

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
ABSORICA 10 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
ABSORICA 20 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
ABSORICA 25 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
ABSORICA 30 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
ABSORICA 35 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
ABSORICA 40 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
ACANYA GEL PUMP	Removed from Formulary/Not Covered	1/1/2019
acetaminop-codeine 120-12 mg/5	Generic with Prior Authorization and Quantity Limits	1/1/2019
acetaminophen-cod #2 tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
acetaminophen-cod #3 tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
acetaminophen-cod #4 tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
ACTEMRA 162 MG/0.9 ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
acyclovir 5% ointment	Generic with Quantity Limits	1/1/2019
ADCIRCA 20 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
AKTIPAK 3%-5% GEL POUCH	Removed from Formulary/Not Covered	1/1/2019
AKYNZEO 300-0.5 MG CAPSULE	Non-Preferred Brand with Quantity Limits	1/1/2019
ALBENZA 200 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
ALOCRIAL 2% EYE DROPS	Non Preferred Brand with Step Therapy and Quantity Limits	1/1/2019
ALREX 0.2% EYE DROPS	Non Preferred Brand with Step Therapy and Quantity Limits	1/1/2019
AMITIZA 24 MCG CAPSULES	Added to Formulary (Preferred Brand)	1/1/2019
AMITIZA 8 MCG CAPSULE	Added to Formulary (Preferred Brand)	1/1/2019
amlodipine-atorvast 10-10 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 10-20 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 10-40 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 10-80 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 2.5-10 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 5-10 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 5-20 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 5-40 mg	Generic with Quantity Limits	1/1/2019
amlodipine-atorvast 5-80 mg	Generic with Quantity Limits	1/1/2019
AMRIX ER 15 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
AMRIX ER 30 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
aprepitant 125-80-80 mg pack	Generic with Quantity Limits	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
aprepitant 40 mg capsule	Generic with Quantity Limits	1/1/2019
aprepitant 80 mg capsule	Generic with Quantity Limits	1/1/2019
aripiprazole 2 mg tablet	Generic with Quantity Limits	1/1/2019
aripiprazole odt 15 mg tablet	Generic with Quantity Limits	1/1/2019
ARNUITY ELLIPTA 50 MCG INH	Preferred Brand with Quantity Limits	1/1/2019
ARYMO ER 30 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ASACOL HD DR 800 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
ascomp with codeine capsule	Generic with Prior Authorization and Quantity Limits	1/1/2019
ASTAGRAF XL 1 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
ASTAGRAF XL 5 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
atovaquone-proguanil 250-100	Generic with Quantity Limits	1/1/2019
atovaquone-proguanil 62.5-25	Generic with Quantity Limits	1/1/2019
AUBAGIO 14 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
AUBAGIO 7 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
AVONEX 30 MCG VIAL KIT	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
AVONEX PEN 30 MCG/0.5 ML KIT	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
AVONEX PREFILLED SYR 30 MCG KT	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BARACLUDE 0.05 MG/ML SOLUTION	Non-Preferred Brand	1/1/2019
BELBUCA 150 MCG FILM	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BELBUCA 600 MCG FILM	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BETASERON 0.3 MG KIT	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
BETOPTIC S 0.25% EYE DROPS	Removed from Formulary/Not Covered	1/1/2019
BLOOD GLUCOSE TEST STRIPS	Change to Existing Quantity Limits	1/1/2019
bp vit 3 capsule	Removed from Formulary/Not Covered	1/1/2019
BRILINTA 60 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2019
BRILINTA 90 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2019
BUNAVAIL 6.3-1 MG FILM	Non-Preferred Brand with Quantity Limits	1/1/2019
BUPRENORPHINE 15 MCG/HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BUPRENORPHINE 20 MCG/HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BUPRENORPHINE 7.5 MCG/HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
bupropion hcl sr 100 mg tablet	Generic with Quantity Limits	1/1/2019
