

Emblem Medicaid Formulary Updates 1.1.20-present

LABEL NAME	CHANGE	EFFECTIVE DATE
1ST CHOICE THIN LANCETS	Removed From Formulary/Not Covered	4/22/2020
acetaminophen 160 mg gummy	Added to Formulary (Generic)	7/1/2020
ACTIMMUNE 100 MCG/0.5 ML VIAL	Brand with Prior Authorization	1/1/2020
acyclovir 5% cream	Removed From Formulary/Not Covered	4/22/2020
acyclovir 5% ointment	Removed From Formulary/Not Covered	4/22/2020
adt robitussin peak cld dm max	Removed From Formulary/Not Covered	4/22/2020
AFINITOR 2.5 MG TABLET	Removed From Formulary/Not Covered	4/22/2020
AFINITOR 5 MG TABLET	Removed From Formulary/Not Covered	4/22/2020
AFINITOR 7.5 MG TABLET	Removed From Formulary/Not Covered	4/22/2020
AIMOVIG 140 MG/ML AUTOINJECTOR	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
AIMOVIG 70 MG/ML AUTOINJECTOR	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
AJOVY 225 MG/1.5 ML AUTOINJECT	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	7/1/2020
AJOVY 225 MG/1.5 ML SYRINGE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
AKYNZEO 300-0.5 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2020
albuterol hfa 90 mcg inhaler	Added to Formulary (Generic) with Quantity Limits	4/1/2020
alcohol 70% pads	Removed From Formulary/Not Covered	4/22/2020
ALCOHOL 70% PREP PADS	Removed From Formulary/Not Covered	4/22/2020
ALCOHOL 70% SWABS	Removed From Formulary/Not Covered	4/22/2020
alcohol prep pads	Removed From Formulary/Not Covered	4/22/2020
alcohol swab	Removed From Formulary/Not Covered	4/22/2020
alcohol swabs	Removed From Formulary/Not Covered	4/22/2020
ALECENSA 150 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization	4/1/2020
ALINIA 100 MG/5 ML SUSPENSION	Brand with Prior Authorization and Quantity Limits	1/1/2020
ALINIA 500 MG TABLET	Brand with Prior Authorization and Quantity Limits	1/1/2020
ALPHAGAN P 0.1% DROPS	Removed From Formulary/Not Covered	7/1/2020
amcinonide 0.1% cream	Removed From Formulary/Not Covered	7/1/2020
amcinonide 0.1% lotion	Removed From Formulary/Not Covered	7/1/2020
amcinonide 0.1% ointment	Removed From Formulary/Not Covered	7/1/2020
AMERIGEL 2"X2" GAUZE DRESSING	Removed From Formulary/Not Covered	4/22/2020
AMICAR 0.25 GRAM/ML ORAL SOLN	Removed From Formulary/Not Covered	1/1/2020
AMLACTIN FOOT CREAM	Removed From Formulary/Not Covered	4/22/2020
amlactin moisturizing body lot	Removed From Formulary/Not Covered	4/22/2020
amlodipine-olmesartan 10-20 mg	Removed From Formulary/Not Covered	7/1/2020

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LABEL NAME	CHANGE	EFFECTIVE DATE
amlodipine-olmesartan 10-40 mg	Removed From Formulary/Not Covered	7/1/2020
amlodipine-olmesartan 5-20 mg	Removed From Formulary/Not Covered	7/1/2020
amlodipine-olmesartan 5-40 mg	Removed From Formulary/Not Covered	7/1/2020
apexicon e 0.05% cream	Removed From Formulary/Not Covered	1/1/2020
APLIGRAF DISK	Removed From Formulary/Not Covered	4/22/2020
apraclonidine hcl 0.5% drops	Removed From Formulary/Not Covered	7/1/2020
APRISO ER 0.375 GRAM CAPSULE	Removed From Formulary/Not Covered	4/22/2020
AQUA GLYCOLIC CLEANSER LIQ	Removed From Formulary/Not Covered	4/22/2020
ATABEX DHA CAPSULE	Removed From Formulary/Not Covered	4/22/2020
AVITENE SHEET 35MMX35MM	Removed From Formulary/Not Covered	1/1/2020
AVITENE SHEET 70MMX35MM	Removed From Formulary/Not Covered	1/1/2020
AVITENE SHEET 70MMX70MM	Removed From Formulary/Not Covered	1/1/2020
AYVAKIT 100 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	7/1/2020
AYVAKIT 200 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	7/1/2020
AYVAKIT 300 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	7/1/2020
azithromycin 1 gm pwd packet	Generic with Quantity Limits	4/1/2020
azithromycin 100 mg/5 ml susp	Generic with Quantity Limits	4/1/2020
azithromycin 200 mg/5 ml susp	Generic with Quantity Limits	4/1/2020
azithromycin 250 mg tablet	Generic with Quantity Limits	4/1/2020
azithromycin 500 mg tablet	Generic with Quantity Limits	4/1/2020
azithromycin 600 mg tablet	Generic with Quantity Limits	4/1/2020
azuphen mb capsule	Removed From Formulary/Not Covered	4/22/2020
b complete tablet	Removed From Formulary/Not Covered	4/22/2020
B-12 1;000 MCG SUB TABLET	Removed From Formulary/Not Covered	4/22/2020
bacitracin-polymyxin ointment	Removed From Formulary/Not Covered	4/22/2020
BALANCED B COMPLEX-VIT C TAB	Removed From Formulary/Not Covered	4/22/2020
BD 1 ML SYRINGE WITH NEEDLE	Removed From Formulary/Not Covered	4/22/2020
BD 10 ML CONTROL SYRINGE	Removed From Formulary/Not Covered	4/22/2020
BD 10 ML SYRINGE	Removed From Formulary/Not Covered	4/22/2020
BD 10 ML SYRINGE 20GX1"	Removed From Formulary/Not Covered	4/22/2020
BD 10 ML SYRINGE 20GX1-1/2"	Removed From Formulary/Not Covered	4/22/2020
BD 10 ML SYRINGE 21GX1"	Removed From Formulary/Not Covered	4/22/2020
BD 10 ML SYRINGE 21GX1-1/2"	Removed From Formulary/Not Covered	4/22/2020

