



2017 EmblemHealth Medicaid Formulary

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your member ID card.

<p>A</p> <p>ABILIFY MAINTENA ER SYR & VL [INJ] [PA] acetaminophen/codeine acyclovir AKYNZEO [QLL] albuterol nebulization solution alendronate sodium [QLL] allopurinol ALPHAGAN P 0.1% alprazolam amiodarone AMITIZA amitriptyline amlodipine amlodipine/benazepril amlodipine/valsartan amoxicillin amoxicillin/potassium clavulanate anastrozole ANORO ELLIPTA [QLL] APRISO aripiprazole ARISTADA [INJ] atenolol atenolol/chlorothalidone atorvastatin [QLL] AVONEX [INJ] [PA] [QLL] AXIRON [PA] azelastine nasal spray [QLL] azithromycin</p> <p>B</p> <p>baclofen BASAGLAR [INJ] benazepril benzonatate betamethasone dp aug cream, ointment BEVESPI AEROSPHERE [QLL] bisoprolol/hctz BRILINTA budesonide nebulization suspension [QLL] bupropion bupropion ext-release buspirone butalbital/acetaminophen/caffeine BYDUREON [INJ] [PA] [QLL]</p>	<p>C</p> <p>CANASA [QLL] carbidopa/levodopa carvedilol cefdinir cefuroxime celecoxib [ST] cephalexin chlorhexidine gluconate chlorothalidone ciprofloxacin citalopram clarithromycin clindamycin hcl clindamycin phosphate clindamycin phosphate/benzoyl peroxide clonazepam clonidine clonidine patch [QLL] clopidogrel clotrimazole/ betamethasone dipropionate COLCRYS COMBIVENT RESPIMAT [QLL] CORLANOR [PA] CREON CRINONE 4% GEL cyclobenzaprine</p> <p>D</p> <p>desloratadine [QLL] dexamethasone dexmethylphenidate ext-release dextroamphetamine/amphetamine dextroamphetamine/amphetamine ext-release diazepam diclofenac sodium delayed-release dicyclomine hcl digoxin diltiazem ext-release diphenoxylate/atropine divalproex delayed-release divalproex ext-release donepezil doxazosin [QLL] doxycycline hyclate doxycycline monohydrate duloxetine delayed-release</p>	<p>DUPIXENT [INJ] [PA]</p> <p>E</p> <p>ELIQUIS EMVERM enalapril ENBREL [INJ] [PA] [QLL] enoxaparin [INJ] ENTRESTO [PA] EPLUSA [PA] EPINEPHRINE AUTOINJECTOR (by Mylan) [INJ] [QLL] erythromycin eye ointment escitalopram esomeprazole magnesium delayed-release [QLL] ESTRACE CREAM estradiol estradiol patches [QLL] estradiol/norethindrone acetate eszopiclone [QLL] etodolac EVOTAZ EXTAVIA [INJ] [PA] [QLL]</p> <p>F</p> <p>famotidine fenofibrate fenofibrate micronized fenofibric acid delayed-release fentanyl patches [PA] finasteride FLOVENT DISKUS, HFA [QLL] [ST] fluoxetine fluticasone nasal spray [QLL] FREESTYLE furosemide</p> <p>G</p> <p>gabapentin gemfibrozil GILENYA [PA] GILOTRIF [PA] glimepiride glipizide glipizide ext-release GLUCAGON EMERGENCY KIT [INJ] glyburide GLYXAMBI [QLL] [ST]</p>	<p>GRASTEK [PA] guanfacine ext-release</p> <p>H</p> <p>haloperidol