

Emblem Qualified Health Plan and Essential Plan Formulary Changes 1.1.21-Present

LABEL NAME	FORMULARY AND UTILIZATION MANAGEMENT STATUS	EFFECTIVE DATE
AFINITOR 2.5 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
AFINITOR 5 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
AFINITOR 7.5 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
DIASTAT 2.5 MG PEDI SYSTEM	Removed from Formulary/Not Covered	1/1/2021
EMTRIVA 200 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2021
EPIPEN 0.3 MG AUTO-INJECTOR	Removed from Formulary/Not Covered	1/1/2021
EPIPEN 2-PAK 0.3 MG AUTO-INJECT	Removed from Formulary/Not Covered	1/1/2021
EPIPEN JR 0.15 MG AUTO-INJECTR	Removed from Formulary/Not Covered	1/1/2021
EPIPEN JR 2-PAK 0.15 MG INJECTR	Removed from Formulary/Not Covered	1/1/2021
MOVIPREP POWDER PACKET	Removed from Formulary/Not Covered	1/1/2021
NUCYNTA 100 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
NUCYNTA 50 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
NUCYNTA 75 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
NUCYNTA ER 100 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
NUCYNTA ER 150 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
NUCYNTA ER 200 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
NUCYNTA ER 250 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
NUCYNTA ER 50 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
ZORTRESS 0.25 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
ZORTRESS 0.5 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
ZORTRESS 0.75 MGTABLET	Removed from Formulary/Not Covered	1/1/2021
ZOHYDRO ER 10 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2021
ZOHYDRO ER 15 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2021
ZOHYDRO ER 20 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2021
ZOHYDRO ER 30 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2021
ZOHYDRO ER 40 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2021
ZOHYDRO ER 50 MG CAPSULE	Removed from Formulary/Not Covered	1/1/2021
SPRIX 15.75 MG NASAL SPRAY	Removed from Formulary/Not Covered	1/1/2021
NAFTIN 1% GEL	Removed from Formulary/Not Covered	1/1/2021
DIPHEN 12.5 MG/5 ML ELIXIR	Removed from Formulary/Not Covered	1/1/2021
SYMFI 600-300-300 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
SYMFI LO 400-300-300 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
VARDENAFIL HCL 10 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
VARDENAFIL HCL 2.5 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
VARDENAFIL HCL 20 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
VARDENAFIL HCL 5 MG TABLET	Removed from Formulary/Not Covered	1/1/2021
TALTZ 80 MG/ML AUTOINJ (2-PK)	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
TALTZ 80 MG/ML AUTOINJ (3-PK)	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
TALTZ 80 MG/ML AUTOINJECTOR	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021

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TALTZ 80 MG/ML SYRINGE	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
TALTZ 80 MG/ML SYRINGE (2-PK)	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
TALTZ 80 MG/ML SYRINGE (3-PK)	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
COSENTYX 150 MG/ML PEN INJECT	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
COSENTYX 150 MG/ML SYRINGE	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
COSENTYX 300 MG DOSE-2 PENS	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
COSENTYX 300 MG DOSE-2 SYRINGE	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
ACIPHEX SPRINKLE DR 10 MG CAP	Change to Existing Quantity Limits	1/1/2021
ACIPHEX SPRINKLE DR 5 MG CAP	Change to Existing Quantity Limits	1/1/2021
AMITIZA 24 MCG CAPSULES	Removed from Formulary (Non-Preferred Brand) with Prior Authorization	1/1/2021
AMITIZA 8 MCG CAPSULE	Removed from Formulary (Non-Preferred Brand) with Prior Authorization	1/1/2021
CANDESARTAN CILEXETIL 16 MG TB	Generic with Step Therapy and Quantity Limits	1/1/2021
CANDESARTAN CILEXETIL 32 MG TB	Generic with Step Therapy and Quantity Limits	1/1/2021
CANDESARTAN CILEXETIL 4 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
CANDESARTAN CILEXETIL 8 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
CANDESARTAN-HCTZ 16-12.5 MG TB	Generic with Step Therapy and Quantity Limits	1/1/2021
CANDESARTAN-HCTZ 32-12.5 MG TB	Generic with Step Therapy and Quantity Limits	1/1/2021
CANDESARTAN-HCTZ 32-25 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
EDARBI 40 MG TABLET	Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
EDARBI 40 MG TABLET	Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
EDARBI 80 MG TABLET	Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
EDARBYCLOR 40-12.5 MG TABLET	Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
EDARBYCLOR 40-25 MG TABLET	Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
EPROSARTAN MESYLATE 600 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
TRULANCE 3 MG TABLET	Added to Formulary (Preferred Brand)	1/1/2021
TEKTURNA HCT 150-12.5 MG TAB	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
TEKTURNA HCT 150-12.5 MG TAB	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
TEKTURNA HCT 150-25 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
TEKTURNA HCT 300-12.5 MG TAB	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
TEKTURNA HCT 300-25 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
PENTASA 250 MG CAPSULE	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
PENTASA 500 MG CAPSULE	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
OMEPRAZOLE-BICARB 20-1,100 CAP	Change to Existing Quantity Limits	1/1/2021
OLMESARTAN MEDOXOMIL 20 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
OLMESARTAN MEDOXOMIL 40 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
OLMESARTAN MEDOXOMIL 5 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
OLMESARTAN-HCTZ 20-12.5 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
OLMESARTAN-HCTZ 40-12.5 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
OLMESARTAN-HCTZ 40-25 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
LANSOPRAZOLE DR 15 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021

