



EmblemHealth

2017 EmblemHealth Medicaid Formulary

ANTI-ALCOHOLIC PREPARATIONS

VIVITROL

ANTI-INFECTIVES

Antifungal Agents

nystatin oral suspension

Antivirals

acyclovir
EPLUSA [PA]
EVOTAZ
HARVONI [PA] [QLL]
moderiba
RELENZA [QLL]
SOVALDI [PA] [QLL]
TAMIFLU SUSPENSION [QLL]
valacyclovir [QLL]

Cephalosporins

cefdinir
cefuroxime
cephalexin

Erythromycins & Other Macrolides

azithromycin
clarithromycin

Penicillins

amoxicillin
amoxicillin/potassium clavulanate
penicillin v potassium

Quinolones

ciprofloxacin
levofloxacin

Tetracyclines

doxycycline hyclate
doxycycline monohydrate
minocycline

Urinary Tract Agents

nitrofurantoin monohydrate/
macrocrystals

Misc. Anti-Infectives

clindamycin hcl
EMVERM
hydroxychloroquine
INSECT REPELLENT
SPRAY [QLL]
KITABIS PAK [QLL]
metronidazole
sulfamethoxazole/
trimethoprim
XIFAXAN [QLL]

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

anastrozole
GILTRIF [PA]
IRESSA [PA]
methotrexate
SPRYCEL [PA]
tamoxifen
TARCEVA [PA]
ZYTIGA [PA]

ANTIPLATELETS & ANTICOAGULANTS

Anticoagulants

ELIQUIS
enoxaparin [INJ]
warfarin
XARELTO

Antiplatelet Drugs

BRILINTA
clopidogrel

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

Anticonvulsants

clonazepam
divalproex delayed-release
divalproex ext-release
gabapentin
lamotrigine
levetiracetam
LYRICA [ST]
oxcarbazepine
POTIGA
topiramate
VIMPAT [PA]

Antiparkinsonism Agents

carbidopa/levodopa
pramipexole
ropinirole

Misc. Neurological Therapy

donepezil
GILENYA [PA]
NUEDEXTA [PA]
TECFIDERA [PA]

Antipsychotics

aripiprazole
ARISTADA [INJ]
olanzapine
quetiapine [ST]
risperidone

Misc. Psychotherapeutic Agents

ABILIFY MAINTENA ER
SYR & VL [INJ] [PA]
dexmethylphenidate
ext-release
dextroamphetamine/
amphetamine
dextroamphetamine/
amphetamine ext-release
guanfacine ext-release
haloperidol decanoate
methylphenidate
methylphenidate ext-release
RISPERDAL CONSTA SYR [PA]
VYVANSE [ST]

Antivertigo & Antiemetic Drugs

AKYNZEO [QLL]
meclizine hcl
ondansetron [QLL]
ondansetron orally
disintegrating
tablets [QLL]
VARUBI [QLL]

Anxiolytics

alprazolam
buspirone
diazepam
lorazepam

Hypnotic Agents

eszopiclone [QLL]
temazepam
zolpidem [QLL]
zolpidem ext-release [QLL]

Migraine & Cluster Headache Therapy

butalbital/acetaminophen/
caffeine
rizatriptan [QLL]
sumatriptan [INJ] [QLL]
sumatriptan tablets [QLL]
ZOMIG NASAL [QLL]

Narcotic Analgesics

acetaminophen/codeine
fentanyl patches [PA]
hydrocodone/acetaminophen
hydromorphone
morphine sulfate
ext-release [QLL]
oxycodone
oxycodone/acetaminophen

Narcotic Antagonists

NARCAN NASAL SPRAY [QLL]
SUBOXONE SL FILM [QLL]
ZUBSOLV [QLL]

Non-Narcotic Analgesics

tramadol [QLL]

Selective Serotonin Reuptake Inhibitors

citalopram
escitalopram
fluoxetine
paroxetine
sertraline

Tricyclics

amitriptyline
nortriptyline

Misc. Antidepressants

bupropion
bupropion ext-release
duloxetine delayed-release
mirtazapine
trazodone
venlafaxine
venlafaxine ext-release