bupropion hcl sr 150 mg tablet	Generic with Quantity Limits	1/1/2019
bupropion hcl sr 200 mg tablet	Generic with Quantity Limits	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
bupropion hcl xl 300 mg tablet	Generic with Quantity Limits	1/1/2019
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 and Quantity Limits	1/1/2019
butorphanol 10 mg/ml spray	Generic with Prior Authorization and Quantity Limits	1/1/2019
BUTRANS 10 MCG/HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BUTRANS 20 MCG/HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BUTRANS 5 MCG/HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BUTRANS 7.5 MCG/HR PATCH	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
BYSTOLIC 10 MG TABLET	Added to Formulary (Preferred Brand) with Step Therapy	1/1/2019
BYSTOLIC 2.5 MG TABLET	Added to Formulary (Preferred Brand) with Step Therapy	1/1/2019
BYSTOLIC 20 MG TABLET	Added to Formulary (Preferred Brand) with Step Therapy	1/1/2019
BYSTOLIC 5 MG TABLET	Added to Formulary (Preferred Brand) with Step Therapy	1/1/2019
cabergoline 0.5 mg tablet	Generic with Quantity Limits	1/1/2019
calcium 500+d tablet chew	Removed from Formulary/Not Covered	1/1/2019
calcium 600-vit d3 200 tablet	Removed from Formulary/Not Covered	1/1/2019
calcium citrate - vit d caplet	Removed from Formulary/Not Covered	1/1/2019
calcium-folic acid plus d wfer	Removed from Formulary/Not Covered	1/1/2019
CHEMET 100 MG CAPSULE	Preferred Brand with Prior Authorization	1/1/2019
CHENODAL 250 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2019
CIALIS 10 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
CIALIS 2.5 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
CIALIS 20 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
CIALIS 5 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
CIMZIA 200 MG/ML SYRINGE KIT	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
CIPRO HC OTIC SUSPENSION	Non-Preferred Brand with Step Therapy	1/1/2019
CIPRODEX OTIC SUSPENSION	Non-Preferred Brand with Step Therapy	1/1/2019
clind ph-benzoyl pero 1.2-2.5%	Added to Formulary (Generic)	1/1/2019
clinda-benzoyl perox 1-5% pump	Added to Formulary (Generic)	1/1/2019
codeine sulfate 15 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
codeine sulfate 30 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
codeine sulfate 60 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
COLCHICINE 0.6 MG CAPSULE	Non-Preferred Brand with Step Therapy	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
COLCHICINE 0.6 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019
COPAXONE 20 MG/ML SYRINGE	Removed from Formulary/Not Covered	1/1/2019
COPAXONE 40 MG/ML SYRINGE	Removed from Formulary/Not Covered	1/1/2019
CORLANOR 5 MG TABLET	Added to Formulary (Preferred Brand) with Step Therapy	1/1/2019
CORLANOR 7.5 MG TABLET	Added to Formulary (Preferred Brand) with Step Therapy	1/1/2019
corvita 150 tablet	Removed from Formulary/Not Covered	1/1/2019
corvita tablet	Removed from Formulary/Not Covered	1/1/2019
CORVITE 150 TABLET	Removed from Formulary/Not Covered	1/1/2019
CORVITE FE TABLET	Removed from Formulary/Not Covered	1/1/2019
CORVITE FREE TABLET	Removed from Formulary/Not Covered	1/1/2019
CORVITE TABLET	Removed from Formulary/Not Covered	1/1/2019
COSENTYX 150 MG/ML PEN INJECT	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
COSENTYX 150 MG/ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
COSENTYX 300 MG DOSE-2 PENS	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
COSENTYX 300 MG DOSE-2 SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
COSOPT PF EYE DROPS	Removed from Formulary/Not Covered	1/1/2019
cytra-2 oral solution	Removed from Formulary/Not Covered	1/1/2019
cytra-3 syrup	Removed from Formulary/Not Covered	1/1/2019
cytra-k oral solution	Removed from Formulary/Not Covered	1/1/2019
desoximetasone 0.25% cream	Added to Formulary (Generic)	1/1/2019
dialyvite tablet	Removed from Formulary/Not Covered	1/1/2019
dialyvite with zinc tablet	Removed from Formulary/Not Covered	1/1/2019
DICLEGIS DR 10-10 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2019
doxazosin mesylate 1 mg tab	Generic with Quantity Limits	1/1/2019
doxazosin mesylate 2 mg tab	Generic with Quantity Limits	1/1/2019
doxazosin mesylate 4 mg tab	Generic with Quantity Limits	1/1/2019
doxazosin mesylate 8 mg tab	Generic with Quantity Limits	1/1/2019
econazole nitrate 1% cream	Generic with Quantity Limits	1/1/2019
EMBEDA ER 20-0.8 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
EMBEDA ER 30-1.2 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