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GVOKE PFS 1PK 0.5MG/0.1 ML SYR	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
GVOKE PFS 2PK 0.5MG/0.1 ML SYR	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
GLUCAGON 1 MG EMERGENCY KIT (Lilly mfg)	Added to Formulary (Preferred Brand) with Quantity Limits	1/1/2021
GLUCAGON 1 MG EMERGENCY KIT	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
NEXIUM 24HR 20 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
ESOMEPRAZOLE DR 49.3 MG CAP	Change to Existing Quantity Limits	1/1/2021
ACYCLOVIR 5% OINTMENT	Generic with Prior Authorization and Quantity Limits	1/1/2021
COREMINO ER 135 MG TABLET	Generic with Prior Authorization	1/1/2021
COREMINO ER 45 MG TABLET	Generic with Prior Authorization	1/1/2021
COREMINO ER 90 MG TABLET	Generic with Prior Authorization	1/1/2021
DIHYDROERGOTAMINE 4 MG/ML SPRY	Generic with Prior Authorization and Quantity Limits	1/1/2021
MINOCYCLINE ER 135 MG TABLET	Generic with Prior Authorization	1/1/2021
MINOCYCLINE ER 45 MG TABLET	Generic with Prior Authorization	1/1/2021
MINOCYCLINE ER 90 MG TABLET	Generic with Prior Authorization	1/1/2021
OMEGA-3 ETHYL ESTERS 1 GM CAP	Generic with Prior Authorization	1/1/2021
OXICONAZOLE NITRATE 1% CREAM	Generic with Prior Authorization	1/1/2021
PHENOXYBENZAMINE HCL 10 MG CAP	Generic with Prior Authorization	1/1/2021
TRIKLO 1 GM CAPSULE	Generic with Prior Authorization	1/1/2021
ZILEUTON ER 600 MG TABLET	Generic with Prior Authorization	1/1/2021
AURYXIA 210 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2021
BYVALSON 5 MG-80 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2021
CYSTARAN 0.44% EYE DROPS	Non-Preferred Brand with Prior Authorization	1/1/2021
GLUCAGEN 1 MG HYPOKIT	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
GLUCAGON 1 MG VIAL	Non-Preferred Brand with Prior Authorization	1/1/2021
ONMEL 200 MG TABLET	Non-Preferred Brand with Prior Authorization	1/1/2021
SUCRAID 8,500 UNITS/ML SOLN	Non-Preferred Brand with Prior Authorization	1/1/2021
TOBI PODHALER 28 MG INHALE CAP	Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
ZYFLO 600 MG FILMTAB	Non-Preferred Brand with Prior Authorization	1/1/2021
VIIBRYD 10 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
VIIBRYD 10-20 MG STARTER PACK	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
VIIBRYD 20 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
VIIBRYD 40 MG TABLET	Removed from Formulary (Non-Preferred Brand) with Step Therapy	1/1/2021
REPATHA 140 MG/ML SURECLICK	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
REPATHA 140 MG/ML SYRINGE	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
REPATHA 420 MG/3.5ML PUSHTRONX	Removed from Formulary (Non-Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021
BAQSIMI 3 MG SPRAY ONE PACK	Added to Formulary (Preferred Brand) with Quantity Limits	1/1/2021
BAQSIMI 3 MG SPRAY TWO PACK	Added to Formulary (Preferred Brand) with Quantity Limits	1/1/2021
CIMZIA 2X200 MG/ML SYRINGE KIT	Added to Formulary (Preferred Brand) with Prior Authorization and Quantity Limits	1/1/2021