decanoate HARVONI [PA] [QLL] HUMALOG [INJ] HUMIRA [INJ] [PA] [QLL] HUMULIN [INJ] hydralazine hydrochlorothiazide hydrocodone/acetaminophen hydrocodone/homatropine hydrocortisone cream, ointment, lotion hydromorphone hydroxychloroquine hydroxyzine hcl hydroxyzine pamoate</p> <p>I</p> <p>ibandronate [QLL] ibuprofen INCRUSE ELLIPTA [QLL] indomethacin INSECT REPELLENT SPRAY [QLL] INTUNIV [ST] irbesartan IRESSA [PA] isosorbide mononitrate ext-release</p> <p>J</p> <p>JANUMET [QLL] [ST] JANUMET XR [QLL] [ST] JANUVIA [QLL] [ST] JARDIANCE [QLL] [ST] JENTADUETO [QLL] [ST] JENTADUETO XR [QLL] [ST]</p> <p>K</p> <p>ketoconazole cream, shampoo KITABIS PAK [QLL] KOMBIGLYZE XR [QLL] [ST]</p> <p>L</p> <p>labetalol hcl lamotrigine lansoprazole delayed-release [QLL]</p>	<p>latanoprost levetiracetam levocetirizine [QLL] levofloxacin levothyroxine sodium lidocaine patches [PA] LINZESS liothyronine lisinopril lisinopril/hctz lorazepam losartan losartan/hctz lovastatin [QLL] LYRICA [ST]</p> <p>M</p> <p>meclizine hcl medroxyprogesterone acetate [QLL] meloxicam [QLL] MEPHYTON MESTINON SYRUP metaxalone metformin metformin er (generic GLUCOPHAGE XR only) methimazole methocarbamol methotrexate methylphenidate methylphenidate ext-release methylprednisolone metoclopramide hcl metoprolol succinate ext-release metoprolol tartrate metronidazole metronidazole topical metronidazole vaginal gel minocycline mirtazapine MITIGARE moderiba mometasone cream, ointment, solution mometasone nasal spray [QLL] montelukast morphine sulfate ext-release [QLL] MOVANTI mupirocin ointment</p>	<p>N</p> <p>nabumetone naproxen, naproxen sodium NARCAN NASAL SPRAY [QLL] neomycin/polymyxin/hydrocortisone ear drops niacin ext-release nifedipine ext-release nitrofurantoin monohydrate/macrocrystals NORDITROPIN [INJ] [PA] nortriptyline NUDEXTA [PA] NUVARING [QLL] nystatin oral suspension nystatin topical</p> <p>O</p> <p>olanzapine omeprazole delayed-release [QLL] ondansetron [QLL] ondansetron orally disintegrating tablets [QLL] ONGLYZA [QLL] [ST] ORTHO EVRA [QLL] ORTHO TRI-CYCLEN LO [QLL] OTEZLA [PA] oxcarbazepine oxybutynin ext-release oxybutynin ext-release 5 mg tab [QLL] oxycodone oxycodone/acetaminophen</p> <p>P</p> <p>pantoprazole delayed-release [QLL] paroxetine penicillin v potassium PERFOROMIST [QLL] pioglitazone [QLL] PLEGRIDY [INJ] [PA] [QLL] polymyxin/trimethoprim eye solution potassium chloride ext-release POTIGA PRALUENT [INJ] [PA] pramipexole pravastatin [QLL]</p>
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THIS FORMULARY SUMMARY IS EFFECTIVE JULY 1, 2017 THROUGH DECEMBER 31, 2017, AND IS SUBJECT TO CHANGE.

