

Emblem Medicaid 1Q19 Formulary Updates

LABEL NAME	CHANGE	EFFECTIVE DATE
acetamin-caff-dihydrocod 320.5	Generic with Prior Authorization	1/1/2019
acetaminop-codeine 120-12 mg/5	Generic with Prior Authorization	1/1/2019
acetaminophen-cod #2 tablet	Generic with Prior Authorization	1/1/2019
acetaminophen-cod #3 tablet	Generic with Prior Authorization	1/1/2019
acetaminophen-cod #4 tablet	Generic with Prior Authorization	1/1/2019
ADMELOG 100 UNIT/ML VIAL	Added to Formulary (Brand)	1/1/2019
ADMELOG SOLOSTAR 100 UNIT/ML	Added to Formulary (Brand)	1/1/2019
albendazole 200 mg tablet	Added to Formulary (Generic) with Quantity Limits	1/1/2019
ALBENZA 200 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
allfen 400 mg tablet	Removed From Formulary/Not Covered	1/1/2019
allfen dm tablet	Removed From Formulary/Not Covered	1/1/2019
AMPYRA ER 10 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
ARNUIITY ELLIPTA 100 MCG INH	Added to Formulary (Brand) with Quantity Limits	1/1/2019
ARNUIITY ELLIPTA 200 MCG INH	Added to Formulary (Brand) with Quantity Limits	1/1/2019
ARNUIITY ELLIPTA 50 MCG INH	Added to Formulary (Brand) with Quantity Limits	1/1/2019
asa-butalb-caff-cod #3 capsule	Generic with Prior Authorization	1/1/2019
ascomp with codeine capsule	Generic with Prior Authorization	1/1/2019
ascorbic acid 250 mg tablet	Removed From Formulary/Not Covered	1/1/2019
ascorbic acid w-rh 500 mg tb	Removed From Formulary/Not Covered	1/1/2019
ASPERCREME 4% PATCH	Added to Formulary (Brand)	1/1/2019
aspirin-caff-dihydrocodein cap	Generic with Prior Authorization	1/1/2019
bacitracin zn 500 unit/gm oint	Added to Formulary (Generic)	1/1/2019
belladonna-opium 16.2-30 supp	Generic with Prior Authorization	1/1/2019
belladonna-opium 16.2-60 supp	Generic with Prior Authorization	1/1/2019
BRAFTOVI 50 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
BRAFTOVI 75 MG CAPSULE	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
butalb-acetaminoph-caff-codein	Generic with Prior Authorization	1/1/2019
butalb-caff-acetaminoph-codein	Generic with Prior Authorization	1/1/2019
butalbital comp-codeine #3 cap	Generic with Prior Authorization	1/1/2019
butorphanol 10 mg/ml spray	Generic with Prior Authorization and Quantity Limits	1/1/2019
calcium 600-vit d3 200 tablet	Added to Formulary (Generic)	1/1/2019
CALCIUM GLUCONATE 648 MG TAB	Removed From Formulary/Not Covered	1/1/2019
calcium lactate 10gr tablet	Removed From Formulary/Not Covered	1/1/2019