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CIMZIA 2X200 MG/ML(X3)START KT	Added to Formulary (Preferred Brand) with Prior Authorization	1/1/2021
AZITHROMYCIN 1 GM PWD PACKET	Removed quantity limits	1/1/2021
AZITHROMYCIN 100 MG/5 ML SUSP	Removed quantity limits	1/1/2021
AZITHROMYCIN 200 MG/5 ML SUSP	Removed quantity limits	1/1/2021
AZITHROMYCIN 250 MG TABLET	Removed quantity limits	1/1/2021
AZITHROMYCIN 500 MG TABLET	Removed quantity limits	1/1/2021
AZITHROMYCIN 600 MG TABLET	Removed quantity limits	1/1/2021
CHLOROQUINE PH 250 MG TABLET	Removed quantity limits	1/1/2021
CHLOROQUINE PH 500 MG TABLET	Removed quantity limits	1/1/2021
HYDROXYCHLOROQUINE 200 MG TAB	Removed quantity limits	1/1/2021
PANTOPRAZOLE 40 MG SUSPENSION	Change to Existing Quantity Limits	1/1/2021

DEXILANT DR 30 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
DEXILANT DR 60 MG CAPSULE	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
ESOMEPRAZOLE KIT	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
NEXIUM DR 2.5 MG PACKET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
NEXIUM DR 5 MG PACKET	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
PRILOSEC DR 10 MG SUSPENSION	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
PRILOSEC DR 2.5 MG SUSPENSION	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
RABEPRAZOLE DR 10 MG SPRNKL CP	Non-Preferred Brand with Step Therapy and Quantity Limits	1/1/2021
SEGLUOMET 2.5-1,000 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021
SEGLUOMET 2.5-500 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021
SEGLUOMET 7.5-1,000 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021
SEGLUOMET 7.5-500 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021
STEGLATRO 15 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021
STEGLATRO 5 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021
ELLA 30 MG TABLET	Non-Preferred Brand with Quantity Limits	1/1/2021
ACID REDUCER DR 20 MG CAP	Change to Existing Quantity Limits	1/1/2021
CVS ESOMEPRAZOLE MAG 20 MG CAP	Change to Existing Quantity Limits	1/1/2021
CVS LANSOPRAZOLE DR 15 MG CAP	Change to Existing Quantity Limits	1/1/2021
CVS LANSOPRAZOLE ODT 15 MG TAB	Change to Existing Quantity Limits	1/1/2021
CVS OMEPRAZOLE DR 20 MG ODT	Change to Existing Quantity Limits	1/1/2021
CVS OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
CVS OMEPRAZOLE MAG DR 20.6 MG	Change to Existing Quantity Limits	1/1/2021
CVS OMEPRAZOLE-BICARB 20-1,100	Change to Existing Quantity Limits	1/1/2021
EQ LANSOPRAZOLE DR 15 MG CAP	Change to Existing Quantity Limits	1/1/2021
EQ OMEPRAZOLE DR 20 MG ODT	Change to Existing Quantity Limits	1/1/2021
EQ OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021