You can get more information about our formularies and our Pharmacy Benefit Services program at www.emblemhealth.com.

You can also search our formulary by accessing Pharmacy Benefit Services program at www.emblemhealth.com, select the Pharmacy Tools Section and select Search Formulary.

Please contact EmblemHealth Pharmacy Benefit Services at 1-888-447-7364, Monday through Friday from 8 am to 6 pm, if you have questions about this transition or need to obtain a prior approval.

PRECISION
prednisolone acetate
eye suspension
prednisolone sodium
phosphate
prednisone
PROAIR RESPICLICK [QLL]
progesterone micronized
promethazine
promethazine/
dextromethorphan
propranolol
propranolol ext-release

Q

quetiapine [ST]
quinapril
QVAR [QLL]

R

rabeprazole
delayed-release
RAGWITEK [PA]

raloxifene
ramipril
ranitidine
REBIF [INJ] [PA] [QLL]
RECTIV
RELENZA [QLL]
RELISTOR [INJ] [PA]
REVELA
REPATHA [INJ] [PA]
REPATHA PUSHTRONEX
[INJ] [PA]
RISPERDAL CONSTA
SYR [PA]
risperidone
rizatriptan [QLL]
ropinirole
rosuvastatin [QLL]

S

SAVELLA [ST]
sertraline
simvastatin [QLL]
SOVALDI [PA] [QLL]
spironolactone
SPRYCEL [PA]
STRIVERDI RESPIMAT [QLL]
SUBOXONE SL FILM [QLL]
sulfamethoxazole/
trimethoprim
sumatriptan [INJ] [QLL]
sumatriptan tablets [QLL]
SYMBICORT [QLL]
SYMLINPEN [INJ] [PA] [QLL]
SYNJARDY [QLL] [ST]
SYNJARDY XR [QLL] [ST]

T

TAMIFLU
SUSPENSION [QLL]
tamoxifen
tamsulosin ext-release
TANZEUM [INJ] [PA] [QLL]

TARCEVA [PA]
TAZORAC GEL,
0.05% CREAM [PA]
TECFIDERA [PA]
temazepam
terazosin [QLL]
terconazole vaginal [QLL]
timolol maleate eye
solution
tizanidine tablets
tobramycin eye solution
tobramycin/
dexamethasone susp
topiramate
TOUJEO SOLOSTAR [INJ]
TRADJENTA [QLL] [ST]
tramadol [QLL]
trazodone
triamcinolone cream,
ointment, lotion
triamterene/hctz
TUDORZA PRESSAIR [QLL]

U

UCERIS TABLETS
ULORIC [ST]
UPTRAVI [PA]

V

valacyclovir [QLL]
valsartan
valsartan/hctz
VARUBI [QLL]
VASCEPA [PA]
venlafaxine
venlafaxine ext-release
VENTOLIN HFA [QLL]
verapamil ext-release
VIBERZI
VIMPAT [PA]
VIOKACE
VIVITROL
VYVANSE [ST]

W

warfarin

X

XARELTO
XIFAXAN [QLL]
XIIDRA [QLL]

Z

ZETIA
zolpidem [QLL]
zolpidem ext-release [QLL]
ZOMIG NASAL [QLL]
ZOVIRAX CREAM [PA] [QLL]
ZUBSOLV [QLL]
ZYTIGA [PA]

Examples of Nonformulary Medications With Selected Formulary Alternatives

The following is a list of some nonformulary brand-name medications with examples of selected alternatives that are on the formulary. Column 1 lists examples of nonformulary medications. Column 2 lists some alternatives that can be prescribed.