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LABEL NAME	CHANGE	EFFECTIVE DATE
BD 10 ML SYRINGE 22GX1"	Removed From Formulary/Not Covered	4/22/2020
BD 10 ML SYRINGE 22GX1-1/2"	Removed From Formulary/Not Covered	4/22/2020
BD 10 ML SYRINGE BULK	Removed From Formulary/Not Covered	4/22/2020
BD 10 ML SYRINGE WITH NEEDLE	Removed From Formulary/Not Covered	4/22/2020
BD 20 ML SYRINGE	Removed From Formulary/Not Covered	4/22/2020
BD 3 ML SYRINGE	Removed From Formulary/Not Covered	4/22/2020
BD 3 ML SYRINGE 18GX1-1/2"	Removed From Formulary/Not Covered	4/22/2020
BD 3 ML SYRINGE 20GX1-1/2"	Removed From Formulary/Not Covered	4/22/2020
BD 3 ML SYRINGE 25GX1"	Removed From Formulary/Not Covered	4/22/2020
BD 3 ML SYRINGE 25GX1-1/2"	Removed From Formulary/Not Covered	4/22/2020
BD 3 ML SYRINGE WITH NEEDLE	Removed From Formulary/Not Covered	4/22/2020
BD 5 ML SYRINGE	Removed From Formulary/Not Covered	4/22/2020
BD 5 ML SYRINGE 20GX1"	Removed From Formulary/Not Covered	4/22/2020
BD 5 ML SYRINGE 20GX1-1/2"	Removed From Formulary/Not Covered	4/22/2020
BD 5 ML SYRINGE 21GX1"	Removed From Formulary/Not Covered	4/22/2020
BD 5 ML SYRINGE 21GX1-1/2"	Removed From Formulary/Not Covered	4/22/2020
BD 5 ML SYRINGE 22GX1"	Removed From Formulary/Not Covered	4/22/2020
BD 5 ML SYRINGE 22GX1-1/2"	Removed From Formulary/Not Covered	4/22/2020
BD 5 ML SYRINGE WITH NEEDLE	Removed From Formulary/Not Covered	4/22/2020
BD ALLERGY SYRINGE 1 ML 28G	Removed From Formulary/Not Covered	4/22/2020
BD ALLERGY SYRINGE-NEEDLE 1 ML	Removed From Formulary/Not Covered	4/22/2020
BD AUTOSHIELD DUO NDL 5MMX30G	Removed From Formulary/Not Covered	4/22/2020
BD ECLIPSE LUER-LOK SYR 3 ML	Removed From Formulary/Not Covered	4/22/2020
BD HOME SHARPS CONTAINER	Removed From Formulary/Not Covered	4/22/2020
BD INTEGRA SYR 1 ML 25GX5/8"	Removed From Formulary/Not Covered	4/22/2020
BD INTEGRA SYR 1 ML 29GX1/2"	Removed From Formulary/Not Covered	4/22/2020
BD INTEGRA SYR 3 ML 21GX1 1/2"	Removed From Formulary/Not Covered	4/22/2020
BD INTEGRA SYR 3 ML 22GX1 1/2"	Removed From Formulary/Not Covered	4/22/2020
BD INTEGRA SYR 3 ML 25GX5/8"	Removed From Formulary/Not Covered	4/22/2020
BD INTEGRA SYRINGE 1 ML 25GX1"	Removed From Formulary/Not Covered	4/22/2020
BD INTEGRA SYRINGE 3 ML 21GX1"	Removed From Formulary/Not Covered	4/22/2020
BD INTEGRA SYRINGE 3 ML 23GX1"	Removed From Formulary/Not Covered	4/22/2020
BD INTEGRA SYRINGE 3 ML 25GX1"	Removed From Formulary/Not Covered	4/22/2020

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LABEL NAME	CHANGE	EFFECTIVE DATE
BD LUER-LOK 5 ML SYRINGE	Removed From Formulary/Not Covered	4/22/2020
BD LUER-LOK SYR 3 ML 25GX5/8"	Removed From Formulary/Not Covered	4/22/2020
BD LUER-LOK SYRINGE 1 ML	Removed From Formulary/Not Covered	4/22/2020
BD LUER-LOK SYRINGE 1ML 20GX1"	Removed From Formulary/Not Covered	4/22/2020
BD LUER-LOK SYRINGE 20 ML	Removed From Formulary/Not Covered	4/22/2020
BD LUER-LOK SYRINGE 3 ML	Removed From Formulary/Not Covered	4/22/2020
BD LUER-LOK SYRINGE 5 ML	Removed From Formulary/Not Covered	4/22/2020
BD LUER-LOK TIP SYRINGE 30 ML	Removed From Formulary/Not Covered	4/22/2020
BD ORAL SYRINGE-TIP CAP 1 ML	Removed From Formulary/Not Covered	4/22/2020
BD ORAL SYRINGE-TIP CAP 10 ML	Removed From Formulary/Not Covered	4/22/2020
BD ORAL SYRINGE-TIP CAP 3 ML	Removed From Formulary/Not Covered	4/22/2020
BD ORAL SYRINGE-TIP CAP 5 ML	Removed From Formulary/Not Covered	4/22/2020
BD SAFETYGLIDE 3 ML SYRINGE	Removed From Formulary/Not Covered	4/22/2020
BD SAFETYGLIDE TB 1 ML SYR	Removed From Formulary/Not Covered	4/22/2020
BD SAFETYGLIDE TUBERCULIN SYR	Removed From Formulary/Not Covered	4/22/2020
BD SHARPS CONTAINER 1.4QT	Removed From Formulary/Not Covered	4/22/2020
BD SHARPS CONTAINER 5.4QT	Removed From Formulary/Not Covered	4/22/2020
BD SINGLE USE SWAB	Removed From Formulary/Not Covered	4/22/2020
BD SLIP TIP 5 ML SYRINGE	Removed From Formulary/Not Covered	4/22/2020
BD SYRINGE 3 ML	Removed From Formulary/Not Covered	4/22/2020
BD SYRINGE-SAFETY GLIDE	Removed From Formulary/Not Covered	4/22/2020
BD TB SYRINGE 22GX1"	Removed From Formulary/Not Covered	4/22/2020
BD TB SYRINGE 25GX5/8"	Removed From Formulary/Not Covered	4/22/2020
BD TB SYRINGE 26GX3/8"	Removed From Formulary/Not Covered	4/22/2020
BD TB SYRINGE 27GX1/2"	Removed From Formulary/Not Covered	4/22/2020
BD TUBERCULIN 1 ML SYRINGE	Removed From Formulary/Not Covered	4/22/2020
BD UF MICRO PEN NEEDLE 6MMX32G	Removed From Formulary/Not Covered	4/22/2020
BD UF MINI PEN NEEDLE 5MMX31G	Removed From Formulary/Not Covered	4/22/2020
BD UF NANO PEN NEEDLE 4MMX32G	Removed From Formulary/Not Covered	4/22/2020
BD UF ORIG PEN NDL 12.7MMX29G	Removed From Formulary/Not Covered	4/22/2020
BD UF SHORT PEN NEEDLE 8MMX31G	Removed From Formulary/Not Covered	4/22/2020
BD ULTRA-FINE 33G LANCETS	Removed From Formulary/Not Covered	4/22/2020
BD ULTRA-FINE II 30G LANCETS	Removed From Formulary/Not Covered	4/22/2020