Emblem Medicaid 1Q19 Formulary Updates

LABEL NAME	CHANGE	EFFECTIVE DATE
childrens multivit tab chew	Removed From Formulary/Not Covered	1/1/2019
codeine sulfate 15 mg tablet	Generic with Prior Authorization	1/1/2019
codeine sulfate 30 mg tablet	Generic with Prior Authorization	1/1/2019
codeine sulfate 60 mg tablet	Generic with Prior Authorization	1/1/2019
CVS FISH OIL 1;000 MG SOFTGEL	Added to Formulary (Brand)	1/1/2019
dalfampridine er 10 mg tablet	Generic with Prior Authorization	1/1/2019
diskets 40 mg tablet dispr	Generic with Prior Authorization	1/1/2019
DUPIXENT 200 MG/1.14 ML SYRING	Added to Formulary (Brand) with Prior Authorization	1/1/2019
endocet 10-325 mg tablet	Generic with Prior Authorization	1/1/2019
endocet 2.5-325 mg tablet	Generic with Prior Authorization	1/1/2019
endocet 5-325 tablet	Generic with Prior Authorization	1/1/2019
endocet 7.5-325 mg tablet	Generic with Prior Authorization	1/1/2019
EPCLUSA 400 MG-100 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
eszopiclone 1 mg tablet	Removed From Formulary/Not Covered	1/1/2019
eszopiclone 2 mg tablet	Removed From Formulary/Not Covered	1/1/2019
eszopiclone 3 mg tablet	Removed From Formulary/Not Covered	1/1/2019
EZ FLU 2018-19 (FLUCELVAX) KIT	Added to Formulary (Brand)	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 62.5 mcg/hr patch	Generic with Prior Authorization and Quantity Limits	1/1/2019
fentanyl 75 mcg/hr patch	Generic with Prior Authorization and Quantity Limits	1/1/2019
fentanyl 87.5 mcg/hr patch	Generic with Prior Authorization and Quantity Limits	1/1/2019
haloperidol lac 5 mg/ml ampul	Added to Formulary (Generic)	1/1/2019
HARVONI 90-400 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
HUMALOG 100 UNITS/ML CARTRIDGE	Removed From Formulary/Not Covered	1/1/2019
HUMALOG 100 UNITS/ML KWIKPEN	Removed From Formulary/Not Covered	1/1/2019
HUMALOG 100 UNITS/ML VIAL	Removed From Formulary/Not Covered	1/1/2019
HUMALOG 200 UNITS/ML KWIKPEN	Removed From Formulary/Not Covered	1/1/2019
HUMALOG JR 100 UNIT/ML KWIKPEN	Removed From Formulary/Not Covered	1/1/2019
hydrocodone-acetamin 10-300 mg	Generic with Prior Authorization	1/1/2019

Emblem Medicaid 1Q19 Formulary Updates

LABEL NAME	CHANGE	EFFECTIVE DATE
hydrocodone-acetamin 10-325 mg	Generic with Prior Authorization	1/1/2019
hydrocodone-acetamin 2.5-325	Generic with Prior Authorization	1/1/2019
hydrocodone-acetamin 5-300 mg	Generic with Prior Authorization	1/1/2019
hydrocodone-acetamin 5-325 mg	Generic with Prior Authorization	1/1/2019
hydrocodone-acetamin 7.5-300	Generic with Prior Authorization	1/1/2019
hydrocodone-acetamin 7.5-325	Generic with Prior Authorization	1/1/2019
hydrocodone-acetamin 7.5-325/15	Generic with Prior Authorization	1/1/2019
hydrocodone-ibuprofen 10-200	Removed From Formulary/Not Covered	1/1/2019
hydrocodone-ibuprofen 2.5-200	Removed From Formulary/Not Covered	1/1/2019
hydrocodone-ibuprofen 5-200 mg	Removed From Formulary/Not Covered	1/1/2019
hydrocodone-ibuprofen 7.5-200	Removed From Formulary/Not Covered	1/1/2019
hydromorphone 1 mg/ml solution	Generic with Prior Authorization	1/1/2019
hydromorphone 2 mg tablet	Generic with Prior Authorization	1/1/2019
hydromorphone 3 mg suppos	Generic with Prior Authorization	1/1/2019
hydromorphone 4 mg tablet	Generic with Prior Authorization	1/1/2019
hydromorphone 8 mg tablet	Generic with Prior Authorization	1/1/2019
itraconazole 10 mg/ml solution	Added to Formulary (Generic)	1/1/2019
JENTADUETO 2.5 MG-1000 MG TAB	Removed From Formulary/Not Covered	1/1/2019
JENTADUETO 2.5 MG-500 MG TAB	Removed From Formulary/Not Covered	1/1/2019
JENTADUETO 2.5 MG-850 MG TAB	Removed From Formulary/Not Covered	1/1/2019
JENTADUETO XR 2.5 MG-1;000 MG	Removed From Formulary/Not Covered	1/1/2019
JENTADUETO XR 5 MG-1;000 MG TB	Removed From Formulary/Not Covered	1/1/2019
KOMBIGLYZE XR 2.5-1;000 MG TAB	Removed From Formulary/Not Covered	1/1/2019
KOMBIGLYZE XR 5-1;000 MG TAB	Removed From Formulary/Not Covered	1/1/2019
KOMBIGLYZE XR 5-500 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
LETAIRIS 10 MG TABLET	Added to Formulary (Brand) with Prior Authorization	1/1/2019
LETAIRIS 5 MG TABLET	Added to Formulary (Brand) with Prior Authorization	1/1/2019
LIDOCAINE PAIN RELIEF 4% PATCH	Added to Formulary (Brand)	1/1/2019
LIDOCARE 4% PATCH	Added to Formulary (Brand)	1/1/2019
lorcet 5-325 mg tablet	Generic with Prior Authorization	1/1/2019
lorcet hd 10-325 mg tablet	Generic with Prior Authorization	1/1/2019
lorcet plus 7.5-325 mg tablet	Generic with Prior Authorization	1/1/2019
lortab 10-325 mg tablet	Generic with Prior Authorization	1/1/2019

