

Emblem Commercial Formulary Changes

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
ACTEMRA ACTPEN 162 MG/0.9 ML	Preferred Brand with Prior Authorization	3/12/2019
acyclovir 5% cream	Added to Formulary (Generic) with Prior Authorization	2/11/2019
ADVAIR 100-50 DISKUS	Multisource Brand Requires Prior Authorization and Quantity Limits	2/21/2019
ADVAIR 250-50 DISKUS	Multisource Brand Requires Prior Authorization and Quantity Limits	2/21/2019
ADVAIR 500-50 DISKUS	Multisource Brand Requires Prior Authorization and Quantity Limits	2/21/2019
ALBUTEROL SUL HFA 90 MCG INH	Non-Formulary/Not Covered	1/16/2019
aliskiren 150 mg tablet	Added to Formulary (Generic)	3/6/2019
aliskiren 300 mg tablet	Added to Formulary (Generic)	3/6/2019
ALTRENO 0.05% LOTION	Non Preferred Brand with Prior Authorization	3/21/2019
AMRIX ER 15 MG CAPSULE	Multisource Brand Requires Prior Authorization	3/12/2019
AMRIX ER 30 MG CAPSULE	Multisource Brand Requires Prior Authorization	3/12/2019
ARAKODA 100 MG TABLET	Non Preferred Brand with Prior Authorization	3/21/2019
bupreno-nalox 2-0.5 mg sl film	Added to Formulary (Generic) with Quantity Limits	2/12/2019
buprenor-nalox 12-3 mg sl film	Added to Formulary (Generic) with Quantity Limits	2/12/2019
buprenorp-nalox 4-1 mg sl film	Added to Formulary (Generic) with Quantity Limits	2/12/2019
carisoprodol-aspirin-codein tb	Generic with Prior Authorization and Quantity Limits	1/11/2019
cinacalcet hcl 30 mg tablet	Generic with Prior Authorization	2/6/2019
cinacalcet hcl 60 mg tablet	Generic with Prior Authorization	2/6/2019
cinacalcet hcl 90 mg tablet	Generic with Prior Authorization	2/6/2019
COPIKTRA 15 MG CAPSULE	Non Preferred Brand with Prior Authorization and Quantity Limits	1/18/2019
COPIKTRA 25 MG CAPSULE	Non Preferred Brand with Prior Authorization and Quantity Limits	1/18/2019
cyclobenzaprine er 15 mg cap	Non Formulary (Generic)	3/25/2019
cyclobenzaprine er 30 mg cap	Non Formulary (Generic)	3/25/2019
DAURISMO 100 MG TABLET	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
DAURISMO 25 MG TABLET	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
DELSTRIGO 100-300-300 MG TAB	Non Preferred Brand with Quantity Limits	1/18/2019
DICLOFENAC EPOLAMINE 1.3% PTCH	Non-Preferred Brand with Prior Authorization	3/5/2019
EPICYN FACIAL CLEANSER SPRAY	Non Formulary/Not Covered	3/21/2019
FARESTON 60 MG TABLET	Multisource Brand Requires Prior Authorization	2/5/2019
GALAFOLD 123 MG CAPSULE	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
HALOBETASOL PROP 0.05% FOAM	Non-Preferred Brand with Prior Authorization	1/16/2019
INBRIJA 42 MG INHALATION CAP	Non-Preferred Brand with Prior Authorization	2/19/2019
KLARITY(CHONDROITIN) 2.5 MG/ML	Non Formulary/Not Covered	3/21/2019