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LABEL NAME	CHANGE	EFFECTIVE DATE
BENLYSTA 200 MG/ML AUTOINJECT	Added to Formulary (Brand) with Prior Authorization	4/1/2020
BENLYSTA 200 MG/ML SYRINGE	Added to Formulary (Brand) with Prior Authorization	4/1/2020
benzepro 5.3% emollient foam	Removed From Formulary/Not Covered	7/1/2020
benzepro 6% foaming cloths	Removed From Formulary/Not Covered	7/1/2020
benzepro 9.8% foam	Removed From Formulary/Not Covered	7/1/2020
benzoyl peroxide 10% wash	Added to Formulary (Generic)	7/1/2020
benzoyl peroxide 5% wash	Added to Formulary (Generic)	7/1/2020
betamethasone dp aug 0.05% oin	Removed From Formulary/Not Covered	7/1/2020
bimatoprost 0.03% eye drops	Removed From Formulary/Not Covered	7/1/2020
bp cleansing wash	Removed From Formulary/Not Covered	4/22/2020
bp-50% urea emulsion	Removed From Formulary/Not Covered	4/22/2020
brimonidine tartrate 0.15% drp	Removed From Formulary/Not Covered	7/1/2020
BRUKINSA 80 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
calciferol 8;000 unit/ml drops	Removed From Formulary/Not Covered	4/22/2020
calcipotriene-betameth dp oint	Removed From Formulary/Not Covered	7/1/2020
calcitriol 3 mcg/g ointment	Removed From Formulary/Not Covered	7/1/2020
calcium carbonate 600mg tablet	Added to Formulary (Generic)	7/1/2020
calcium-pnv 28-1-250 mg sftgl	Removed From Formulary/Not Covered	1/1/2020
capacet capsule	Removed From Formulary/Not Covered	4/22/2020
CAPLYTA 42 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	7/1/2020
capsaicin 0.025% cream	Removed From Formulary/Not Covered	4/22/2020
captopril 100 mg tablet	Removed From Formulary/Not Covered	7/1/2020
captopril 12.5 mg tablet	Removed From Formulary/Not Covered	7/1/2020
captopril 25 mg tablet	Removed From Formulary/Not Covered	7/1/2020
captopril 50 mg tablet	Removed From Formulary/Not Covered	7/1/2020
CARAFATE 1 GM/10 ML SUSP	Removed From Formulary/Not Covered	4/22/2020
CAVILON DURABLE BARRIER CREAM	Removed From Formulary/Not Covered	4/22/2020
cem-urea 45% pre-filled appl	Removed From Formulary/Not Covered	4/22/2020
centergy dm pediatric drops	Removed From Formulary/Not Covered	1/1/2020
centergy pediatric drops	Removed From Formulary/Not Covered	1/1/2020
cheratussin dac syrup	Removed From Formulary/Not Covered	4/22/2020
CHILDREN'S KAOPECTATE LIQ	Removed From Formulary/Not Covered	4/22/2020
chloroquine ph 250 mg tablet	Generic with Quantity Limits	4/1/2020

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LABEL NAME	CHANGE	EFFECTIVE DATE
chloroquine ph 500 mg tablet	Generic with Quantity Limits	4/1/2020
ciclopirox 0.77% topical susp	Removed From Formulary/Not Covered	4/22/2020
ciclopirox 1% shampoo	Removed From Formulary/Not Covered	4/22/2020
clindamycin ph 1% gel	Removed From Formulary/Not Covered	4/22/2020
clindamycin phosp 1% lotion	Removed From Formulary/Not Covered	4/22/2020
clobetasol 0.05% cream	Removed From Formulary/Not Covered	7/1/2020
clobetasol emollient 0.05% crm	Removed From Formulary/Not Covered	7/1/2020
clobetasol emollient 0.05% crm	Removed From Formulary/Not Covered	7/1/2020
clodan 0.05% shampoo	Removed From Formulary/Not Covered	1/1/2020
clotrimazole 1% solution	Removed From Formulary/Not Covered	4/22/2020
clotrimazole-betamethasone lot	Removed From Formulary/Not Covered	4/22/2020
COAL TAR TOPICAL SOLUTION	Removed From Formulary/Not Covered	1/1/2020
COMFORT EZ INS 0.3ML 30GX1/2"	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ INS 0.3ML 30GX5/16"	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ INS 0.5ML 31GX5/16"	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ INS 1 ML 31GX5/16"	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ INSULIN SYR 0.3 ML	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ INSULIN SYR 0.5 ML	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ PEN NEEDLE 12MM 29G	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ PEN NEEDLES 4MM 32G	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ PEN NEEDLES 4MM 33G	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ PEN NEEDLES 5MM 31G	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ PEN NEEDLES 5MM 32G	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ PEN NEEDLES 5MM 33G	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ PEN NEEDLES 6MM 31G	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ PEN NEEDLES 6MM 32G	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ PEN NEEDLES 6MM 33G	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ PEN NEEDLES 8MM 31G	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ PEN NEEDLES 8MM 32G	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ PEN NEEDLES 8MM 33G	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ SYR 0.3 ML 29GX1/2"	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ SYR 0.5 ML 28GX1/2"	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ SYR 0.5 ML 29GX1/2"	Removed From Formulary/Not Covered	4/22/2020