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EQ OMEPRAZOLE MAG DR 20.6 MG	Change to Existing Quantity Limits	1/1/2021
EQL LANSOPRAZOLE DR 15 MG CAP	Change to Existing Quantity Limits	1/1/2021
EQL OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
ESOMEPRAZOLE DR 10 MG PACKET	Change to Existing Quantity Limits	1/1/2021
ESOMEPRAZOLE DR 20 MG PACKET	Change to Existing Quantity Limits	1/1/2021
ESOMEPRAZOLE DR 40 MG PACKET	Change to Existing Quantity Limits	1/1/2021
ESOMEPRAZOLE MAG DR 40 MG CAP	Change to Existing Quantity Limits	1/1/2021
GNP ESOMEPRAZOLE MAG DR 20 MG	Change to Existing Quantity Limits	1/1/2021
GNP OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
GS ESOMEPRAZOLE MAG DR 20 MG	Change to Existing Quantity Limits	1/1/2021
GS LANSOPRAZOLE DR 15 MG CAP	Change to Existing Quantity Limits	1/1/2021
GS OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
HEARTBURN TREATMENT 20 MG CAP	Change to Existing Quantity Limits	1/1/2021
HEARTBURN TREATMNT 24 HR 15 MG	Change to Existing Quantity Limits	1/1/2021
HM ESOMEPRAZOLE MAG DR 20 MG	Change to Existing Quantity Limits	1/1/2021
HM LANSOPRAZOLE DR 15 MG CAP	Change to Existing Quantity Limits	1/1/2021
HM OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
LANSOPRAZOLE DR 30 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
LANSOPRAZOLE ODT 15 MG TABLET	Change to Existing Quantity Limits	1/1/2021
LANSOPRAZOLE ODT 30 MG TABLET	Change to Existing Quantity Limits	1/1/2021
NEXIUM 24HR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
OMEPPi 20 MG-1,100 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
OMEPPi 40 MG-1,100 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE DR 10 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE DR 20 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE DR 20 MG ODT	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE DR 40 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE MAG DR 20 MG CAP	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE MAG DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE MAG DR 20.6 MG CAP	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE-BICARB 20-1,680 PKT	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE-BICARB 40-1,100 CAP	Change to Existing Quantity Limits	1/1/2021
OMEPRAZOLE-BICARB 40-1,680 PKT	Change to Existing Quantity Limits	1/1/2021
PANTOPRAZOLE SOD DR 20 MG TAB	Change to Existing Quantity Limits	1/1/2021
PANTOPRAZOLE SOD DR 40 MG TAB	Change to Existing Quantity Limits	1/1/2021
PREVACID 24HR DR 15 MG CAPSULE	Change to Existing Quantity Limits	1/1/2021
PRILOSEC OTC 20.6 MG TABLET	Change to Existing Quantity Limits	1/1/2021
PUB OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
QC ESOMEPRAZOLE MAG DR 20 MG	Change to Existing Quantity Limits	1/1/2021