EMBEDA ER 50-2 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
EMBEDA ER 60-2.4 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
EMEND 125 MG POWDER PACKET	Preferred Brand with Quantity Limits	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
ENBREL 25 MG KIT	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ENBREL 25 MG/0.5 ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ENBREL 50 MG/ML MINI CARTRIDGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ENBREL 50 MG/ML SURECLICK SYR	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ENBREL 50 MG/ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
endocet 10-325 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
endocet 5-325 tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
endocet 7.5-325 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
EVEKEO 10 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
EVEKEO 5 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
EXTAVIA 0.3 MG KIT	Removed from Formulary/Not Covered	1/1/2019
EXTAVIA 0.3 MG VIAL	Removed from Formulary/Not Covered	1/1/2019
FARXIGA 10 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
FARXIGA 5 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
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 75 mcg/hr patch	Generic with Prior Authorization and Quantity Limits	1/1/2019
ferocon capsule	Removed from Formulary/Not Covered	1/1/2019
FERRALET 90 TABLET	Removed from Formulary/Not Covered	1/1/2019
ferraplus 90 tablet	Removed from Formulary/Not Covered	1/1/2019
ferrex 150 forte capsule	Removed from Formulary/Not Covered	1/1/2019
ferrex 150 forte plus capsule	Removed from Formulary/Not Covered	1/1/2019
ferrex 28 tablet	Removed from Formulary/Not Covered	1/1/2019
FETZIMA ER 120 MG CAPSULE	Non-Preferred Brand with Step Therapy	1/1/2019
FETZIMA ER 20 MG CAPSULE	Non-Preferred Brand with Step Therapy	1/1/2019
FETZIMA ER 40 MG CAPSULE	Non-Preferred Brand with Step Therapy	1/1/2019
FETZIMA ER 80 MG CAPSULE	Non-Preferred Brand with Step Therapy	1/1/2019
FLORIVA 0.25 MG/ML DROPS	Removed from Formulary/Not Covered	1/1/2019
fluoride 1 mg tablet chewable	Removed from Formulary/Not Covered	1/1/2019
FLUOROPLEX 1% CREAM	Non-Preferred Brand	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
folbee plus tablet	Removed from Formulary/Not Covered	1/1/2019
folbee tablet	Removed from Formulary/Not Covered	1/1/2019
folbic tablet	Removed from Formulary/Not Covered	1/1/2019
FOLGARD OS TABLET	Removed from Formulary/Not Covered	1/1/2019
folplex 2.2 tablet	Removed from Formulary/Not Covered	1/1/2019
FORFIVO XL 450 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2019
FREESTYLE 28G LANCETS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE INSULINX STRIP NFRS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE INSULINX TEST STRIP	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE INSULINX TEST STRIPS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE LITE TEST STRIP	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE LITE TEST STRIP NFRS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE PREC NEO TEST STRIPS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE TEST STRIPS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE TEST STRIPS NFRS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FREESTYLE UNISTIK 2 LANCETS	Preferred Brand with Change to Existing Quantity Limits	1/1/2019
FUSION PLUS CAPSULE	Removed from Formulary/Not Covered	1/1/2019
GELNIQUE 10% GEL PUMP	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
GILENYA 0.5 MG CAPSULE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
hematinic-folic acid tablet	Removed from Formulary/Not Covered	1/1/2019
hematogen fa softgel	Removed from Formulary/Not Covered	1/1/2019
hematogen forte softgel	Removed from Formulary/Not Covered	1/1/2019
hematogen softgel	Removed from Formulary/Not Covered	1/1/2019
HUMIRA 10 MG/0.1 ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA 10 MG/0.2 ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA 20 MG/0.2 ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA 20 MG/0.4 ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA 40 MG/0.4 ML PEN	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA 40 MG/0.4 ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA 40 MG/0.8 ML PEN	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA 40 MG/0.8 ML SYRINGE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA PED CROHNS 40 MG/0.8 ML	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA PED CROHNS 40 MG/0.8 ML	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