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LABEL NAME	CHANGE	EFFECTIVE DATE
COMFORT EZ SYR 0.5 ML 30GX1/2"	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ SYR 1 ML 28GX1/2"	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ SYR 1 ML 29GX1/2"	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ SYR 1 ML 30GX1/2"	Removed From Formulary/Not Covered	4/22/2020
COMFORT EZ SYR 1 ML 30GX5/16"	Removed From Formulary/Not Covered	4/22/2020
compound 347 inhalation	Removed From Formulary/Not Covered	4/22/2020
cough syrup dm	Removed From Formulary/Not Covered	4/22/2020
cvs 12hr cold relief caplet	Removed From Formulary/Not Covered	4/22/2020
CVS ALCOHOL 70% PREP PADS	Removed From Formulary/Not Covered	4/22/2020
cvs alcohol 70% prep swabs	Removed From Formulary/Not Covered	4/22/2020
cvs clotrimazole 1% solution	Removed From Formulary/Not Covered	4/22/2020
cvs isopropyl alcohol 70% wipe	Removed From Formulary/Not Covered	4/22/2020
CVS SLOW RELEASE IRON TABLET	Added to Formulary (Brand)	7/1/2020
cyclobenzaprine 7.5 mg tablet	Removed From Formulary/Not Covered	7/1/2020
DARAPRIM 25 MG TABLET	Removed From Formulary/Not Covered	7/1/2020
DEBACTEROL SOLUTION	Removed From Formulary/Not Covered	4/22/2020
DEBACTEROL SWABSTICK	Removed From Formulary/Not Covered	4/22/2020
deferasirox 180 mg tablet	Added to Formulary (Generic) with Prior Authorization	4/1/2020
deferasirox 360 mg tablet	Added to Formulary (Generic) with Prior Authorization	1/1/2020
deferasirox 90 mg tablet	Added to Formulary (Generic) with Prior Authorization	1/1/2020
DEMSER 250 MG CAPSULE	Brand with Prior Authorization	1/1/2020
DEPEN 250 MG TITRATAB	Brand with Prior Authorization	1/1/2020
DEPEN 250 MG TITRATAB	Removed From Formulary/Not Covered	7/1/2020
DEPO-SUBQ PROVERA 104 SYRINGE	Added to Formulary (Brand) with Quantity Limits	7/1/2020
derma cidol 2000 0.5% liquid	Removed From Formulary/Not Covered	4/22/2020
dermazene cream	Removed From Formulary/Not Covered	4/22/2020
desmopressin 0.1 mg/ml sol	Removed From Formulary/Not Covered	4/22/2020
desoximetasone 0.25% cream	Removed From Formulary/Not Covered	7/1/2020
dexedrine 10 mg tablet	Removed From Formulary/Not Covered	4/22/2020
dexedrine 5 mg tablet	Removed From Formulary/Not Covered	4/22/2020
diazoxide 50 mg/ml oral susp	Added to Formulary (Generic)	7/1/2020
diltiazem 24hr er 240 mg cap	Added to Formulary (Generic)	7/1/2020
drithocrema hp 1% cream	Removed From Formulary/Not Covered	4/22/2020

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LABEL NAME	CHANGE	EFFECTIVE DATE
DRYSOL DAB-O-MATIC SOLUTION	Added to Formulary (Brand)	7/1/2020
DRYSOL DAB-O-MATIC SOLUTION	Added to Formulary (Brand)	7/1/2020
DRYSOL SOLUTION	Added to Formulary (Brand)	7/1/2020
DURAFU TABLET	Removed From Formulary/Not Covered	4/22/2020
econazole nitrate 1% cream	Removed From Formulary/Not Covered	4/22/2020
EGRIFTA SV 2 MG VIAL	Added to Formulary (Brand) with Prior Authorization	4/1/2020
eluryng vaginal ring	Added to Formulary (Generic) with Quantity Limits	4/1/2020
EMEND 40 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2020
EMGALITY 100 MG/ML SYR(1 OF 3)	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
EMGALITY 120 MG/ML PEN	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
EMGALITY 120 MG/ML SYRINGE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
EMGALITY 300 MG (100 MG X3SYR)	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
ENDO-AVITENE 10MM SHEET	Removed From Formulary/Not Covered	1/1/2020
ENDO-AVITENE 5MM SHEET	Removed From Formulary/Not Covered	1/1/2020
entre-cough liquid	Removed From Formulary/Not Covered	4/22/2020
entre-hist pse liquid	Removed From Formulary/Not Covered	4/22/2020
ENTRESTO 24 MG-26 MG TABLET	Brand (Utilization Management Removed)	1/1/2020
ENTRESTO 49 MG-51 MG TABLET	Brand (Utilization Management Removed)	1/1/2020
ENTRESTO 97 MG-103 MG TABLET	Brand (Utilization Management Removed)	1/1/2020
eprosartan mesylate 600 mg tab	Removed From Formulary/Not Covered	7/1/2020
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
erythromycin 2% pledgets	Removed From Formulary/Not Covered	4/22/2020
ethyl chloride spray	Removed From Formulary/Not Covered	4/22/2020
etonogestrel-ee vaginal ring	Added to Formulary (Generic) with Quantity Limits	4/1/2020
everolimus 0.25 mg tablet	Added to Formulary (Generic)	7/1/2020
everolimus 0.5 mg tablet	Added to Formulary (Generic)	7/1/2020
everolimus 0.75 mg tablet	Added to Formulary (Generic)	7/1/2020
everolimus 2.5 mg tablet	Added to Formulary (Generic) with Prior Authorization	4/1/2020
everolimus 5 mg tablet	Added to Formulary (Generic) with Prior Authorization	4/1/2020
everolimus 7.5 mg tablet	Added to Formulary (Generic) with Prior Authorization	4/1/2020
fenofibrate 120 mg tablet	Removed From Formulary/Not Covered	7/1/2020
fenofibrate 40 mg tablet	Removed From Formulary/Not Covered	7/1/2020

