

Emblem Medicaid Formulary Updates

<b>LABEL NAME</b>	<b>CHANGE</b>	<b>EFFECTIVE DATE</b>
clindamycin ph 1% gel	Generic with Quantity Limits	1/1/2019
clindamycin ph 1% solution	Generic with Quantity Limits	1/1/2019
clindamycin phosp 1% lotion	Generic with Quantity Limits	1/1/2019
COPIKTRA 15 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	1/18/2019
COPIKTRA 25 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	1/18/2019
DAURISMO 100 MG TABLET	Brand with Prior Authorization and Quantity Limits	3/21/2019
DAURISMO 25 MG TABLET	Brand with Prior Authorization and Quantity Limits	3/21/2019
DELSTRIGO 100-300-300 MG TAB	Brand with Quantity Limits	1/18/2019
EEMT DS 1.25-2.5 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
EEMT HS 0.625-1.25 MG TABLET	Removed From Formulary/Not Covered	1/1/2019
FLOVENT 100 MCG DISKUS	Brand with Quantity Limits	2/6/2019
FLOVENT 250 MCG DISKUS	Brand with Quantity Limits	2/6/2019
FLOVENT 50 MCG DISKUS	Brand with Quantity Limits	2/6/2019
FLOVENT HFA 110 MCG INHALER	Brand with Quantity Limits	2/6/2019
FLOVENT HFA 220 MCG INHALER	Brand with Quantity Limits	2/6/2019
FLOVENT HFA 44 MCG INHALER	Brand with Quantity Limits	2/6/2019
GALAFOLD 123 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	3/21/2019
GLEOSTINE 10 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2019
GLEOSTINE 100 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2019
GLEOSTINE 40 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2019
GLEOSTINE 5 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2019
IMPAVIDO 50 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2019
LORBRENA 100 MG TABLET	Brand with Prior Authorization	3/21/2019
LORBRENA 25 MG TABLET	Brand with Prior Authorization	3/21/2019
mesalamine 1;000 mg supp	Generic with Quantity Limits	2/21/2019
ORILISSA 150 MG TABLET	Brand with Prior Authorization and Quantity Limits	1/1/2019
ORILISSA 200 MG TABLET	Brand with Prior Authorization and Quantity Limits	1/1/2019
PIFELTRO 100 MG TABLET	Brand with Quantity Limits	1/18/2019
PROMACTA 12.5 MG SUSPEN PACKET	Brand with Prior Authorization	1/3/2019
sirolimus 1 mg/ml solution	Generic	1/30/2019
SOFOBUVIR-VELPATASVIR 400-100	Brand with Prior Authorization and Quantity Limits	4/1/2019
TALZENNA 0.25 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	3/21/2019
TALZENNA 1 MG CAPSULE	Brand with Prior Authorization and Quantity Limits	3/21/2019

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<b>LABEL NAME</b>	<b>CHANGE</b>	<b>EFFECTIVE DATE</b>
<b>TIBSOVO 250 MG TABLET</b>	<b>Brand with Prior Authorization and Quantity Limits</b>	<b>1/18/2019</b>
<b>toremifene citrate 60 mg tab</b>	<b>Generic with Quantity Limits</b>	<b>1/25/2019</b>
<b>TYMLOS 80 MCG DOSE PEN INJECTR</b>	<b>Brand with Prior Authorization and Quantity Limits</b>	<b>1/1/2019</b>
<b>vigabatrin 500 mg tablet</b>	<b>Generic with Prior Authorization</b>	<b>1/18/2019</b>
<b>VITRAKVI 100 MG CAPSULE</b>	<b>Brand with Prior Authorization and Quantity Limits</b>	<b>3/21/2019</b>
<b>VITRAKVI 20 MG/ML SOLUTION</b>	<b>Brand with Prior Authorization and Quantity Limits</b>	<b>3/21/2019</b>
<b>VITRAKVI 25 MG CAPSULE</b>	<b>Brand with Prior Authorization and Quantity Limits</b>	<b>3/21/2019</b>
<b>VIZIMPRO 15 MG TABLET</b>	<b>Brand with Prior Authorization and Quantity Limits</b>	<b>1/18/2019</b>
<b>VIZIMPRO 30 MG TABLET</b>	<b>Brand with Prior Authorization and Quantity Limits</b>	<b>1/18/2019</b>
<b>VIZIMPRO 45 MG TABLET</b>	<b>Brand with Prior Authorization and Quantity Limits</b>	<b>1/18/2019</b>