HUMIRA PED CROHNS 80 MG/0.8 ML	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA PEDIATR CROHN'S 80-40MG	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA PEN CROHN-UC-HS 40 MG	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA PEN CROHN-UC-HS 80 MG	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA PEN PSORIA-UVEITIS 40MG	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
HUMIRA PEN PSOR-UVEI 80MG-40MG	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-acetamin 10-300 mg	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-acetamin 10-325 mg	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-acetamin 5-300 mg	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-acetamin 5-325 mg	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-acetamin 7.5-300	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-acetamin 7.5-325	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydrocodone-ibuprofen 10-200	Generic with Prior Authorization	1/1/2019
hydrocodone-ibuprofen 5-200 mg	Generic with Prior Authorization	1/1/2019
hydrocodone-ibuprofen 7.5-200	Generic with Prior Authorization	1/1/2019
hydromorphone 1 mg/ml solution	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydromorphone 2 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydromorphone 4 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydromorphone 8 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydromorphone hcl er 12 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
hydromorphone hcl er 8 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
HYSINGLA ER 60 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
iferex 150 forte capsule	Removed from Formulary/Not Covered	1/1/2019
INVOKAMET 150-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
INVOKAMET 150-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
INVOKAMET 50-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
INVOKAMET 50-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
INVOKAMET XR 150-1,000 MG TAB	Preferred Brand with Quantity Limits	1/1/2019
INVOKAMET XR 150-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
INVOKAMET XR 50-1,000 MG TAB	Preferred Brand with Quantity Limits	1/1/2019
INVOKAMET XR 50-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
INVOKANA 100 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
INVOKANA 300 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
IROSPAN 24/6 TABLET	Removed from Formulary/Not Covered	1/1/2019
itraconazole 100 mg capsule	Generic with Quantity Limits	1/1/2019
JANUMET 50-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JANUMET 50-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JANUMET XR 100-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JANUMET XR 50-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JANUMET XR 50-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JANUVIA 100 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JANUVIA 25 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JANUVIA 50 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
JARDIANCE 10 MG TABLET	Added to Formulary (Preferred Brand) with Quantity Limits	1/1/2019
JARDIANCE 25 MG TABLET	Added to Formulary (Preferred Brand) with Quantity Limits	1/1/2019
JUBLIA 10% TOPICAL SOLUTION	Removed from Formulary/Not Covered	1/1/2019
KERYDIN 5% TOPICAL SOLUTION	Removed from Formulary/Not Covered	1/1/2019
ketoconazole 2% foam	Generic with Prior Authorization	1/1/2019
KEVZARA 150 MG/1.14 ML PEN INJ	Non-Preferred Brand with Prior Authorization	1/1/2019
KEVZARA 150 MG/1.14 ML SYRINGE	Non-Preferred Brand with Prior Authorization	1/1/2019
KEVZARA 200 MG/1.14 ML PEN INJ	Non-Preferred Brand with Prior Authorization	1/1/2019
KEVZARA 200 MG/1.14 ML SYRINGE	Non-Preferred Brand with Prior Authorization	1/1/2019
KHEDEZLA ER 100 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019
KHEDEZLA ER 50 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019
KINERET 100 MG/0.67 ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
KOMBIGLYZE XR 2.5-1,000 MG TAB	Preferred Brand with Quantity Limits	1/1/2019
KOMBIGLYZE XR 5-1,000 MG TAB	Preferred Brand with Quantity Limits	1/1/2019
KOMBIGLYZE XR 5-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
k-phos neutral tablet	Removed from Formulary/Not Covered	1/1/2019
KRISTALOSE 10 GM PACKET	Removed from Formulary/Not Covered	1/1/2019
KRISTALOSE 20 GM PACKET	Removed from Formulary/Not Covered	1/1/2019
LANCETS	Change to Existing Quantity Limits	1/1/2019