Emblem Medicaid 1Q19 Formulary Updates

LABEL NAME	CHANGE	EFFECTIVE DATE
lorTAB 5-325 mg tablet	Generic with Prior Authorization	1/1/2019
lorTAB 7.5-325 mg tablet	Generic with Prior Authorization	1/1/2019
LUCEMYRA 0.18 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
MAXIFED DM LIQUID	Removed From Formulary/Not Covered	1/1/2019
MEKTOVI 15 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
methadone 10 mg/5 ml solution	Generic with Prior Authorization	1/1/2019
methadone 10 mg/ml oral conc	Generic with Prior Authorization	1/1/2019
methadone 40 mg tablet dispr	Generic with Prior Authorization	1/1/2019
methadone 5 mg/5 ml solution	Generic with Prior Authorization	1/1/2019
methadone hcl 10 mg tablet	Generic with Prior Authorization	1/1/2019
methadone hcl 5 mg tablet	Generic with Prior Authorization	1/1/2019
methadose 10 mg/ml oral conc	Generic with Prior Authorization	1/1/2019
methadose 40 mg tablet dispr	Generic with Prior Authorization	1/1/2019
morphine sulf 10 mg suppos	Generic with Prior Authorization	1/1/2019
morphine sulf 10 mg/5 ml soln	Generic with Prior Authorization	1/1/2019
morphine sulf 100 mg/5 ml soln	Generic with Prior Authorization	1/1/2019
morphine sulf 20 mg suppos	Generic with Prior Authorization	1/1/2019
morphine sulf 20 mg/5 ml soln	Generic with Prior Authorization	1/1/2019
morphine sulf 30 mg suppos	Generic with Prior Authorization	1/1/2019
morphine sulf 5 mg suppos	Generic with Prior Authorization	1/1/2019
morphine sulf er 100 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf er 15 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf er 200 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf er 30 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulf er 60 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
morphine sulfate er 10 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 100 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 120 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 20 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 30 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 40 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 45 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 50 mg cap	Removed From Formulary/Not Covered	1/1/2019

Emblem Medicaid 1Q19 Formulary Updates

LABEL NAME	CHANGE	EFFECTIVE DATE
morphine sulfate er 60 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 75 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 80 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate er 90 mg cap	Removed From Formulary/Not Covered	1/1/2019
morphine sulfate ir 15 mg tab	Generic with Prior Authorization	1/1/2019
morphine sulfate ir 30 mg tab	Generic with Prior Authorization	1/1/2019
MULPLETA 3 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
niacin 125 mg capsule sa	Removed From Formulary/Not Covered	1/1/2019
NUDEXTA 20-10 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	1/1/2019
OMNITROPE 10 MG/1.5 ML CRTG	Added to Formulary (Brand) with Prior Authorization	1/1/2019
OMNITROPE 5 MG/1.5 ML CRTG	Added to Formulary (Brand) with Prior Authorization	1/1/2019
OMNITROPE 5.8 MG VIAL	Added to Formulary (Brand) with Prior Authorization	1/1/2019
ONGLYZA 2.5 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
ONGLYZA 5 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
ORILISSA 150 MG TABLET	Added to Formulary (Brand) with Prior Authorization	1/1/2019
ORILISSA 200 MG TABLET	Added to Formulary (Brand) with Prior Authorization	1/1/2019
oxycodon-acetaminophen 2.5-325	Generic with Prior Authorization	1/1/2019
oxycodon-acetaminophen 7.5-325	Generic with Prior Authorization	1/1/2019
oxycodone hcl 10 mg tablet	Generic with Prior Authorization	1/1/2019
oxycodone hcl 100 mg/5 ml soln	Generic with Prior Authorization	1/1/2019
oxycodone hcl 15 mg tablet	Generic with Prior Authorization	1/1/2019
oxycodone hcl 20 mg tablet	Generic with Prior Authorization	1/1/2019
oxycodone hcl 30 mg tablet	Generic with Prior Authorization	1/1/2019
oxycodone hcl 5 mg capsule	Generic with Prior Authorization	1/1/2019
oxycodone hcl 5 mg tablet	Generic with Prior Authorization	1/1/2019
oxycodone hcl 5 mg/5 ml soln	Generic with Prior Authorization	1/1/2019
oxycodone-acetaminophen 10-325	Generic with Prior Authorization	1/1/2019
oxycodone-acetaminophen 5-325	Generic with Prior Authorization	1/1/2019
oxycodone-acetaminophn 5-325/5	Generic with Prior Authorization	1/1/2019
oxycodone-aspirin 4.8355-325	Generic with Prior Authorization	1/1/2019
oxycodone-ibuprofen 5-400 tab	Removed From Formulary/Not Covered	1/1/2019
PEPTAMEN JUNIOR 1.5 CAL LIQUID	Added to Formulary (Brand)	1/1/2019
PRO COMFORT SPACER-ADULT MASK	Added to Formulary (Brand)	1/1/2019