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LABEL NAME	CHANGE	EFFECTIVE DATE
ferrocite plus tablet	Removed From Formulary/Not Covered	1/1/2020
FIBER CHOICE CHEWABLE TABLET	Removed From Formulary/Not Covered	4/22/2020
fiber therapy powder	Removed From Formulary/Not Covered	4/22/2020
FIFTY50 1.8 ML RESERVOIR	Removed From Formulary/Not Covered	4/22/2020
fifty50 alcohol prep pads	Removed From Formulary/Not Covered	4/22/2020
FIRAZYR 30 MG/3 ML SYRINGE	Removed From Formulary/Not Covered	1/1/2020
FIRST-BXN MOUTHWASH	Removed From Formulary/Not Covered	4/22/2020
FISH OIL 1,200 MG SOFTGEL	Added to Formulary (Brand)	7/1/2020
fluor-a-day 0.25 mg tab chew	Removed From Formulary/Not Covered	4/22/2020
fluor-a-day 0.5 mg tab chew	Removed From Formulary/Not Covered	4/22/2020
fluor-a-day 1 mg tablet chew	Removed From Formulary/Not Covered	4/22/2020
FLUORITAB 0.125 MG/DRP DROPS	Removed From Formulary/Not Covered	4/22/2020
fortical 200 units nasal spray	Removed From Formulary/Not Covered	4/22/2020
fosinopril sodium 10 mg tab	Removed From Formulary/Not Covered	7/1/2020
fosinopril sodium 20 mg tab	Removed From Formulary/Not Covered	7/1/2020
fosinopril sodium 40 mg tab	Removed From Formulary/Not Covered	7/1/2020
FREEDOM PRECISION AIRLESS PUMP	Removed From Formulary/Not Covered	4/22/2020
GENTEAL MILD 0.2% EYE DROPS	Removed From Formulary/Not Covered	4/22/2020
GENTEAL MILD-MODERATE EYE DROP	Removed From Formulary/Not Covered	4/22/2020
geravim liquid	Removed From Formulary/Not Covered	4/22/2020
GERBER GOOD START PREMATURE 24	Removed From Formulary/Not Covered	4/22/2020
GERBER GOOD START PREMATURE HP	Removed From Formulary/Not Covered	4/22/2020
geriaton liquid	Removed From Formulary/Not Covered	4/22/2020
gildess 1 mg-20 mcg tablet	Removed From Formulary/Not Covered	4/22/2020
gildess 1.5 mg-30 mcg tablet	Removed From Formulary/Not Covered	4/22/2020
gildess 24 fe 1-0.02 mg tablet	Removed From Formulary/Not Covered	4/22/2020
gildess fe 1.5-30 tablet	Removed From Formulary/Not Covered	4/22/2020
gildess fe 1-20 tablet	Removed From Formulary/Not Covered	4/22/2020
GLUCAGEN 1 MG HYPOKIT	Added to Formulary (Brand)	1/1/2020
GLUCAGON 1 MG EMERGENCY KIT	Added to Formulary (Brand) with Prior Authorization	4/1/2020
GLUTARALDEHYDE 25% AQ SOLUTION	Removed From Formulary/Not Covered	1/1/2020
GLYCOSAIDE 60 G POWDER PACKET	Added to Formulary (Brand)	7/1/2020
green glo 1.5 mg strips	Removed From Formulary/Not Covered	4/22/2020

Emblem Medicaid Formulary Updates 1.1.20-present

LABEL NAME	CHANGE	EFFECTIVE DATE
healthylax powder packet	Removed From Formulary/Not Covered	7/1/2020
HETLIOZ 20 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
HM ALCOHOL 70% PREP PADS	Removed From Formulary/Not Covered	4/22/2020
HYCAMTIN 0.25 MG CAPSULE	Brand with Prior Authorization	7/1/2020
HYCAMTIN 1 MG CAPSULE	Brand with Prior Authorization	7/1/2020
hydrocortisone-iodoquinol crm	Removed From Formulary/Not Covered	4/22/2020
hydroxychloroquine 200 mg tab	Generic with Quantity Limits	4/1/2020
hyolev mb tablet	Removed From Formulary/Not Covered	4/22/2020
IBRANCE 100 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	7/1/2020
IBRANCE 125 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	7/1/2020
IBRANCE 75 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	7/1/2020
IDHIFA 100 MG TABLET	Added to Formulary (Brand) with Prior Authorization	4/1/2020
IDHIFA 50 MG TABLET	Added to Formulary (Brand) with Prior Authorization	4/1/2020
INGREZZA 40 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization	4/1/2020
INGREZZA 80 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization	4/1/2020
INGREZZA INITIATION PACK	Added to Formulary (Brand) with Prior Authorization	4/1/2020
ISOPROPYL ALCOHOL 70% WIPES	Removed From Formulary/Not Covered	4/22/2020
isosorbide dinitrate 40 mg tab	Added to Formulary (Generic) with Prior Authorization	4/1/2020
JADENU 180 MG TABLET	Removed From Formulary/Not Covered	7/1/2020
JADENU 360 MG TABLET	Removed From Formulary/Not Covered	4/22/2020
JADENU 90 MG TABLET	Removed From Formulary/Not Covered	4/22/2020
JYNARQUE 15 MG-15 MG TABLET	Added to Formulary (Brand) with Prior Authorization	7/1/2020
JYNARQUE 30 MG-15 MG TABLET	Added to Formulary (Brand) with Prior Authorization	7/1/2020
ketodan 2% foam	Added to Formulary (Generic) with Quantity Limits	4/1/2020
ketoprofen 25 mg capsule	Generic with Step Therapy	1/1/2020
ketoprofen 25 mg capsule	Removed From Formulary/Not Covered	4/22/2020
KINNEY BRAND 23G LANCETS	Removed From Formulary/Not Covered	4/22/2020
lactic acid 10% e cream	Removed From Formulary/Not Covered	4/22/2020
lactic acid 10% lotion	Removed From Formulary/Not Covered	4/22/2020
LAMISIL 125 MG GRANULES PACKET	Removed From Formulary/Not Covered	4/22/2020
LAMISIL 187.5 MG GRANULES PACK	Removed From Formulary/Not Covered	4/22/2020
latrix 50% topical suspension	Removed From Formulary/Not Covered	4/22/2020
LETAIRIS 10 MG TABLET	Removed From Formulary/Not Covered	1/1/2020

