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
MITIGARE 0.6 MG CAPSULE	Removed From Formulary/Not Covered	7/15/2019
modafinil 100 mg tablet	Generic with Prior Authorization and Quantity Limits	10/15/2019
modafinil 200 mg tablet	Generic with Prior Authorization and Quantity Limits	10/15/2019
morphine sulf 10 mg suppos	Generic with Prior Authorization	1/1/2019
morphine sulf 10 mg/5 ml soln	Generic with Prior Authorization	1/1/2019
morphine sulf 100 mg/5 ml soln	Generic with Prior Authorization	1/1/2019
morphine sulf 20 mg suppos	Generic with Prior Authorization	1/1/2019
morphine sulf 20 mg/5 ml soln	Generic with Prior Authorization	1/1/2019
morphine sulf 30 mg suppos	Generic with Prior Authorization	1/1/2019
morphine sulf 5 mg suppos	Generic with Prior Authorization	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	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 100 mg cap	Removed From Formulary/Not Covered	1/1/2019



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LABEL NAME	CHANGE	EFFECTIVE DATE
morphine sulfate er 120 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 20 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 30 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 40 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 45 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 50 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 60 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 75 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 80 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 90 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate ir 15 mg tab	Generic with Prior Authorization	1/1/2019
morphine sulfate ir 30 mg tab	Generic with Prior Authorization	1/1/2019
mucinex sinus-max nasal spray	Added to Formulary (Generic)	10/2/2019
MULPLETA 3 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
MUPIROCIN 2% OINTMENT	Brand with Quantity Limits	6/1/2019
naphazoline 0.1% eye drops	Removed From Formulary/Not Covered	10/1/2019
NAPROXEN 125 MG/5 ML SUSPEN	Brand with Step Therapy	6/1/2019
NAPROXEN SODIUM 275 MG TAB	Removed From Formulary/Not Covered	7/15/2019
NAPROXEN SODIUM 550 MG TAB	Removed From Formulary/Not Covered	7/15/2019
NAYZILAM 5 MG NASAL SPRAY	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	12/10/2019
neutral sodium fluoride	Removed From Formulary/Not Covered	10/1/2019
niacin 125 mg capsule sa	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
NITROGLYCERIN 400 MCG SPRAY	Removed From Formulary/Not Covered	7/15/2019
NITROGLYCERIN LINGUAL 0.4 MG	Removed From Formulary/Not Covered	7/15/2019
norethin-ee 1.5-0.03 mg(21) tb	Added to Formulary (Generic)	10/1/2019
NOXAFIL 40 MG/ML SUSPENSION	Brand with Prior Authorization	8/30/2019
NOXAFIL DR 100 MG TABLET	Brand with Prior Authorization	8/30/2019
NUBEQA 300 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	11/1/2019
NUEDEXTA 20-10 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	1/1/2019
OMNITROPE 10 MG/1.5 ML CRTG	Added to Formulary (Brand) with Prior Authorization	1/1/2019