LEVITRA 20 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
levorphanol 2 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
LIALDA DR 1.2 GM TABLET	Removed from Formulary/Not Covered	1/1/2019
lidocaine-prilocaine cream	Generic with Quantity Limits	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
lorcet 5-325 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
lorcet plus 7.5-325 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
LORZONE 375 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
LORZONE 750 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
Iudent fluoride 1 mg tab chew	Removed from Formulary/Not Covered	1/1/2019
LUZU 1% CREAM	Removed from Formulary/Not Covered	1/1/2019
MAVYRET 100-40 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
metformin hcl er 500 mg tablet	Generic with Quantity Limits	1/1/2019
methadone hcl 10 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
methadone hcl 5 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
mometasone furoate 50 mcg spry	Removed from Formulary/Not Covered	1/1/2019
MORPHABOND ER 15 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
MORPHABOND ER 30 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
MORPHABOND ER 60 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf 10 mg/5 ml soln	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf 100 mg/5 ml soln	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf 20 mg/5 ml soln	Generic with Prior Authorization and Quantity Limits	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	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate er 20 mg cap	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate er 30 mg cap	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate er 60 mg cap	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate er 80 mg cap	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate er 90 mg cap	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate ir 15 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate ir 30 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
MULTAQ 400 MG TABLET	Added to Formulary (Preferred Brand)	1/1/2019
multigen folic caplet	Removed from Formulary/Not Covered	1/1/2019
multigen plus caplet	Removed from Formulary/Not Covered	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
multivit-fluoride 1 mg tab chw	Removed from Formulary/Not Covered	1/1/2019
multivit-fluor-iron 0.25 mg/ml	Removed from Formulary/Not Covered	1/1/2019
multivit-iron-fl 0.25 mg/ml	Removed from Formulary/Not Covered	1/1/2019
multivit-iron-fluor 0.25 mg/ml	Removed from Formulary/Not Covered	1/1/2019
mvc-fluoride 1 mg tab chew	Removed from Formulary/Not Covered	1/1/2019
NATESTO NASAL 5.5 MG/0.122 GM	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2019
nephplex rx tablet	Removed from Formulary/Not Covered	1/1/2019
NEPHROCAPS QT TABLET	Removed from Formulary/Not Covered	1/1/2019
NEPHRON FA TABLET	Removed from Formulary/Not Covered	1/1/2019
nephro-vite rx tablet	Removed from Formulary/Not Covered	1/1/2019
NICADAN TABLET	Removed from Formulary/Not Covered	1/1/2019
NICAZEL FORTE TABLET	Removed from Formulary/Not Covered	1/1/2019
NICOMIDE TABLET	Removed from Formulary/Not Covered	1/1/2019
NUCYNTA 100 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
NUCYNTA 50 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
NUCYNTA 75 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
NUCYNTA ER 100 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
NUCYNTA ER 150 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
NUCYNTA ER 200 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
NUCYNTA ER 50 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
OLUMIANT 2 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ONGLYZA 2.5 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
ONGLYZA 5 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
OPSUMIT 10 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
ORENCIA 125 MG/ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ORENCIA 50 MG/0.4 ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ORENCIA 87.5 MG/0.7 ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ORENCIA CLICKJECT 125 MG/ML	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
oseltamivir 6 mg/ml suspension	Generic with Quantity Limits	1/1/2019
oseltamivir phos 75 mg capsule	Generic with Quantity Limits	1/1/2019
OTEZLA 28 DAY STARTER PACK	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
OTEZLA 30 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
OTEZLA STARTER PACK	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