Emblem Medicaid Formulary Updates 1.1.20-present

LABEL NAME	CHANGE	EFFECTIVE DATE
LETAIRIS 5 MG TABLET	Removed From Formulary/Not Covered	1/1/2020
loratab 10-325 mg tablet	Removed From Formulary/Not Covered	4/22/2020
loratab 5-325 mg tablet	Removed From Formulary/Not Covered	4/22/2020
loratab 7.5-325 mg tablet	Removed From Formulary/Not Covered	4/22/2020
lugol's strong iodine solution	Removed From Formulary/Not Covered	1/1/2020
LYNPARZA 100 MG TABLET	Added to Formulary (Brand) with Prior Authorization	4/1/2020
LYNPARZA 150 MG TABLET	Added to Formulary (Brand) with Prior Authorization	4/1/2020
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
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
margesic capsule	Removed From Formulary/Not Covered	4/22/2020
megestrol 625 mg/5 ml susp	Removed From Formulary/Not Covered	7/1/2020
mesalamine 4 gm/60 ml kit	Removed From Formulary/Not Covered	4/22/2020
mesalamine er 0.375 gram cap	Added to Formulary (Generic)	7/1/2020
metoprolol-hctz 100-25 mg tab	Removed From Formulary/Not Covered	7/1/2020
metoprolol-hctz 100-50 mg tab	Removed From Formulary/Not Covered	7/1/2020
metoprolol-hctz 50-25 mg tab	Removed From Formulary/Not Covered	7/1/2020
metronidazole 375 mg capsule	Removed From Formulary/Not Covered	4/22/2020
millipred 5 mg tablet	Removed From Formulary/Not Covered	7/1/2020
MONOJECT SHARPS 8 QT CONTAINER	Removed From Formulary/Not Covered	4/22/2020
mucaphed tablet	Removed From Formulary/Not Covered	4/22/2020
mucus dm 600-30 mg tablet	Removed From Formulary/Not Covered	4/22/2020
mucus dm max 1;200-60 mg tab	Removed From Formulary/Not Covered	4/22/2020
multi-delyn liquid	Removed From Formulary/Not Covered	4/22/2020
multivitamins chewables tablet	Removed From Formulary/Not Covered	4/22/2020
MYKIDZ IRON 10 SUSPENSION	Removed From Formulary/Not Covered	4/22/2020
NALOXONE 2 MG AUTO-INJECTOR	Added to Formulary (Brand) with Quantity Limits	4/1/2020

Emblem Medicaid Formulary Updates 1.1.20-present

LABEL NAME	CHANGE	EFFECTIVE DATE
NEBUPENT 300 MG INHAL POWDER	Removed From Formulary/Not Covered	7/1/2020
NERLYNX 40 MG TABLET	Added to Formulary (Brand) with Prior Authorization	4/1/2020
neuac gel	Removed From Formulary/Not Covered	4/22/2020
nifedical xl 30 mg tablet	Removed From Formulary/Not Covered	4/22/2020
nifedical xl 60 mg tablet	Removed From Formulary/Not Covered	4/22/2020
nilutamide 150 mg tablet	Generic with Prior Authorization and Quantity Limits	7/1/2020
nitisinone 10 mg capsule	Generic with Prior Authorization	4/1/2020
nitisinone 2 mg capsule	Generic with Prior Authorization	4/1/2020
nitisinone 5 mg capsule	Generic with Prior Authorization	4/1/2020
non aspirin 500 mg caplet	Removed From Formulary/Not Covered	4/22/2020
noreth-ee-fe 1.5-0.03mg(21)-75	Added to Formulary (Generic) with Prior Authorization	4/1/2020
NORVIR 100 MG SOFTGEL CAP	Removed From Formulary/Not Covered	1/1/2020
NOXAFIL DR 100 MG TABLET	Removed From Formulary/Not Covered	1/1/2020
nrs-nasal relief nose spray	Removed From Formulary/Not Covered	4/22/2020
NUVARING VAGINAL RING	Removed From Formulary/Not Covered	4/22/2020
ORFADIN 10 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2020
ORFADIN 2 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2020
ORFADIN 20 MG CAPSULE	Brand with Prior Authorization	4/1/2020
ORFADIN 4 MG/ML SUSPENSION	Brand with Prior Authorization	4/1/2020
ORFADIN 5 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2020
OXBRYTA 500 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
oysco d tablet	Removed From Formulary/Not Covered	4/22/2020
penicillamine 250 mg tablet	Added to Formulary (Generic) with Prior Authorization	4/1/2020
PENTASA 250 MG CAPSULE	Removed From Formulary/Not Covered	4/22/2020
PENTASA 500 MG CAPSULE	Removed From Formulary/Not Covered	4/22/2020
PHARM CHOICE ALCOHOL PREP PADS	Removed From Formulary/Not Covered	4/22/2020
phenoxybenzamine hcl 10 mg cap	Generic with Prior Authorization	1/1/2020
PHENYLADE DRINK MIX POWDER	Removed From Formulary/Not Covered	4/22/2020
pnv-ferrous fumarate-docu-fa	Removed From Formulary/Not Covered	1/1/2020
polyethylene glycol 3350 powd	Removed From Formulary/Not Covered	7/1/2020
posaconazole dr 100 mg tablet	Added to Formulary (Generic) with Prior Authorization	1/1/2020
prednisolone odt 10 mg tablet	Removed From Formulary/Not Covered	7/1/2020
prednisolone odt 15 mg tablet	Removed From Formulary/Not Covered	7/1/2020

Emblem Medicaid Formulary Updates 1.1.20-present

LABEL NAME	CHANGE	EFFECTIVE DATE
prednisolone odt 30 mg tablet	Removed From Formulary/Not Covered	7/1/2020
prenaissance next tablet	Removed From Formulary/Not Covered	4/22/2020
PRENATAL DHA+COMPLETE PRENATAL	Removed From Formulary/Not Covered	4/22/2020
PRENATAL-1 CAPSULE	Removed From Formulary/Not Covered	4/22/2020
prep ease alcohol pads	Removed From Formulary/Not Covered	4/22/2020
PROGLYCEM 50 MG/ML ORAL SUSP	Removed From Formulary/Not Covered	7/1/2020
PROMACTA 25 MG SUSPENSION PCKT	Added to Formulary (Brand) with Prior Authorization	7/1/2020
pyrimethamine 25 mg tablet	Added to Formulary (Generic) with Prior Authorization	7/1/2020
qc alcohol 70% swabs	Removed From Formulary/Not Covered	4/22/2020
q-tapp dm elixir	Removed From Formulary/Not Covered	4/22/2020
q-tapp elixir	Removed From Formulary/Not Covered	4/22/2020
quenalin 12.5 mg/5 ml syrup	Removed From Formulary/Not Covered	4/22/2020
QUIT 2 MG LOZENGE	Added to Formulary (Brand)	7/1/2020
QUIT 4 MG LOZENGE	Added to Formulary (Brand)	7/1/2020
ra acne treatment 10% cream	Removed From Formulary/Not Covered	4/22/2020
ra alcohol swabs	Removed From Formulary/Not Covered	4/22/2020
ra central vite tablet	Removed From Formulary/Not Covered	4/22/2020
ra dry skin bath oil	Removed From Formulary/Not Covered	4/22/2020
ra fish oil 1,000 mg softgel	Removed From Formulary/Not Covered	4/22/2020
ra garlic oil 3 mg softgel	Removed From Formulary/Not Covered	4/22/2020
ra gentle moisturizing lotion	Removed From Formulary/Not Covered	4/22/2020
ra hydrating healing ointment	Removed From Formulary/Not Covered	4/22/2020
RA ISOPROPYL ALCOHOL 70% WIPES	Removed From Formulary/Not Covered	4/22/2020
ra one daily tablet	Removed From Formulary/Not Covered	4/22/2020
ra oyster shell-vitamin d tab	Removed From Formulary/Not Covered	4/22/2020
ra renewal 41% healing oint	Removed From Formulary/Not Covered	4/22/2020
ra renewal daily moisture lot	Removed From Formulary/Not Covered	4/22/2020
RA RENEWAL MOIST SKIN CREAM	Removed From Formulary/Not Covered	4/22/2020
RA RENEWAL MOISTURIZING CREAM	Removed From Formulary/Not Covered	4/22/2020
ra scalp itch-dandruff rel liq	Removed From Formulary/Not Covered	4/22/2020
ra slow release iron 45 mg tab	Removed From Formulary/Not Covered	4/22/2020
RA SURECHOICE PAD	Removed From Formulary/Not Covered	4/22/2020
ra therapeutic m multivit tab	Removed From Formulary/Not Covered	4/22/2020