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ACE Inhibitors & Combos

benazepril
enalapril
lisinopril
lisinopril/hctz
quinapril
ramipril

Adrenergic Antagonists & Related Drugs

clonidine
clonidine patch [QLL]
doxazosin [QLL]

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.

terazosin [QLL]

Angiotensin II Receptor Blockers & Renin Inhibitors & Combos

irbesartan
losartan
losartan/hctz
valsartan
valsartan/hctz

Antiarrhythmic Agents

amiodarone

Beta-Blockers & Combos

atenolol
atenolol/chlorthalidone
bisoprolol/hctz
carvedilol
labetalol hcl
metoprolol succinate
ext-release
metoprolol tartrate
propranolol
propranolol ext-release

Calcium Channel Blockers

amlodipine
diltiazem ext-release
nifedipine ext-release
verapamil ext-release

Other Antihypertensive Combos

amlodipine/benazepril
amlodipine/valsartan

Cardiac Glycosides

digoxin

Lipid/Cholesterol Lowering Agents

atorvastatin [QLL]
ezetimibe
fenofibrate
fenofibrate micronized
fenofibric acid
delayed-release
gemfibrozil
lovastatin [QLL]
niacin ext-release
PRALUENT [INJ] [PA]
pravastatin [QLL]
REPATHA [INJ] [PA]
REPATHA PUSHTRONEX
[INJ] [PA]
rosuvastatin [QLL]
simvastatin [QLL]
VASCEPA [PA]

Nitrates

isosorbide mononitrate
ext-release

Thiazide & Related Diuretics

chlorthalidone
furosemide
hydrochlorothiazide
spironolactone
triamterene/hctz

Misc. Cardiovascular Agents

CORLANOR [PA]
ENTRESTO [PA]
hydralazine

MEPHYTON

DERMATOLOGICALS/ TOPICAL THERAPY

Therapy for Acne

clindamycin phosphate
clindamycin phosphate/
benzoyl peroxide
metronidazole
TAZORAC GEL, 0.05%
CREAM [PA]

Topical Antibacterials

mupirocin ointment

Topical Antifungals

clotrimazole/betamethasone
dipropionate
ketoconazole cream,
shampoo
nystatin

Topical Antivirals

ZOVIRAX CREAM [PA] [QLL]

Topical Corticosteroids

betamethasone dp aug
cream, ointment
hydrocortisone cream,
ointment, lotion
mometasone cream,
ointment, solution
triamcinolone cream,
ointment, lotion

Misc. Dermatologicals

DUPIXENT [INJ] [PA]
lidocaine patches [PA]

EAR, NOSE & THROAT MEDICATIONS

Drugs Affecting the Ear

neomycin/polymyxin/
hydrocortisone

Drugs Affecting the Nose

azelastine [QLL]
fluticasone [QLL]
mometasone nasal
spray [QLL]

Misc. Agents

chlorhexidine gluconate

ENDOCRINE/DIABETES

Adrenal Hormones

dexamethasone
methylprednisolone
prednisolone sodium
phosphate
prednisone

Androgens

testosterone gel pump [PA]

Antithyroid Agents

methimazole

Glucose Elevating Agents

GLUCAGON EMERGENCY
KIT [INJ]

Insulin Therapy

BASAGLAR [INJ]

HUMALOG [INJ]

HUMULIN [INJ]

TOUJEO SOLOSTAR [INJ]

Non-Insulin Hypoglycemic Agents

BYDUREON [INJ] [PA] [QLL]
glimepiride
glipizide
glipizide ext-release
glyburide
GLYXAMBI [QLL] [ST]
JANUMET [QLL] [ST]
JANUMET XR [QLL] [ST]
JANUVIA [QLL] [ST]
JARDIANCE [QLL] [ST]
JENTADUETO [QLL] [ST]
JENTADUETO XR [QLL] [ST]
KOMBIGLYZE XR [QLL] [ST]
metformin
metformin er (generic
GLUCOPHAGE XR only)

Topical Antivirals

ONGLYZA [QLL] [ST]
pioglitazone [QLL]
SYMLINPEN [INJ] [PA] [QLL]
SYNJARDY [QLL] [ST]
SYNJARDY XR [QLL] [ST]
TANZEUM [INJ] [PA] [QLL]
TRADJENTA [QLL] [ST]