## Emblem Medicaid Formulary Updates 1.1.19-present

LABEL NAME	CHANGE	EFFECTIVE DATE
OMNITROPE 5 MG/1.5 ML CRTG	Added to Formulary (Brand) with Prior Authorization	1/1/2019
OMNITROPE 5.8 MG VIAL	Added to Formulary (Brand) with Prior Authorization	1/1/2019
ONGLYZA 2.5 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
ONGLYZA 5 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
ORILISSA 150 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
ORILISSA 200 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
OXERVATE 0.002% EYE DROP	Brand with Prior Authorization and Quantity Limits	7/1/2019
oxycodon-acetaminophen 2.5-325	Generic with Prior Authorization	1/1/2019
oxycodon-acetaminophen 7.5-325	Generic with Prior Authorization	1/1/2019
oxycodone hcl 10 mg tablet	Generic with Prior Authorization	1/1/2019
oxycodone hcl 100 mg/5 ml soln	Generic with Prior Authorization	1/1/2019
oxycodone hcl 15 mg tablet	Generic with Prior Authorization	1/1/2019
oxycodone hcl 20 mg tablet	Generic with Prior Authorization	1/1/2019
oxycodone hcl 30 mg tablet	Generic with Prior Authorization	1/1/2019
oxycodone hcl 5 mg capsule	Generic with Prior Authorization	1/1/2019
oxycodone hcl 5 mg tablet	Generic with Prior Authorization	1/1/2019
oxycodone hcl 5 mg/5 ml soln	Generic with Prior Authorization	1/1/2019
oxycodone-acetaminophen 10-325	Generic with Prior Authorization	1/1/2019
oxycodone-acetaminophen 5-325	Generic with Prior Authorization	1/1/2019
oxycodone-acetaminophn 5-325/5	Generic with Prior Authorization	1/1/2019
oxycodone-aspirin 4.8355-325	Generic with Prior Authorization	1/1/2019
oxycodone-ibuprofen 5-400 tab	Removed From Formulary/Not Covered	1/1/2019
PEPTAMEN JUNIOR 1.5 CAL LIQUID	Added to Formulary (Brand)	1/1/2019
PIFELTRO 100 MG TABLET	Brand with Quantity Limits	1/18/2019
PIQRAY 200 MG DAILY DOSE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	10/1/2019
PIQRAY 250 MG DAILY DOSE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	10/1/2019
PIQRAY 300 MG DAILY DOSE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	10/1/2019
POLY-TUSSIN D LIQUID	Removed From Formulary/Not Covered	10/1/2019
POLY-TUSSIN LIQUID	Removed From Formulary/Not Covered	10/1/2019
POSACONAZOLE DR 100 MG TABLET	Added to Formulary (Generic) with Prior Authorization	10/2/2019
pregabalin 100 mg capsule	Added to Formulary (Generic) with Quantity Limits	10/1/2019
pregabalin 150 mg capsule	Added to Formulary (Generic) with Quantity Limits	10/1/2019
pregabalin 20 mg/ml solution	Added to Formulary (Generic) with Quantity Limits	10/1/2019

## Emblem Medicaid Formulary Updates 1.1.19-present

LABEL NAME	CHANGE	EFFECTIVE DATE
pregabalin 200 mg capsule	Added to Formulary (Generic) with Quantity Limits	10/1/2019
pregabalin 225 mg capsule	Added to Formulary (Generic) with Quantity Limits	10/1/2019
pregabalin 25 mg capsule	Added to Formulary (Generic) with Quantity Limits	10/1/2019
pregabalin 300 mg capsule	Added to Formulary (Generic) with Quantity Limits	10/1/2019
pregabalin 50 mg capsule	Added to Formulary (Generic) with Quantity Limits	10/1/2019
pregabalin 75 mg capsule	Added to Formulary (Generic) with Quantity Limits	10/1/2019
PREZISTA 400 MG TABLET	Removed From Formulary/Not Covered	10/1/2019
PRO COMFORT SPACER-ADULT MASK	Added to Formulary (Brand)	1/1/2019
PROCARE SPACER WITH ADULT MASK	Added to Formulary (Brand)	10/1/2019
PROCARE SPACER WITH CHILD MASK	Added to Formulary (Brand)	10/1/2019
PROMACTA 12.5 MG SUSPEN PACKET	Brand with Prior Authorization	1/3/2019
PRO-STAT PROFILE LIQUID	Removed From Formulary/Not Covered	1/1/2019
PRO-STAT PROFILE LIQUID PACKET	Removed From Formulary/Not Covered	1/1/2019
pyridostigmine 60 mg/5 ml soln	Generic	7/1/2019
pyridoxine 100 mg tablet	Removed From Formulary/Not Covered	1/1/2019
quinidine sulf er 300 mg tab	Removed From Formulary/Not Covered	10/1/2019
QVAR 40 MCG ORAL INHALER	Removed From Formulary/Not Covered	1/1/2019
QVAR 80 MCG ORAL INHALER	Removed From Formulary/Not Covered	1/1/2019
QVAR REDHALER 40 MCG	Removed From Formulary/Not Covered	1/1/2019
QVAR REDHALER 80 MCG	Removed From Formulary/Not Covered	1/1/2019
ramelteon 8 mg tablet	Added to Formulary (Generic) with Step Therapy and Quantity Limits	10/1/2019
RAPAMUNE 1 MG/ML ORAL SOLN	Removed From Formulary/Not Covered	7/15/2019
reguloid 3.4 g/12 g powder	Added to Formulary (Generic)	10/1/2019
RELISTOR 12 MG/0.6 ML SYRINGE	Removed From Formulary/Not Covered	7/15/2019
RELISTOR 12 MG/0.6 ML VIAL	Removed From Formulary/Not Covered	7/15/2019
RELISTOR 8 MG/0.4 ML SYRINGE	Removed From Formulary/Not Covered	7/15/2019
reprexain 10-200 mg tablet	Generic with Prior Authorization	1/1/2019
reprexain 5-200 mg tablet	Generic with Prior Authorization	1/1/2019
reserpine 0.1 mg tablet	Removed From Formulary/Not Covered	10/1/2019
reserpine 0.25 mg tablet	Removed From Formulary/Not Covered	10/1/2019
riluzole 50 mg tablet	Generic with Prior Authorization	10/1/2019
ROZLYTREK 100 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	12/12/2019
ROZLYTREK 200 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	12/12/2019