Emblem Medicaid Formulary Updates 1.1.20-present

LABEL NAME	CHANGE	EFFECTIVE DATE
ra vision-vite + zinc tablet	Removed From Formulary/Not Covered	4/22/2020
RADIAGEL	Removed From Formulary/Not Covered	4/22/2020
rea lo 40 lotion	Removed From Formulary/Not Covered	4/22/2020
react 1.5 mg tablet	Removed From Formulary/Not Covered	4/22/2020
RELION ALCOHOL 70% SWABS	Removed From Formulary/Not Covered	4/22/2020
relnate dha prenatal softgel	Removed From Formulary/Not Covered	4/22/2020
remeven 50% cream	Removed From Formulary/Not Covered	4/22/2020
risedronate sod dr 35 mg tab	Removed From Formulary/Not Covered	7/1/2020
risedronate sodium 150 mg tab	Removed From Formulary/Not Covered	7/1/2020
risedronate sodium 35 mg tab	Removed From Formulary/Not Covered	7/1/2020
robitussin cough-chest dm liq	Removed From Formulary/Not Covered	4/22/2020
ROZEREM 8 MG TABLET	Removed From Formulary/Not Covered	1/1/2020
salacyn 6% cream	Removed From Formulary/Not Covered	4/22/2020
salacyn 6% lotion	Removed From Formulary/Not Covered	4/22/2020
salicylic acid 6% cream	Removed From Formulary/Not Covered	4/22/2020
salicylic acid 6% lotion	Removed From Formulary/Not Covered	4/22/2020
salicylic acid 6% lotion kit	Removed From Formulary/Not Covered	4/22/2020
salicylic acid 6% shampoo	Removed From Formulary/Not Covered	4/22/2020
SAPS ALCOHOL 70% PREP PADS	Removed From Formulary/Not Covered	4/22/2020
SAPS CARE ALCOHOL PREP PADS	Removed From Formulary/Not Covered	4/22/2020
SECUADO 3.8 MG/24 HR PATCH	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
SECUADO 5.7 MG/24 HR PATCH	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
SECUADO 7.6 MG/24 HR PATCH	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
se-natal 19 tablet	Removed From Formulary/Not Covered	4/22/2020
sentry multivit & mineral cplt	Removed From Formulary/Not Covered	4/22/2020
serophene 50 mg tablet	Added to Formulary (Generic) with Prior Authorization	4/1/2020
SHARPS CONTAINER	Removed From Formulary/Not Covered	4/22/2020
silver nitrate 0.5% soln	Removed From Formulary/Not Covered	4/22/2020
silver nitrate 10% ointment	Removed From Formulary/Not Covered	4/22/2020
silver nitrate 10% solution	Removed From Formulary/Not Covered	4/22/2020
silver nitrate 25% solution	Removed From Formulary/Not Covered	4/22/2020
silver nitrate 50% solution	Removed From Formulary/Not Covered	4/22/2020
silver nitrate applicator	Removed From Formulary/Not Covered	4/22/2020

Emblem Medicaid Formulary Updates 1.1.20-present

LABEL NAME	CHANGE	EFFECTIVE DATE
SIRTURO 100 MG TABLET	Brand with Prior Authorization	7/1/2020
SM ALCOHOL 70% PREP PADS	Removed From Formulary/Not Covered	4/22/2020
sm alcohol prep pads	Removed From Formulary/Not Covered	4/22/2020
sm senna laxative pills	Removed From Formulary/Not Covered	4/22/2020
sojourn inhalation liquid	Removed From Formulary/Not Covered	4/22/2020
STIMATE 1.5 MG/ML NASAL SPRAY	Removed From Formulary/Not Covered	7/1/2020
sulfacet sod-sulfur 10-4% pad	Removed From Formulary/Not Covered	1/1/2020
sumatriptan 5 mg nasal spray	Added to Formulary (Generic) with Quantity Limits	1/1/2020
SURE COMFORT ALCOHOL PREP PADS	Removed From Formulary/Not Covered	4/22/2020
SYLATRON 200 MCG KIT	Brand with Prior Authorization	1/1/2020
SYLATRON 300 MCG KIT	Brand with Prior Authorization	1/1/2020
SYLATRON 600 MCG KIT	Brand with Prior Authorization	1/1/2020
TARCEVA 100 MG TABLET	Removed From Formulary/Not Covered	1/1/2020
TARCEVA 150 MG TABLET	Removed From Formulary/Not Covered	1/1/2020
TARCEVA 25 MG TABLET	Removed From Formulary/Not Covered	1/1/2020
TAZVERIK 200 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	7/1/2020
TEARS NATURALE PM EYE OINT	Removed From Formulary/Not Covered	4/22/2020
TECFIDERA DR 120 MG CAPSULE	Removed From Formulary/Not Covered	7/1/2020
TECFIDERA DR 240 MG CAPSULE	Removed From Formulary/Not Covered	7/1/2020
TECFIDERA STARTER PACK	Removed From Formulary/Not Covered	7/1/2020
telmisartan-amlodipine 40-10	Removed From Formulary/Not Covered	7/1/2020
telmisartan-amlodipine 40-5 mg	Removed From Formulary/Not Covered	7/1/2020
telmisartan-amlodipine 80-10	Removed From Formulary/Not Covered	7/1/2020
telmisartan-amlodipine 80-5 mg	Removed From Formulary/Not Covered	7/1/2020
temazepam 22.5 mg capsule	Removed From Formulary/Not Covered	7/1/2020
temazepam 7.5 mg capsule	Removed From Formulary/Not Covered	7/1/2020
tetracaine 0.5% steri-unit sol	Removed From Formulary/Not Covered	4/22/2020
theochron er 300 mg tablet	Removed From Formulary/Not Covered	4/22/2020
THINSET 3 ML RESERVOIR	Removed From Formulary/Not Covered	4/22/2020
tiadylt er 120 mg capsule	Added to Formulary (Generic)	7/1/2020
tiadylt er 180 mg capsule	Added to Formulary (Generic)	7/1/2020
tiadylt er 240 mg capsule	Added to Formulary (Generic)	7/1/2020
tiadylt er 300 mg capsule	Added to Formulary (Generic)	7/1/2020