Thyroid Hormones

levothyroxine sodium
liothyronine

Blood Glucose Monitoring Devices & Supplies

FREESTYLE
PRECISION

GASTROENTEROLOGY

Antidiarrheals & Antispasmodics

dicyclomine hcl
difenoxylate/atropine

Digestive Enzymes

CREON
VIOKACE

H2 Antagonists

famotidine
ranitidine

Proton Pump Inhibitors

esomeprazole magnesium
delayed-release [QLL]
lansoprazole
delayed-release [QLL]
omeprazole
delayed-release [QLL]
pantoprazole
delayed-release [QLL]
rabeprazole delayed-release

Misc. Gastrointestinal Agents

AMITIZA
APRISO
CANASA [QLL]
LINZESS
metoclopramide hcl
MOVANTIK
PENTASA

(continued)

THIS FORMULARY SUMMARY IS EFFECTIVE OCTOBER 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.

RECTIV
RELISTOR [INJ] [PA]
UCERIS TABLETS
VIBERZI

IMMUNOLOGY & BIOTECHNOLOGY

Growth Hormones
NORDITROPIN [INJ] [PA]

Interferons
AVONEX [INJ] [PA] [QLL]
EXTAVIA [INJ] [PA] [QLL]
PLEGRIDY [INJ] [PA] [QLL]
REBIF [INJ] [PA] [QLL]

Misc. Immunologicals
GRASTEK [PA]
RAGWITEK [PA]

MUSCULOSKELETAL & RHEUMATOLOGY

Gout Therapy

allopurinol
COLCRYS
MITIGARE
ULORIC [ST]

Muscle Relaxants & Antispasmodic Therapy

baclofen
cyclobenzaprine
MESTINON SYRUP
metaxalone
methocarbamol
tizanidine tablets

NSAID Agents

celecoxib [ST]
diclofenac sodium
delayed-release
etodolac
ibuprofen
indomethacin
meloxicam [QLL]
nabumetone
naproxen, naproxen sodium

Osteoporosis Therapy

alendronate sodium [QLL]
ibandronate [QLL]
raloxifene

Misc. Rheumatological Agents

ENBREL [INJ] [PA] [QLL]
HUMIRA [INJ] [PA] [QLL]
OTEZLA [PA]
SAVELLA [ST]

OBSTETRICS & GYNECOLOGY

Estrogen Combos

estradiol/norethindrone acetate

Estrogens

ESTRACE CREAM
estradiol
estradiol patches [QLL]

Oral Contraceptives & Related Agents

NOTE: All generic contraceptives are considered formulary
NUVARING [QLL]

Progestins

CRINONE 4% GEL
medroxyprogesterone acetate [QLL]
progesterone micronized

Vaginal Anti-Infectives

metronidazole gel
terconazole [QLL]

OPHTHALMOLOGY

Antibiotics

erythromycin
levofloxacin
polymyxin/trimethoprim solution
tobramycin

Glaucoma Drugs

ALPHAGAN P 0.1%
latanoprost
timolol maleate

Steroid-Antibiotic Combos

tobramycin/
dexamethasone susp

Steroids

prednisolone acetate

Misc. Ophthalmologics

XIIDRA [QLL]

RESPIRATORY, ALLERGY, COUGH & COLD

Adrenergics

EPINEPHRINE AUTOINJECTOR
(by Mylan) [INJ] [QLL]

Antihistamines

desloratadine [QLL]
hydroxyzine hcl
hydroxyzine pamoate
levocetirizine [QLL]
promethazine

Antitussive Combos

benzonatate
hydrocodone/homatropine
promethazine/
dextromethorphan

Inhaled Beta Agonists

albuterol
PERFORMIST [QLL]
PROAIR RESPICLICK [QLL]
STRIVERDI RESPIMAT [QLL]
VENTOLIN HFA [QLL]

Inhaled Corticosteroids

budesonide [QLL]
FLOVENT DISKUS, HFA [QLL] [ST]
QVAR [QLL]