Nonformulary Medications	Formulary Alternative(s)	Nonformulary Medications	Formulary Alternative(s)
ACCU-CHEK	FREESTYLE, PRECISION	NESINA	JANUVIA [QLL] [ST], ONGLYZA [QLL] [ST], TRADJENTA [QLL] [ST]
ADVAIR DISKUS/HFA	SYMBICORT [QLL]	NOVOLIN	HUMULIN
ALVESCO	FLOVENT DISKUS/HFA [QLL] [ST], QVAR [QLL]	NOVOLOG	HUMALOG
ANDROGEL	AXIRON [PA]	NUCYNTA ER	morphine sulfate ext-release [QLL]
APIDRA	HUMALOG	NUTROPIN AQ, NUTROPIN AQ NUSPIN	NORDITROPIN [PA]
ARNUVITY ELLIPTA	FLOVENT DISKUS/HFA [QLL] [ST], QVAR [QLL]	OMNARIS	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL]
ASMANEX HFA/TWISTHALER	FLOVENT DISKUS/HFA [QLL] [ST], QVAR [QLL]	OMNITROPE	NORDITROPIN [PA]
BAYER	FREESTYLE, PRECISION	ONETOUCH	FREESTYLE, PRECISION
BECONASE AQ	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL]	OPANA ER	morphine sulfate ext-release [QLL]
BETASERON	AVONEX [PA] [QLL], EXTAVIA [PA] [QLL], PLEGRIDY [PA] [QLL], REBIF [PA] [QLL]	OXYCONTIN	morphine sulfate ext-release [QLL]
BREEZE, CONTOUR	FREESTYLE, PRECISION	PROAIR HFA	VENTOLIN HFA [QLL]
BREO ELLIPTA	SYMBICORT [QLL]	PROVENTIL HFA	VENTOLIN HFA [QLL]
CIMZIA	ENBREL [PA] [QLL], HUMIRA [PA] [QLL], OTEZLA [PA]	PULMICORT FLEXHALER	FLOVENT DISKUS/HFA [QLL] [ST], QVAR [QLL]
CIPRODEX	ciprofloxacin	QNASL	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL]
COSENTYX	ENBREL [PA] [QLL], HUMIRA [PA] [QLL]	RESTASIS	XIIDRA [QLL]
DULERA	SYMBICORT [QLL]	SAIZEN, SAIZENPREP	NORDITROPIN [PA]
EDARBI	irbesartan, losartan, valsartan	SIMPONI	ENBREL [PA] [QLL], HUMIRA [PA] [QLL], OTEZLA [PA]
EDARBYCLOR	irbesartan/hctz, losartan/hctz, valsartan/hctz	STELARA	ENBREL [PA] [QLL], HUMIRA [PA] [QLL]
EMBEDA	morphine sulfate ext-release [QLL]	STIOLTO RESPIMAT	ANORO ELLIPTA [QLL], BEVESPI AEROSPHERE [QLL]
EPIPEN, EPIPEN JR	EPINEPHRINE AUTOINJECTOR (by Mylan) [QLL]	TESTIM	AXIRON [PA]
FARXIGA	JARDIANCE [QLL] [ST]	TESTOSTERONE GEL	AXIRON [PA]
FORTESTA	AXIRON [PA]	TRAVATAN Z	bimatoprost, latanoprost
FROVA	rizatriptan [QLL], sumatriptan [QLL], zolmitriptan [QLL]	TRESIBA	BASAGLAR, TOUJEO SOLOSTAR
GENOTROPIN	NORDITROPIN [PA]	TRUETEST, TRUETRACK	FREESTYLE, PRECISION
HUMATROPE	NORDITROPIN [PA]	TRULICITY	BYDUREON [PA] [QLL], TANZEUM [PA] [QLL]
HYSINGLA ER	morphine sulfate ext-release [QLL]	VERAMYST	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL]
INVOKAMET	SYNJARDY [QLL] [ST], SYNJARDY XR [QLL] [ST]	VICTOZA	BYDUREON [PA] [QLL], TANZEUM [PA] [QLL]
INVOKANA	JARDIANCE [QLL] [ST]	VIEKIRA, VIEKIRA XR	EPCLUSA [PA], HARVONI [PA] [QLL], SOVALDI [PA] [QLL]
KADIAN	morphine sulfate ext-release [QLL]	VOGELXO	AXIRON [PA]
KAZANO	JANUMET [QLL] [ST], JANUMET XR [QLL] [ST], JENTADUETO [QLL] [ST], JENTADUETO XR [QLL] [ST], KOMBIGLYZE XR [QLL] [ST]	XELJANZ, XELJANZ XR	ENBREL [PA] [QLL], HUMIRA [PA] [QLL]
LANTUS	BASAGLAR, TOUJEO SOLOSTAR	XIGDUO XR	SYNJARDY [QLL] [ST], SYNJARDY XR [QLL] [ST]
LEVEMIR	BASAGLAR, TOUJEO SOLOSTAR	XOPENEX HFA	VENTOLIN HFA [QLL]
LUMIGAN	bimatoprost, latanoprost	ZETONNA	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL]
NASONEX	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL]	ZIOPTAN	bimatoprost, latanoprost
NATESTO	AXIRON [PA]	ZOHYDRO ER	morphine sulfate ext-release [QLL]
		ZOMACTON	NORDITROPIN [PA]

KEY

[INJ] - Injectable Drug
[PA] - Prior Authorization is required for coverage
[QLL] - Quantity Level Limit may apply to certain strengths and/or doses of this medication
[ST] - Step Therapy may apply to certain indications or some or all strengths of the drug
For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.
For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.

