

Emblem Medicaid Formulary Updates 1.1.21-present

LABEL NAME	CHANGE	EFFECTIVE DATE
ABSTRAL 100 MCG TAB SUBLINGUAL	Enroll in AOM 4.0 edits	1/1/2021
ABSTRAL 200 MCG TAB SUBLINGUAL	Enroll in AOM 4.0 edits	1/1/2021
ABSTRAL 300 MCG TAB SUBLINGUAL	Enroll in AOM 4.0 edits	1/1/2021
ABSTRAL 400 MCG TAB SUBLINGUAL	Enroll in AOM 4.0 edits	1/1/2021
ABSTRAL 600 MCG TAB SUBLINGUAL	Enroll in AOM 4.0 edits	1/1/2021
ABSTRAL 800 MCG TAB SUBLINGUAL	Enroll in AOM 4.0 edits	1/1/2021
ACETAMIN-CAF-DIHYDROCODEIN 325	Enroll in AOM 4.0 edits	1/1/2021
ACETAMIN-CODEIN 300-30 MG/12.5	Enroll in AOM 4.0 edits	1/1/2021
ACETAMINOP-CODEINE 120-12 MG/5	Enroll in AOM 4.0 edits	1/1/2021
ACETAMINOPHEN-COD #2 TABLET	Enroll in AOM 4.0 edits	1/1/2021
ACETAMINOPHEN-COD #3 TABLET	Enroll in AOM 4.0 edits	1/1/2021
ACETAMINOPHEN-COD #4 TABLET	Enroll in AOM 4.0 edits	1/1/2021
ACETAMN-CAF-DIHYDRCODEIN 320.5	Enroll in AOM 4.0 edits	1/1/2021
ACTIQ 1,200 MCG LOZENGE	Enroll in AOM 4.0 edits	1/1/2021
ACTIQ 1,600 MCG LOZENGE	Enroll in AOM 4.0 edits	1/1/2021
ACTIQ 200 MCG LOZENGE	Enroll in AOM 4.0 edits	1/1/2021
ACTIQ 400 MCG LOZENGE	Enroll in AOM 4.0 edits	1/1/2021
ACTIQ 600 MCG LOZENGE	Enroll in AOM 4.0 edits	1/1/2021
ACTIQ 800 MCG LOZENGE	Enroll in AOM 4.0 edits	1/1/2021
APADAZ 4.08-325 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
APADAZ 6.12-325 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
APADAZ 8.16-325 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
ARYMO ER 15 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
ARYMO ER 30 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
ARYMO ER 60 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
ASA-BUTALB-CAFF-COD #3 CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
ASCOMP WITH CODEINE CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
BENZHYDROCOD-ACETAMIN 4.08-325	Enroll in AOM 4.0 edits	1/1/2021
BENZHYDROCOD-ACETAMIN 6.12-325	Enroll in AOM 4.0 edits	1/1/2021
BENZHYDROCOD-ACETAMIN 8.16-325	Enroll in AOM 4.0 edits	1/1/2021
BUTALB-ACETAMIN-CAF-COD 50-300	Enroll in AOM 4.0 edits	1/1/2021
BUTALB-ACETAMIN-CAF-COD 50-325	Enroll in AOM 4.0 edits	1/1/2021
BUTALBITAL COMP-CODEINE #3 CAP	Enroll in AOM 4.0 edits	1/1/2021

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BUTORPHANOL 1 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
BUTORPHANOL 10 MG/ML SPRAY	Enroll in AOM 4.0 edits	1/1/2021
BUTORPHANOL 2 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
BUTORPHANOL 4 MG/2 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
BUTORPHANOL TARTRATE POWDER	Enroll in AOM 4.0 edits	1/1/2021
CAPITAL WITH CODEINE SUSP	Enroll in AOM 4.0 edits	1/1/2021
CARISOPRODOL-ASPIRIN-CODEIN TB	Enroll in AOM 4.0 edits	1/1/2021
CODEINE PHOSPHATE POWDER	Enroll in AOM 4.0 edits	1/1/2021
CODEINE SULFATE 15 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
CODEINE SULFATE 30 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
CODEINE SULFATE 60 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
CONZIP 100 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
CONZIP 200 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
CONZIP 300 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
DEMEROL 100 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
DEMEROL 100 MG/2 ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
DEMEROL 100 MG/ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
DEMEROL 100 MG/ML CARPUJECT	Enroll in AOM 4.0 edits	1/1/2021
DEMEROL 100 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
DEMEROL 25 MG/0.5 ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
DEMEROL 25 MG/ML CARPUJECT	Enroll in AOM 4.0 edits	1/1/2021
DEMEROL 50 MG/ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
DEMEROL 50 MG/ML CARPUJECT	Enroll in AOM 4.0 edits	1/1/2021
DEMEROL 50 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
DEMEROL 75 MG/1.5 ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
DEMEROL 75 MG/ML CARPUJECT	Enroll in AOM 4.0 edits	1/1/2021
DILAUDID 0.2 MG/ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
DILAUDID 0.5 MG/0.5 ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
DILAUDID 1 MG/ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
DILAUDID 2 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
DILAUDID 2 MG/ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
DILAUDID 4 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
DILAUDID 4 MG/ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
DILAUDID 5 MG/5 ML ORAL LIQUID	Enroll in AOM 4.0 edits	1/1/2021