Emblem Medicaid Formulary Updates 1.1.20-present

LABEL NAME	CHANGE	EFFECTIVE DATE
tiadylt er 360 mg capsule	Added to Formulary (Generic)	7/1/2020
tiadylt er 420 mg capsule	Added to Formulary (Generic)	7/1/2020
travoprost 0.004% eye drop	Removed From Formulary/Not Covered	7/1/2020
triazolam 0.125 mg tablet	Removed From Formulary/Not Covered	7/1/2020
triazolam 0.25 mg tablet	Removed From Formulary/Not Covered	7/1/2020
trinatal gt tablet	Removed From Formulary/Not Covered	4/22/2020
trixaicin 0.025% cream	Removed From Formulary/Not Covered	4/22/2020
TRIXAICIN HP 0.075% CREAM	Removed From Formulary/Not Covered	4/22/2020
TYZEKA 600 MG TABLET	Removed From Formulary/Not Covered	4/22/2020
ULORIC 40 MG TABLET	Removed From Formulary/Not Covered	1/1/2020
ULORIC 80 MG TABLET	Removed From Formulary/Not Covered	1/1/2020
umecta 40% mousse	Removed From Formulary/Not Covered	4/22/2020
uramit mb capsule	Removed From Formulary/Not Covered	4/22/2020
urea 35% foam	Removed From Formulary/Not Covered	4/22/2020
urea 40% lotion	Removed From Formulary/Not Covered	4/22/2020
urea 40% nail film susp	Removed From Formulary/Not Covered	4/22/2020
urea 40% nail kit	Removed From Formulary/Not Covered	4/22/2020
urea 50% nail stick	Removed From Formulary/Not Covered	4/22/2020
urolet mb tablet	Removed From Formulary/Not Covered	4/22/2020
urophen mb tablet	Removed From Formulary/Not Covered	4/22/2020
VALTOCO 10 MG NASAL SPRAY	Added to Formulary (Brand) with Prior Authorization	4/1/2020
VALTOCO 15 MG NASAL SPRAY	Added to Formulary (Brand) with Prior Authorization	4/1/2020
VALTOCO 20 MG NASAL SPRAY	Added to Formulary (Brand) with Prior Authorization	4/1/2020
VALTOCO 5 MG NASAL SPRAY	Added to Formulary (Brand) with Prior Authorization	4/1/2020
vancomycin hcl 125 mg capsule	Generic with Quantity Limits	7/1/2020
vancomycin hcl 250 mg capsule	Generic with Quantity Limits	7/1/2020
venlafaxine hcl er 150 mg tab	Removed From Formulary/Not Covered	7/1/2020
venlafaxine hcl er 37.5 mg tab	Removed From Formulary/Not Covered	7/1/2020
venlafaxine hcl er 75 mg tab	Removed From Formulary/Not Covered	7/1/2020
VENTOLIN HFA 90 MCG INHALER	Removed From Formulary/Not Covered	4/22/2020
vinate care chewable tablet	Removed From Formulary/Not Covered	4/22/2020
vinate ii tablet	Removed From Formulary/Not Covered	1/1/2020
VISTOGARD 10 GRAM PACKET	Brand (Utilization Management Removed)	7/1/2020

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LABEL NAME	CHANGE	EFFECTIVE DATE
vitamin b complex-vitamin c tb	Added to Formulary (Generic)	7/1/2020
VITAMIN D3 800 UNIT GUMMY	Removed From Formulary/Not Covered	4/22/2020
VOSEVI 400-100-100 MG TABLET	Added to Formulary (Brand) with Prior Authorization	4/1/2020
v-r alcohol prep pads	Removed From Formulary/Not Covered	4/22/2020
VUMERITY DR 231 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
VYNDAMAX 61 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	4/1/2020
XTANDI 40 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization	4/1/2020
xylon 10-200 mg tablet	Removed From Formulary/Not Covered	4/22/2020
zinc oxide 25% ointment	Added to Formulary (Generic)	7/1/2020
ZOMIG 2.5 MG NASAL SPRAY	Removed From Formulary/Not Covered	1/1/2020
ZOMIG 5 MG NASAL SPRAY	Removed From Formulary/Not Covered	1/1/2020
zoo chews gummie tablet	Removed From Formulary/Not Covered	4/22/2020
ZORTRESS 0.25 MG TABLET	Removed From Formulary/Not Covered	7/1/2020
ZORTRESS 0.5 MG TABLET	Removed From Formulary/Not Covered	7/1/2020
ZORTRESS 0.75 MG TABLET	Removed From Formulary/Not Covered	7/1/2020
ZUBSOLV 0.7-0.18 MG TABLET SL	Removed From Formulary/Not Covered	4/22/2020
ZUBSOLV 1.4-0.36 MG TABLET SL	Removed From Formulary/Not Covered	4/22/2020
ZUBSOLV 11.4-2.9 MG TABLET SL	Removed From Formulary/Not Covered	4/22/2020
ZUBSOLV 2.9-0.71 MG TABLET SL	Removed From Formulary/Not Covered	4/22/2020
ZUBSOLV 5.7-1.4 MG TABLET SL	Removed From Formulary/Not Covered	4/22/2020
ZUBSOLV 8.6-2.1 MG TABLET SL	Removed From Formulary/Not Covered	4/22/2020