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QC OMEPRAZOLE MAG DR 20.6 MG	Change to Existing Quantity Limits	1/1/2021
RA ESOMEPRAZOLE MAG DR 20 MG	Change to Existing Quantity Limits	1/1/2021
RA LANSOPRAZOLE DR 15 MG CAP	Change to Existing Quantity Limits	1/1/2021
RA OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
RABEPRAZOLE SOD DR 20 MG TAB	Change to Existing Quantity Limits	1/1/2021
SM ESOMEPRAZOLE MAG DR 20 MG	Change to Existing Quantity Limits	1/1/2021
SM LANSOPRAZOLE DR 15 MG CAP	Change to Existing Quantity Limits	1/1/2021
SM OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
SW OMEPRAZOLE DR 20 MG TABLET	Change to Existing Quantity Limits	1/1/2021
ZEGERID OTC 20-1,100 MG CAP	Change to Existing Quantity Limits	1/1/2021
LOSARTAN-HCTZ 100-12.5 MG TAB	Generic with Quantity Limits	1/1/2021
LOSARTAN-HCTZ 100-25 MG TAB	Generic with Quantity Limits	1/1/2021
LOSARTAN-HCTZ 50-12.5 MG TAB	Generic with Quantity Limits	1/1/2021
CEQUA 0.09% SOLUTION	Non-Preferred Brand with Prior Authorization and Quantity Limits	1/1/2021
MESALAMINE DR 400 MG CAPSULE	Generic with no UM	1/1/2021
MESALAMINE ER 0.375 GRAM CAP	Generic with no UM	1/1/2021
ALISKIREN 150 MG TABLET	Generic with Step Therapy	1/1/2021
ALISKIREN 300 MG TABLET	Generic with Step Therapy	1/1/2021
AMLODIPINE-OLMESARTAN 10-20 MG	Generic with Step Therapy and Quantity Limits	1/1/2021
AMLODIPINE-OLMESARTAN 10-40 MG	Generic with Step Therapy and Quantity Limits	1/1/2021
AMLODIPINE-OLMESARTAN 5-20 MG	Generic with Step Therapy and Quantity Limits	1/1/2021
AMLODIPINE-OLMESARTAN 5-40 MG	Generic with Step Therapy and Quantity Limits	1/1/2021
AMLODIPINE-VALSARTAN 10-160 MG	Generic with Step Therapy	1/1/2021
AMLODIPINE-VALSARTAN 10-320 MG	Generic with Step Therapy	1/1/2021
AMLODIPINE-VALSARTAN 5-160 MG	Generic with Step Therapy	1/1/2021
AMLODIPINE-VALSARTAN 5-320 MG	Generic with Step Therapy	1/1/2021
DARIFENACIN ER 15 MG TABLET	Generic with Step Therapy	1/1/2021
DARIFENACIN ER 7.5 MG TABLET	Generic with Step Therapy	1/1/2021
DESVENLAFAXINE ER 100 MG TAB	Non-Preferred Brand with Step Therapy	1/1/2021
DESVENLAFAXINE ER 50 MG TAB	Non-Preferred Brand with Step Therapy	1/1/2021
FOSRENOL 1,000 MG POWDER PACK	Non-Preferred Brand with Step Therapy	1/1/2021
FOSRENOL 750 MG POWDER PACKET	Non-Preferred Brand with Step Therapy	1/1/2021
LANTHANUM CARB 1,000 MG TB CHW	Generic with Step Therapy	1/1/2021
LANTHANUM CARB 500 MG TAB CHEW	Generic with Step Therapy	1/1/2021
LANTHANUM CARB 750 MG TAB CHEW	Generic with Step Therapy	1/1/2021
OLMESARTAN MEDOXOMIL 20 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
OLMESARTAN MEDOXOMIL 5 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
OLMESARTAN-HCTZ 20-12.5 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
SEVELAMER 0.8 GM POWDER PACKET	Generic with Step Therapy	1/1/2021
SEVELAMER 2.4 GM POWDER PACKET	Generic with Step Therapy	1/1/2021

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SEVELAMER HCL 400 MG TABLET	Generic with Step Therapy	1/1/2021
SEVELAMER HCL 800 MG TABLET	Generic with Step Therapy	1/1/2021
SOLIFENACIN 10 MG TABLET	Generic with Step Therapy	1/1/2021
SOLIFENACIN 5 MG TABLET	Generic with Step Therapy	1/1/2021
TELMISARTAN 20 MG TABLET	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN 40 MG TABLET	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN 80 MG TABLET	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN-AMLODIPINE 40-10	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN-AMLODIPINE 40-5 MG	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN-AMLODIPINE 80-10	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN-AMLODIPINE 80-5 MG	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN-HCTZ 40-12.5 MG TB	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN-HCTZ 80-12.5 MG TB	Generic with Step Therapy and Quantity Limits	1/1/2021
TELMISARTAN-HCTZ 80-25 MG TAB	Generic with Step Therapy and Quantity Limits	1/1/2021
TROSPIUM CHLORIDE 20 MG TABLET	Generic with Step Therapy	1/1/2021
TROSPIUM CHLORIDE ER 60 MG CAP	Generic with Step Therapy	1/1/2021
VELPHORO 500 MG CHEWABLE TAB	Non-Preferred Brand with Step Therapy	1/1/2021
VENLAFAXINE HCL ER 150 MG TAB	Generic with Step Therapy	1/1/2021
VENLAFAXINE HCL ER 225 MG TAB	Generic with Step Therapy	1/1/2021
VENLAFAXINE HCL ER 37.5 MG TAB	Generic with Step Therapy	1/1/2021
VENLAFAXINE HCL ER 75 MG TAB	Generic with Step Therapy	1/1/2021