OTOVEL 0.3%-0.025% EAR DROPS	Added to Formulary (Preferred Brand)	1/1/2019
OXAYDO 7.5 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
OXISTAT 1% LOTION	Removed from Formulary/Not Covered	1/1/2019
OXTELLAR XR 150 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
OXTELLAR XR 300 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
OXTELLAR XR 600 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
oxycodon-acetaminophen 2.5-325	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodon-acetaminophen 7.5-325	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 10 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 100 mg/5 ml soln	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 15 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 20 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 30 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 5 mg capsule	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 5 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone hcl 5 mg/5 ml soln	Generic with Prior Authorization and Quantity Limits	1/1/2019
OXYCODONE HCL ER 10 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
OXYCODONE HCL ER 20 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
OXYCODONE HCL ER 30 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
OXYCODONE HCL ER 40 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
OXYCODONE HCL ER 60 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
OXYCODONE HCL ER 80 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
oxycodone-acetaminophen 10-325	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone-acetaminophen 5-325	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxycodone-ibuprofen 5-400 tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxymorphone hcl 10 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxymorphone hcl er 10 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxymorphone hcl er 15 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxymorphone hcl er 20 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxymorphone hcl er 30 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxymorphone hcl er 40 mg tab	Generic with Prior Authorization and Quantity Limits	1/1/2019
oxymorphone hcl er 5 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
oyster shell calcium-vit d tab	Removed from Formulary/Not Covered	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
phospha 250 neutral tablet	Removed from Formulary/Not Covered	1/1/2019
pioglitazone-glimepiride 30-2	Generic with Quantity Limits	1/1/2019
pioglitazone-glimepiride 30-4	Generic with Quantity Limits	1/1/2019
PLEGRIDY 125 MCG/0.5 ML PEN	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
PLEGRIDY 125 MCG/0.5 ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
PLEGRIDY PEN INJ STARTER PACK	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
PLEGRIDY SYRINGE STARTER PACK	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
poly-iron 150 forte capsule	Removed from Formulary/Not Covered	1/1/2019
POLY-VI-FLOR 0.25 MG DROPS	Removed from Formulary/Not Covered	1/1/2019
POLY-VI-FLOR 0.5 MG TAB CHEW	Removed from Formulary/Not Covered	1/1/2019
POLY-VI-FLOR 1 MG TAB CHEW	Removed from Formulary/Not Covered	1/1/2019
POLY-VI-FLOR WITH IRON 0.25 MG	Removed from Formulary/Not Covered	1/1/2019
potassium cit-citric acid soln	Removed from Formulary/Not Covered	1/1/2019
QNASL 80 MCG NASAL SPRAY	Non Preferred Brand with Step Therapy and Quantity Limits	1/1/2019
QNASL CHILDREN'S 40 MCG SPRAY	Non Preferred Brand with Step Therapy and Quantity Limits	1/1/2019
QUFLORA PED 0.25 MG CHEW TAB	Removed from Formulary/Not Covered	1/1/2019
RAPAFLO 4 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
RAPAFLO 8 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
REBIF 22 MCG/0.5 ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
REBIF 44 MCG/0.5 ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
REBIF REBIDOSE 22 MCG/0.5 ML	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
REBIF REBIDOSE 44 MCG/0.5 ML	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
REBIF REBIDOSE TITRATION PACK	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
REBIF TITRATION PACK	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
REGANEX 0.01% GEL	Non-Preferred Brand with Quantity Limits	1/1/2019
RELENZA 5 MG DISKHALER	Preferred Brand with Quantity Limits	1/1/2019
RELION NOVOLIN 70-30 VIAL	Removed from Formulary/Not Covered	1/1/2019
RELION NOVOLIN N 100 UNIT/ML	Removed from Formulary/Not Covered	1/1/2019