## Emblem Medicaid Formulary Updates 1.1.19-present

LABEL NAME	CHANGE	EFFECTIVE DATE
SEGLUROMET 2.5-1,000 MG TABLET	Added to Formulary (Brand) with Step Therapy and Quantity Limits	1/1/2019
SEGLUROMET 2.5-500 MG TABLET	Added to Formulary (Brand) with Step Therapy and Quantity Limits	1/1/2019
SEGLUROMET 7.5-1,000 MG TABLET	Added to Formulary (Brand) with Step Therapy and Quantity Limits	1/1/2019
SEGLUROMET 7.5-500 MG TABLET	Added to Formulary (Brand) with Step Therapy and Quantity Limits	1/1/2019
SENSIPAR 30 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
SENSIPAR 60 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
SENSIPAR 90 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
sirolimus 1 mg/ml solution	Generic	1/30/2019
SKYRIZI 150 MG DOSE KIT-2 SYRN	Brand with Prior Authorization and Quantity Limits	7/15/2019
SNAP INSULIN PUMP CONTROLLER	Removed From Formulary/Not Covered	1/1/2019
SNAP PUMP INFUSION SET 23"	Removed From Formulary/Not Covered	1/1/2019
sodium fluoride 0.25 (0.55) mg	Added to Formulary (Generic)	1/1/2019
sodium fluoride 1.1% cream	Added to Formulary (Generic)	11/4/2019
sodium fluoride 1.1% gel	Added to Formulary (Generic)	10/1/2019
SOFOSBUVIR-VELPATASVIR 400-100	Brand with Prior Authorization and Quantity Limits	4/1/2019
SOVALDI 400 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
SPORANOX 10 MG/ML SOLUTION	Removed From Formulary/Not Covered	1/1/2019
stavudine 1 mg/ml solution	Removed From Formulary/Not Covered	10/1/2019
STEGLATRO 15 MG TABLET	Added to Formulary (Brand) with Step Therapy and Quantity Limits	1/1/2019
STEGLATRO 5 MG TABLET	Added to Formulary (Brand) with Step Therapy and Quantity Limits	1/1/2019
STRENSIQ 18 MG/0.45 ML VIAL	Brand with Prior Authorization	1/1/2019
STRENSIQ 28 MG/0.7 ML VIAL	Brand with Prior Authorization	1/1/2019
STRENSIQ 40 MG/ML VIAL	Brand with Prior Authorization	1/1/2019
STRENSIQ 80 MG/0.8 ML VIAL	Brand with Prior Authorization	1/1/2019
SUBOXONE 12 MG-3 MG SL FILM	Removed From Formulary/Not Covered	7/15/2019
SUBOXONE 2 MG-0.5 MG SL FILM	Removed From Formulary/Not Covered	7/15/2019
SUBOXONE 4 MG-1 MG SL FILM	Removed From Formulary/Not Covered	7/15/2019
SUBOXONE 8 MG-2 MG SL FILM	Removed From Formulary/Not Covered	7/15/2019
SUCRAID 8;500 UNITS/ML SOLN	Brand with Prior Authorization	6/1/2019
SULFAMYLDON POWDER PACKET	Removed From Formulary/Not Covered	1/1/2019
sumatriptan 20 mg nasal spray	Added to Formulary (Generic) with Quantity Limits	10/8/2019
SYMBICORT 160-4.5 MCG INHALER	Removed From Formulary/Not Covered	1/1/2019
SYMBICORT 80-4.5 MCG INHALER	Removed From Formulary/Not Covered	1/1/2019