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EmblemHealth®

ATTENTION: Language assistance services, free of charge, are available to you. Call **1-855-283-2146**. TTY/TDD: **711**.

Español (Spanish)

ATENCIÓN: Tiene a su disposición, gratis, servicios de ayuda para idiomas. Llame al **1-855-283-2146**. TTY/TDD: **711**.

中文 (Traditional Chinese)

注意：我們免費提供相關的語言協助服務。請致電**1-855-283-2146**。TTY/TDD: **711**。

Русский (Russian)

ВНИМАНИЕ! Вам доступны бесплатные услуги переводчика. Звоните по тел. **1-855-283-2146**. TTY/TDD: **711**.

Kreyòl Ayisyen (Haitian Creole)

ATANSYON: Gen sèvis èd nan lang gratis ki disponib pou ou. Rele nimewo **1-855-283-2146**. TTY/TDD: **711**.

한국어 (Korean)

주의:귀하에게 언어 지원 서비스가 무료로 제공됩니다. **1-855-283-2146**. TTY/TDD: **711** 로 전화하십시오.

Italiano (Italian)

ATTENZIONE. Sono disponibili servizi gratuiti di assistenza linguistica in italiano. Chiamare il numero **1-855-283-2146**. TTY/TDD: **711**.

אידיש (Yiddish)

מעלדונג: שפראך הילף סערוויסעס, אהן קיין פרייז, זיינען דא צו באקומען פאר אייך. רופט **1-855-283-2146**. TTY/TDD: **711**.

বাংলা (Bengali)

দৃষ্টি আকর্ষণ করছি: আপনার জন বিনামূলে ভাষা সং পরিষেবার ববা থাকবে। **1-855-283-2146** নরে (TTY/TDD: **711**)

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Polski (Polish)

UWAGA: Dostępna jest bezpłatna pomoc językowa. Proszę zadzwonić pod numer **1-855-283-2146**. TTY/TDD: **711**

العربية (ARABIC)

انتباه: تتوفر لك خدمات المساعدة اللغوية مجاناً, اتصل بالرقم **1-855-283-2146**. TTY/TDD: **711**.

Français (French)

ATTENTION : Une assistance d'interprétation gratuite est à votre disposition. Veuillez composer le **1-855-283-2146**. TTY/TDD: **711**.

اردو(Urdu)

توجہ دیں: آپ کے لیے زبان سے متعلق مدد کی خدمات، مفت دستیاب ہیں۔ **1-855-283-2146**۔
(ٹی ٹی وائی / ٹی ٹی ڈی: **711**) پر کال کریں۔

Tagalog (Tagalog)

NANAWAGAN NG PANSIN: Mayroon kang magagamit na mga serbisyo para sa tulong sa wika nang walang bayad. Tawagan ang **1-855-283-2146**. TTY/TDD: **711**.

Ελληνικά (Greek)

ΠΡΟΣΟΧΗ: διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε **1-855-283-2146**.
TTY/TDD: **711**.

Shqip (Albanian)

VINI RE: Shërbimi i asistencës për gjuhën do të jetë në dispozicionin tuaj, pa pagesë. Telefononi **1-855-283-2146**. TTY/TDD: **711**.

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EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EmblemHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call member services at **1-855-283-2146** (TTY/TDD: **711**).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call member services at **1-855-283-2146**. (Dial **711** for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019**, (dial **1-800-537-7697** for TTY services).

Complaint forms are available at hhs.gov/ocr/office/file/index.html.