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LEVORPHANOL 3 MG TABLET	Non-Formulary/Not Covered	1/28/2019
LOKELMA 10 GRAM POWDER PACKET	Non Preferred Brand with Prior Authorization	3/21/2019
LOKELMA 5 GRAM POWDER PACKET	Non Preferred Brand with Prior Authorization	3/21/2019
LORBRENA 100 MG TABLET	Non Preferred Brand with Prior Authorization	3/21/2019
LORBRENA 25 MG TABLET	Non Preferred Brand with Prior Authorization	3/21/2019
minocycline er 105 mg tablet	Added to Formulary (Generic) with Prior Authorization	3/12/2019
minocycline er 55 mg tablet	Added to Formulary (Generic) with Prior Authorization	3/25/2019
minocycline er 55 mg tablet	Generic with Prior Authorization	3/25/2019
minocycline er 80 mg tablet	Added to Formulary (Generic) with Prior Authorization	3/12/2019
PALYNZIQ 10 MG/0.5 ML SYRINGE	Non Preferred Brand with Prior Authorization	3/21/2019
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	Non Preferred Brand with Prior Authorization	3/21/2019
PALYNZIQ 20 MG/ML SYRINGE	Non Preferred Brand with Prior Authorization	3/21/2019
PIFELTRO 100 MG TABLET	Non Preferred Brand with Quantity Limits	1/18/2019
QBREXZA 2.4% CLOTH	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
RANEXA ER 1,000 MG TABLET	Multisource Brand Requires Prior Authorization	3/6/2019
RANEXA ER 500 MG TABLET	Multisource Brand Requires Prior Authorization	3/6/2019
ranolazine er 1,000 mg tablet	Added to Formulary (Generic)	2/28/2019
ranolazine er 500 mg tablet	Added to Formulary (Generic)	2/28/2019
RAPAMUNE 1 MG/ML ORAL SOLN	Multisource Brand Requires Prior Authorization and Quantity Limits	2/21/2019
RENAGEL 400 MG TABLET	Multisource Brand Requires Prior Authorization	2/19/2019
RENAGEL 800 MG TABLET	Multisource Brand Requires Prior Authorization	2/19/2019
SABRIL 500 MG TABLET	Multisource Brand Requires Prior Authorization	2/12/2019
sevelamer hcl 400 mg tablet	Added to Formulary (Generic)	2/12/2019
sevelamer hcl 800 mg tablet	Added to Formulary (Generic)	2/12/2019
sirolimus 1 mg/ml solution	Added to Formulary (Generic) with Quantity Limits	1/31/2019
SOLODYN ER 105 MG TABLET	Multisource Brand Requires Prior Authorization	3/14/2019
SOLODYN ER 55 MG TABLET	Multisource Brand Requires Prior Authorization	3/14/2019
SOLODYN ER 80 MG TABLET	Multisource Brand Requires Prior Authorization	3/14/2019
SUBOXONE 12 MG-3 MG SL FILM	Multisource Brand Requires Prior Authorization and Quantity Limits	3/1/2019
SUBOXONE 2 MG-0.5 MG SL FILM	Multisource Brand Requires Prior Authorization and Quantity Limits	3/1/2019
SUBOXONE 4 MG-1 MG SL FILM	Multisource Brand Requires Prior Authorization and Quantity Limits	3/1/2019
SUBOXONE 8 MG-2 MG SL FILM	Multisource Brand Requires Prior Authorization and Quantity Limits	3/1/2019
SYMJEPI 0.3 MG/0.3 ML SYRINGE	Non-Preferred Brand with Quantity Limits and Prior Authorization	1/21/2019

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TALZENNA 0.25 MG CAPSULE	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
TALZENNA 1 MG CAPSULE	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
TAPERDEX 7 DAY 1.5 MG TAB PACK	Non-Formulary/Not Covered	3/5/2019
TIBSOVO 250 MG TABLET	Non Preferred Brand with Prior Authorization and Quantity Limits	1/18/2019
TIROSINT-SOL 100 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 112 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 125 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 13 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 137 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 150 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 175 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 200 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 25 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 50 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 75 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
TIROSINT-SOL 88 MCG/ML SOLN	Non-Preferred Brand with Prior Authorization	2/20/2019
toremifene citrate 60 mg tab	Added to Formulary (Generic)	1/28/2019
TREMFYA 100 MG/ML INJECTOR	Added to Formulary (Preferred Brand) with Prior Authorization	2/21/2019
TRESIBA 100 UNIT/ML VIAL	Preferred Brand	1/18/2019
tri-vylibra lo tablet	Added to Formulary (Generic) (ACA)	1/9/2019
vigabatrin 500 mg tablet	Added to Formulary (Generic)	1/22/2019
VITRAKVI 100 MG CAPSULE	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
VITRAKVI 20 MG/ML SOLUTION	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
VITRAKVI 25 MG CAPSULE	Non Preferred Brand with Prior Authorization and Quantity Limits	3/21/2019
VIZIMPRO 15 MG TABLET	Non Preferred Brand with Prior Authorization and Quantity Limits	1/18/2019
VIZIMPRO 30 MG TABLET	Non Preferred Brand with Prior Authorization and Quantity Limits	1/18/2019
VIZIMPRO 45 MG TABLET	Non Preferred Brand with Prior Authorization and Quantity Limits	1/18/2019