Emblem Medicaid 1Q19 Formulary Updates

LABEL NAME	CHANGE	EFFECTIVE DATE
PRO-STAT PROFILE LIQUID	Removed From Formulary/Not Covered	1/1/2019
PRO-STAT PROFILE LIQUID PACKET	Removed From Formulary/Not Covered	1/1/2019
pyridoxine 100 mg tablet	Removed From Formulary/Not Covered	1/1/2019
QVAR 40 MCG ORAL INHALER	Removed From Formulary/Not Covered	1/1/2019
QVAR 80 MCG ORAL INHALER	Removed From Formulary/Not Covered	1/1/2019
QVAR REDIHALER 40 MCG	Removed From Formulary/Not Covered	1/1/2019
QVAR REDIHALER 80 MCG	Removed From Formulary/Not Covered	1/1/2019
reprexain 10-200 mg tablet	Generic with Prior Authorization	1/1/2019
reprexain 5-200 mg tablet	Generic with Prior Authorization	1/1/2019
SEGLUROMET 2.5-1,000 MG TABLET	Added to Formulary (Brand) with Step Therapy and Quantity Limits	1/1/2019
SEGLUROMET 2.5-500 MG TABLET	Added to Formulary (Brand) with Step Therapy and Quantity Limits	1/1/2019
SEGLUROMET 7.5-1,000 MG TABLET	Added to Formulary (Brand) with Step Therapy and Quantity Limits	1/1/2019
SEGLUROMET 7.5-500 MG TABLET	Added to Formulary (Brand) with Step Therapy and Quantity Limits	1/1/2019
SNAP INSULIN PUMP CONTROLLER	Removed From Formulary/Not Covered	1/1/2019
SNAP PUMP INFUSION SET 23"	Removed From Formulary/Not Covered	1/1/2019
sodium fluoride 0.25 (0.55) mg	Added to Formulary (Generic)	1/1/2019
SOVALDI 400 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
SPORANOX 10 MG/ML SOLUTION	Removed From Formulary/Not Covered	1/1/2019
STEGLATRO 15 MG TABLET	Added to Formulary (Brand) with Step Therapy and Quantity Limits	1/1/2019
STEGLATRO 5 MG TABLET	Added to Formulary (Brand) with Step Therapy and Quantity Limits	1/1/2019
STRENSIQ 18 MG/0.45 ML VIAL	Brand with Prior Authorization	1/1/2019
STRENSIQ 28 MG/0.7 ML VIAL	Brand with Prior Authorization	1/1/2019
STRENSIQ 40 MG/ML VIAL	Brand with Prior Authorization	1/1/2019
STRENSIQ 80 MG/0.8 ML VIAL	Brand with Prior Authorization	1/1/2019
SULFAMYLLON POWDER PACKET	Removed From Formulary/Not Covered	1/1/2019
SYMBICORT 160-4.5 MCG INHALER	Removed From Formulary/Not Covered	1/1/2019
SYMBICORT 80-4.5 MCG INHALER	Removed From Formulary/Not Covered	1/1/2019
SYMDEKO 100/150 MG-150 MG TABS	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
TECHNIVIE DOSE PACK	Removed From Formulary/Not Covered	1/1/2019
testosteron cyp 1,000 mg/10 ml	Added to Formulary (Generic) with Prior Authorization	1/1/2019
testosteron cyp 2,000 mg/10 ml	Added to Formulary (Generic) with Prior Authorization	1/1/2019
testosterone 1.62% (2.5 g) pkt	Added to Formulary (Generic) with Prior Authorization	1/1/2019
testosterone 1.62% gel pump	Added to Formulary (Generic) with Prior Authorization	1/1/2019