Misc. Pulmonary Agents

ANORO ELLIPTA [QLL]
BEVESPI AEROSPHERE [QLL]
COMBIVENT RESPIMAT [QLL]
INCRUSE ELLIPTA [QLL]
montelukast
SYMBICORT [QLL]
TUDORZA PRESSAIR [QLL]
UPTRAVI [PA]

UROLOGICALS

Anticholinergics & Antispasmodics

oxybutynin ext-release
oxybutynin ext-release
5 mg tab [QLL]

Benign Prostatic Hyperplasia (BPH) Therapy

finasteride
tamsulosin ext-release

MISCELLANEOUS AGENTS

potassium chloride
ext-release
RENVELA TABLETS
STRENSIQ [INJ]

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
APIDRA	HUMALOG	NUCYNTA ER	morphine sulfate ext-release [QLL]
ARNUITY ELLIPTA	FLOVENT DISKUS/HFA [QLL] [ST], QVAR [QLL]	NUTROPIN AQ, NUTROPIN AQ NUSPIN	NORDITROPIN [PA]
ASMANEX HFA/TWISTHALER	FLOVENT DISKUS/HFA [QLL] [ST], QVAR [QLL]	OMNARIS	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL]
BAYER	FREESTYLE, PRECISION	OMNITROPE	NORDITROPIN [PA]
BECONASE AQ	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL]	ONETOUCH	FREESTYLE, PRECISION
BETASERON	AVONEX [PA] [QLL], EXTAVIA [PA] [QLL], PLEGRIDY [PA] [QLL], REBIF [PA] [QLL]	OPANA ER	morphine sulfate ext-release [QLL]
BREEZE, CONTOUR	FREESTYLE, PRECISION	OXYCONTIN	morphine sulfate ext-release [QLL]
BREO ELLIPTA	SYMBICORT [QLL]	PROAIR HFA	VENTOLIN HFA [QLL]
CIMZIA	ENBREL [PA] [QLL], HUMIRA [PA] [QLL], OTEZLA [PA]	PROVENTIL HFA	VENTOLIN HFA [QLL]
CIPRODEX	ciprofloxacin	PULMICORT FLEXHALER	FLOVENT DISKUS/HFA [QLL] [ST], QVAR [QLL]
COSENTYX	ENBREL [PA] [QLL], HUMIRA [PA] [QLL]	QNASL	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL]
DULERA	SYMBICORT [QLL]	RESTASIS	XIIDRA [QLL]
EDARBI	irbesartan, losartan, valsartan	SAIZEN, SAIZENPREP	NORDITROPIN [PA]
EDARBYCLOR	irbesartan/hctz, losartan/hctz, valsartan/hctz	SIMPONI	ENBREL [PA] [QLL], HUMIRA [PA] [QLL], OTEZLA [PA]
EMBEDA	morphine sulfate ext-release [QLL]	STELARA	ENBREL [PA] [QLL], HUMIRA [PA] [QLL]
EPIPEN, EPIPEN JR	EPINEPHRINE AUTOINJECTOR (by Mylan) [QLL]	STIOLTO RESPIMAT	ANORO ELLIPTA [QLL], BEVESPI AEROSPHERE [QLL]
FARXIGA	JARDIANCE [QLL] [ST]	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]	XELJANZ, XELJANZ XR	ENBREL [PA] [QLL], HUMIRA [PA] [QLL]
KAZANO	JANUMET [QLL] [ST], JANUMET XR [QLL] [ST], JENTADUETO [QLL] [ST], JENTADUETO XR [QLL] [ST], KOMBIGLYZE XR [QLL] [ST]	XIGDUO XR	SYNJARDY [QLL] [ST], SYNJARDY XR [QLL] [ST]
LANTUS	BASAGLAR, TOUJEO SOLOSTAR	XOPENEX HFA	VENTOLIN HFA [QLL]
LEVEMIR	BASAGLAR, TOUJEO SOLOSTAR	ZETONNA	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL]
LUMIGAN	bimatoprost, latanoprost	ZIOPTAN	bimatoprost, latanoprost
NASONEX	budesonide [QLL], flunisolide [QLL], fluticasone [QLL], mometasone [QLL]	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.

THIS FORMULARY SUMMARY IS EFFECTIVE OCTOBER 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.