## Emblem Medicaid Formulary Updates 1.1.19-present

LABEL NAME	CHANGE	EFFECTIVE DATE
SYMDEKO 100/150 MG-150 MG TABS	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
SYMDEKO 50/75 MG-75 MG TABLETS	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	10/1/2019
TALZENNA 0.25 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	3/21/2019
TALZENNA 1 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	3/21/2019
TAMOXIFEN 10 MG TABLET	Generic with Prior Authorization and Quantity Limits	10/1/2019
TAMOXIFEN 20 MG TABLET	Generic with Prior Authorization and Quantity Limits	10/1/2019
tarina 24 fe 1 mg-20 mcg tab	Generic	7/1/2019
TECHNIVIE DOSE PACK	Removed From Formulary/Not Covered	1/1/2019
TEGSEDI 284 MG/1.5 ML SYRINGE	Brand with Prior Authorization	7/1/2019
TEMIXYS 300-300 MG TABLET	Added to Formulary (Brand) with Quantity Limits	10/31/2019
testosteron cyp 1,000 mg/10 ml	Added to Formulary (Generic) with Prior Authorization	1/1/2019
testosteron cyp 2,000 mg/10 ml	Added to Formulary (Generic) with Prior Authorization	1/1/2019
testosteron enan 1,000 mg/5 ml	Added to Formulary (Generic) with Prior Authorization	10/1/2019
testosterone 1.62% (2.5 g) pkt	Added to Formulary (Generic) with Prior Authorization	1/1/2019
testosterone 1.62% gel pump	Added to Formulary (Generic) with Prior Authorization	1/1/2019
testosterone 1.62%(1.25 g) pkt	Added to Formulary (Generic) with Prior Authorization	1/1/2019
testosterone 10 mg gel pump	Added to Formulary (Generic) with Prior Authorization	1/1/2019
testosterone 12.5 mg/1.25 gram	Generic with Prior Authorization and Quantity Limits	1/1/2019
testosterone 25 mg/2.5 gm pkt	Generic with Prior Authorization and Quantity Limits	1/1/2019
testosterone 50 mg/5 gram pkt	Generic with Prior Authorization and Quantity Limits	1/1/2019
testosterone cyp 100 mg/ml	Added to Formulary (Generic) with Prior Authorization	1/1/2019
testosterone cyp 200 mg/ml	Added to Formulary (Generic) with Prior Authorization	1/1/2019
thiamine hcl 50 mg tablet	Removed From Formulary/Not Covered	1/1/2019
TIBSOVO 250 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/18/2019
tolmetin sodium 400 mg cap	Generic with Step Therapy	9/16/2019
tolmetin sodium 600 mg tab	Generic with Step Therapy	9/16/2019
TOLSURA 65 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	7/1/2019
toremifene citrate 60 mg tab	Generic with Quantity Limits	1/25/2019
TOUJEO SOLOSTAR 300 UNIT/ML	Removed From Formulary/Not Covered	1/1/2019
TRACLEER 125 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
TRACLEER 62.5 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
TRADJENTA 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