Emblem Medicaid 1Q19 Formulary Updates

LABEL NAME	CHANGE	EFFECTIVE DATE
testosterone 1.62%(1.25 g) pkt	Added to Formulary (Generic) with Prior Authorization	1/1/2019
testosterone 10 mg gel pump	Added to Formulary (Generic) with Prior Authorization	1/1/2019
testosterone 12.5 mg/1.25 gram	Generic with Prior Authorization and Quantity Limits	1/1/2019
testosterone 25 mg/2.5 gm pkt	Generic with Prior Authorization and Quantity Limits	1/1/2019
testosterone 50 mg/5 gram pkt	Generic with Prior Authorization and Quantity Limits	1/1/2019
testosterone cyp 100 mg/ml	Added to Formulary (Generic) with Prior Authorization	1/1/2019
testosterone cyp 200 mg/ml	Added to Formulary (Generic) with Prior Authorization	1/1/2019
thiamine hcl 50 mg tablet	Removed From Formulary/Not Covered	1/1/2019
TIBSOVO 250 MG TABLET	Added to Formulary (Brand) with Prior Authorization and Quantity Limits	1/1/2019
TOUJEO SOLOSTAR 300 UNIT/ML	Removed From Formulary/Not Covered	1/1/2019
TRADJENTA 5 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
tramadol er 100 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
tramadol er 200 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
tramadol er 300 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
tramadol hcl 50 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
tramadol hcl er 100 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
tramadol hcl er 200 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
tramadol hcl er 300 mg tablet	Generic with Prior Authorization and Quantity Limits	1/1/2019
tramadol-acetaminophn 37.5-325	Generic with Prior Authorization and Quantity Limits	1/1/2019
TYMLOS 80 MCG DOSE PEN INJECTR	Added to Formulary (Brand) with Prior Authorization	1/1/2019
VASCEPA 0.5 GM CAPSULE	Removed From Formulary/Not Covered	1/1/2019
VASCEPA 1 GM CAPSULE	Removed From Formulary/Not Covered	1/1/2019
verdrocet 2.5-325 mg tablet	Generic with Prior Authorization	1/1/2019
vicodin 5-300 mg tablet	Removed From Formulary/Not Covered	1/1/2019
vicodin es 7.5-300 mg tablet	Removed From Formulary/Not Covered	1/1/2019
vicodin hp 10-300 mg tablet	Removed From Formulary/Not Covered	1/1/2019
vit a;c;d-fluoride 0.5 mg/ml	Added to Formulary (Generic)	1/1/2019
XARELTO 2.5 MG TABLET	Added to Formulary (Brand)	1/1/2019
xylon 10-200 mg tablet	Generic with Prior Authorization	1/1/2019
zamicet 10-325 mg/15 ml soln	Generic with Prior Authorization	1/1/2019
ZEPATIER 50-100 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
zolpidem tart 1.75 mg tab sl	Removed From Formulary/Not Covered	1/1/2019
zolpidem tart 3.5 mg tablet sl	Removed From Formulary/Not Covered	1/1/2019

Emblem Medicaid 1Q19 Formulary Updates

LABEL NAME	CHANGE	EFFECTIVE DATE
zolpidem tart er 12.5 mg tab	Removed From Formulary/Not Covered	1/1/2019
zolpidem tart er 6.25 mg tab	Removed From Formulary/Not Covered	1/1/2019
ZORTRESS 1 MG TABLET	Added to Formulary (Brand)	1/1/2019