RELION NOVOLIN R 100 UNIT/ML	Removed from Formulary/Not Covered	1/1/2019
RELISTOR 12 MG/0.6 ML VIAL	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2019
RELISTOR 150 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019
RENAGEL 800 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
renal caps softgel	Removed from Formulary/Not Covered	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
rena-vite rx tablet	Removed from Formulary/Not Covered	1/1/2019
reno caps softgel	Removed from Formulary/Not Covered	1/1/2019
RESTORA RX CAPSULE	Removed from Formulary/Not Covered	1/1/2019
REVLIMID 10 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
REVLIMID 15 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
REVLIMID 25 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
REVLIMID 5 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
SAVELLA 100 MG TABLET	Added to Formulary (Preferred Brand)	1/1/2019
SAVELLA 12.5 MG TABLET	Added to Formulary (Preferred Brand)	1/1/2019
SAVELLA 25 MG TABLET	Added to Formulary (Preferred Brand)	1/1/2019
SAVELLA 50 MG TABLET	Added to Formulary (Preferred Brand)	1/1/2019
SILIQ 210 MG/1.5 ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
SILIQ 210 MG/1.5 ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
SIMPONI 100 MG/ML PEN INJECTOR	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
SIMPONI 100 MG/ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
SIMPONI 50 MG/0.5 ML PEN INJEC	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
SIMPONI 50 MG/0.5 ML SYRINGE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
sod citrate-citric acid soln	Removed from Formulary/Not Covered	1/1/2019
SORILUX 0.005% FOAM	Removed from Formulary/Not Covered	1/1/2019
SOVALDI 400 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
SPORANOX 10 MG/ML SOLUTION	Removed from Formulary/Not Covered	1/1/2019
STELARA 45 MG/0.5 ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
STELARA 45 MG/0.5 ML VIAL	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
STELARA 90 MG/ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
STROVITE ONE CAPLET	Removed from Formulary/Not Covered	1/1/2019
SUBOXONE 12 MG-3 MG SL FILM	Preferred Brand with Quantity Limits	1/1/2019
SUBOXONE 2 MG-0.5 MG SL FILM	Preferred Brand with Quantity Limits	1/1/2019
SUBOXONE 4 MG-1 MG SL FILM	Preferred Brand with Quantity Limits	1/1/2019
SUBOXONE 8 MG-2 MG SL FILM	Preferred Brand with Quantity Limits	1/1/2019
SYNJARDY 12.5-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
SYNJARDY 5-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
SYNJARDY XR 10-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
TALTZ 80 MG/ML AUTOINJ (2-PK)	Non-Preferred Brand with Prior Authorization	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
TALTZ 80 MG/ML AUTOINJ (3-PK)	Non-Preferred Brand with Prior Authorization	1/1/2019
TALTZ 80 MG/ML AUTOINJECTOR	Non-Preferred Brand with Prior Authorization	1/1/2019
TALTZ 80 MG/ML SYRINGE	Non-Preferred Brand with Prior Authorization	1/1/2019
TALTZ 80 MG/ML SYRINGE (2-PK)	Non-Preferred Brand with Prior Authorization	1/1/2019
TALTZ 80 MG/ML SYRINGE (3-PK)	Non-Preferred Brand with Prior Authorization	1/1/2019
TANZEUM 30 MG PEN INJECT	Removed from Formulary/Not Covered	1/1/2019
TANZEUM 50 MG PEN INJECT	Removed from Formulary/Not Covered	1/1/2019
TECFIDERA DR 120 MG CAPSULE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
TECFIDERA DR 240 MG CAPSULE	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
TECFIDERA STARTER PACK	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
TEKTURNA 150 MG TABLET	Added to Formulary (Preferred Brand)	1/1/2019
TEKTURNA 300 MG TABLET	Added to Formulary (Preferred Brand)	1/1/2019
TEKTURNA HCT 150-12.5 MG TAB	Added to Formulary (Preferred Brand)	1/1/2019
TEKTURNA HCT 150-25 MG TABLET	Added to Formulary (Preferred Brand)	1/1/2019
TEKTURNA HCT 300-25 MG TABLET	Added to Formulary (Preferred Brand)	1/1/2019
THIOLA 100 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2019
TIMOPTIC 0.5% OCULOSE DROP	Removed from Formulary/Not Covered	1/1/2019
tl gard rx tablet	Removed from Formulary/Not Covered	1/1/2019
TOBI PODHALER 28 MG INHALE CAP	Added to Formulary (Preferred Brand) with Quantity Limits	1/1/2019
TOPICORT 0.25% SPRAY	Removed from Formulary/Not Covered	1/1/2019
TRACLEER 125 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
TRACLEER 62.5 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
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 CAPSULE	Non-Preferred Brand 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