## Emblem Medicaid Formulary Updates 1.1.19-present

LABEL NAME	CHANGE	EFFECTIVE DATE
tramadol er 200 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 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
TRIKAFTA 100/50/75 MG-150 MG	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	12/12/2019
TUDORZA PRESSAIR 400 MCG INHAL	Brand with Prior Authorization and Quantity Limits	7/15/2019
TUDORZA PRESSAIR 400 MCG INHAL	Removed From Formulary/Not Covered	10/1/2019
TURALIO 200 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	11/1/2019
TYMLOS 80 MCG DOSE PEN INJECTR	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
uro-blue tablets	Removed From Formulary/Not Covered	10/1/2019
uro-l tablet	Removed From Formulary/Not Covered	10/1/2019
VASCEPA 0.5 GM CAPSULE	Removed From Formulary/Not Covered	1/1/2019
VASCEPA 1 GM CAPSULE	Removed From Formulary/Not Covered	1/1/2019
verdrocet 2.5-325 mg tablet	Generic with Prior Authorization	1/1/2019
VIActiv 650 MG-12.5 MCG CHEW	Removed From Formulary/Not Covered	10/1/2019
vicodin 5-300 mg tablet	Removed From Formulary/Not Covered	1/1/2019
vicodin es 7.5-300 mg tablet	Removed From Formulary/Not Covered	1/1/2019
vicodin hp 10-300 mg tablet	Removed From Formulary/Not Covered	1/1/2019
vigabatrin 500 mg tablet	Generic with Prior Authorization	1/18/2019
VISTOGARD 10 GRAM PACKET	Brand with Prior Authorization	10/1/2019
vit a;c;d-fluoride 0.5 mg/ml	Added to Formulary (Generic)	1/1/2019
vitamin e 200 unit softgel	Added to Formulary (Generic)	10/1/2019
VITRAKVI 100 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	3/21/2019
VITRAKVI 20 MG/ML SOLUTION	Brand with Prior Authorization and Quantity Limits	3/21/2019
VITRAKVI 25 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	3/21/2019
VIZIMPRO 15 MG TABLET	Brand with Prior Authorization and Quantity Limits	1/18/2019
VIZIMPRO 30 MG TABLET	Brand with Prior Authorization and Quantity Limits	1/18/2019
VIZIMPRO 45 MG TABLET	Brand with Prior Authorization and Quantity Limits	1/18/2019
VYNDAQEL 20 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	10/1/2019
wixela 100-50 inhub	Generic with Quantity Limits	7/1/2019



## Emblem Medicaid Formulary Updates 1.1.19-present

LABEL NAME	CHANGE	EFFECTIVE DATE
wixela 250-50 inhub	Generic with Quantity Limits	7/1/2019
wixela 500-50 inhub	Generic with Quantity Limits	7/1/2019
XARELTO 2.5 MG TABLET	Added to Formulary (Brand)	1/1/2019
XOFLUZA 20 MG TAB (40 MG DOSE)	Brand with Quantity Limits	7/1/2019
XOFLUZA 40 MG TAB (80 MG DOSE)	Brand with Quantity Limits	7/1/2019
XPOVIO 100 MG ONCE WEEKLY DOSE	Added to Formulary (Brand) with Prior Authorization	11/1/2019
XPOVIO 60 MG ONCE WEEKLY DOSE	Added to Formulary (Brand) with Prior Authorization	11/1/2019
XPOVIO 80 MG ONCE WEEKLY DOSE	Added to Formulary (Brand) with Prior Authorization	11/1/2019
XPOVIO 80 MG TWICE WEEKLY DOSE	Added to Formulary (Brand) with Prior Authorization	11/1/2019
xylon 10-200 mg tablet	Generic with Prior Authorization	1/1/2019
zamicet 10-325 mg/15 ml soln	Generic with Prior Authorization	1/1/2019
zeosa chewable tablet	Removed From Formulary/Not Covered	10/1/2019
ZEPATIER 50-100 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
ZOLINZA 100 MG CAPSULE	Brand with Prior Authorization	10/1/2019
zolpidem tart 1.75 mg tab sl	Removed From Formulary/Not Covered	1/1/2019
zolpidem tart 3.5 mg tablet sl	Removed From Formulary/Not Covered	1/1/2019
zolpidem tart er 12.5 mg tab	Removed From Formulary/Not Covered	1/1/2019
zolpidem tart er 6.25 mg tab	Removed From Formulary/Not Covered	1/1/2019
ZORTRESS 1 MG TABLET	Added to Formulary (Brand)	1/1/2019
ZOVIRAX 5% CREAM	Removed From Formulary/Not Covered	7/15/2019
ZYKADIA 150 MG TABLET	Added to Formulary (Brand) with Prior Authorization	10/1/2019
ZYTIGA 250 MG TABLET	Removed From Formulary/Not Covered	7/15/2019
ZYTIGA 500 MG TABLET	Brand with Prior Authorization and Quantity Limits	7/15/2019