TREMFYA 100 MG/ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2019
trigels-f forte softgel	Removed from Formulary/Not Covered	1/1/2019
TRINTELLIX 10 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
TRINTELLIX 20 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019
TRINTELLIX 5 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019
triphrocaps softgel	Removed from Formulary/Not Covered	1/1/2019
TRI-VI-FLOR 0.25 MG DROPS	Removed from Formulary/Not Covered	1/1/2019
tri-vit-fluor-iron 0.25 mg/ml	Removed from Formulary/Not Covered	1/1/2019
TROKENDI XR 100 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
TROKENDI XR 200 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
TROKENDI XR 25 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
TROKENDI XR 50 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2019
TRULANCE 3 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019
TYVASO INHALATION STARTER KIT	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
UCERIS 9 MG ER TABLET	Removed from Formulary/Not Covered	1/1/2019
v-c forte capsule	Removed from Formulary/Not Covered	1/1/2019
vicodin 5-300 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
vicodin es 7.5-300 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
vicodin hp 10-300 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
VIIBRYD 10 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019
VIIBRYD 10-20 MG STARTER PACK	Non-Preferred Brand with Step Therapy	1/1/2019
VIIBRYD 20 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019
VIIBRYD 40 MG TABLET	Non-Preferred Brand with Step Therapy	1/1/2019
virt-phos 250 neutral tablet	Removed from Formulary/Not Covered	1/1/2019
virt-vite forte tablet	Removed from Formulary/Not Covered	1/1/2019
virt-vite tablet	Removed from Formulary/Not Covered	1/1/2019
VITAL-D RX TABLET	Removed from Formulary/Not Covered	1/1/2019
vitamin d3 1,000 unit softgel	Removed from Formulary/Not Covered	1/1/2019
vitamin d3 1,000 unit tab chew	Removed from Formulary/Not Covered	1/1/2019
vitamin d3 400 unit softgel	Removed from Formulary/Not Covered	1/1/2019
vitamin d3 400 unit tablet	Removed from Formulary/Not Covered	1/1/2019
vol-care rx tablet	Removed from Formulary/Not Covered	1/1/2019
vol-plus tablet	Removed from Formulary/Not Covered	1/1/2019
vol-tab rx tablet	Removed from Formulary/Not Covered	1/1/2019
VOSEVI 400-100-100 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
vp-vite rx tablet	Removed from Formulary/Not Covered	1/1/2019

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1/1/2019

LABEL NAME	CHANGE	EFFECTIVE DATE
vp-zel tablet	Removed from Formulary/Not Covered	1/1/2019
WELCHOL 3.75G PACKET	Removed from Formulary/Not Covered	1/1/2019
WELLBUTRIN SR 150 MG TABLET	Removed from Formulary/Not Covered	1/1/2019
XELJANZ 10 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
XELJANZ 5 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
XELJANZ XR 11 MG TABLET	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2019
XIFAXAN 200 MG TABLET	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
XIFAXAN 550 MG TABLET	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
XIGDUO XR 10 MG-1,000 MG TAB	Preferred Brand with Quantity Limits	1/1/2019
XIGDUO XR 10 MG-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
XIGDUO XR 2.5 MG-1,000 MG TAB	Preferred Brand with Quantity Limits	1/1/2019
XIGDUO XR 5 MG-1,000 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
XIGDUO XR 5 MG-500 MG TABLET	Preferred Brand with Quantity Limits	1/1/2019
XOLEGEL 2% GEL	Removed from Formulary/Not Covered	1/1/2019
XTAMPZA ER 13.5 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
XTAMPZA ER 18 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
XTAMPZA ER 27 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
XTAMPZA ER 36 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ZETONNA 37 MCG NASAL SPRAY	Non Preferred Brand with Step Therapy and Quantity Limits	1/1/2019
ZOHYDRO ER 15 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ZOHYDRO ER 30 MG CAPSULE	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2019
ZUBSOLV 11.4-2.9 MG TABLET SL	Non-Preferred Brand with Quantity Limits	1/1/2019
ZUBSOLV 2.9-0.71 MG TABLET SL	Non-Preferred Brand with Quantity Limits	1/1/2019
ZUBSOLV 5.7-1.4 MG TABLET SL	Non-Preferred Brand with Quantity Limits	1/1/2019
ZUBSOLV 8.6-2.1 MG TABLET SL	Non-Preferred Brand with Quantity Limits	1/1/2019
ZYCLARA 3.75% CREAM	Removed from Formulary/Not Covered	1/1/2019
ZYCLARA 3.75% CREAM PUMP	Removed from Formulary/Not Covered	1/1/2019