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DILAUDID 8 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
DISKETS 40 MG TABLET DISPR	Enroll in AOM 4.0 edits	1/1/2021
DOLOPHINE HCL 10 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
DOLOPHINE HCL 5 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
DURAGESIC 100 MCG/HR PATCH	Enroll in AOM 4.0 edits	1/1/2021
DURAGESIC 12 MCG/HR PATCH	Enroll in AOM 4.0 edits	1/1/2021
DURAGESIC 25 MCG/HR PATCH	Enroll in AOM 4.0 edits	1/1/2021
DURAGESIC 50 MCG/HR PATCH	Enroll in AOM 4.0 edits	1/1/2021
DURAGESIC 75 MCG/HR PATCH	Enroll in AOM 4.0 edits	1/1/2021
DURAMORPH 10 MG/10 ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
DURAMORPH 5 MG/10 ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
DVORAH 325-30-16 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
EMBEDA ER 100-4 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
EMBEDA ER 20-0.8 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
EMBEDA ER 30-1.2 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
EMBEDA ER 50-2 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
EMBEDA ER 60-2.4 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
EMBEDA ER 80-3.2 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
ENDOCET 10-325 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
ENDOCET 2.5-325 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
ENDOCET 5-325 TABLET	Enroll in AOM 4.0 edits	1/1/2021
ENDOCET 7.5-325 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
EXALGO ER 12 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
EXALGO ER 16 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
EXALGO ER 32 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
EXALGO ER 8 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 0.05 MG/ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 1,000 MCG/20 ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 1,000 MCG/20 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 1,000MCG/100-0.9%NACL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 1,250MCG/250-0.9%NACL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 1,500 MCG/30 ML SYR	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 10 MCG/ML-0.9% NACL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 100 MCG/2 ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021

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FENTANYL 100 MCG/2 ML CARPUJCT	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 100 MCG/2 ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 100 MCG/2 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 100 MCG/HR PATCH	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 12 MCG/HR PATCH	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 2 MCG-BUP 0.0625%-NS	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 2 MCG-BUPIV 0.08%-NS	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 2 MCG-BUPIV 0.1%-NS	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 2 MCG-BUPIV 0.125%-NS	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 2 MCG-BUPIVAC 0.1%-NS	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 2 MCG-ROPIV 0.1%-NS	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 2 MCG-ROPIV 0.2%-NS	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 2,000MCG/100-0.9%NACL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 2,500 MCG/50 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 2,500MCG/250-0.9%NACL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 2,750 MCG/55 ML SYR	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 25 MCG/HR PATCH	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 250 MCG/5 ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 250 MCG/5 ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 250 MCG/5 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 37.5 MCG/HR PATCH	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 5,000 MCG/100 ML BAG	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 5,000 MCG/100ML-WATER	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 5,000MCG/250-0.9%NACL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 50 MCG/5 ML-0.9% NACL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 50 MCG/HR PATCH	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 50 MCG/ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 50 MCG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 500 MCG/10 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 500 MCG/50ML-0.9%NACL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 550 MCG/55ML-0.9%NACL	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 62.5 MCG/HR PATCH	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 75 MCG/HR PATCH	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL 87.5 MCG/HR PATCH	Enroll in AOM 4.0 edits	1/1/2021

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FENTANYL BASE POWDER	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL CIT 100 MCG BUCCAL TB	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL CIT 200 MCG BUCCAL TB	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL CIT 400 MCG BUCCAL TB	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL CIT 600 MCG BUCCAL TB	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL CIT 800 MCG BUCCAL TB	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL CIT OTFC 1,200 MCG	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL CIT OTFC 1,600 MCG	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL CITRATE OTFC 200 MCG	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL CITRATE OTFC 400 MCG	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL CITRATE OTFC 600 MCG	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL CITRATE OTFC 800 MCG	Enroll in AOM 4.0 edits	1/1/2021
FENTANYL CITRATE POWDER	Enroll in AOM 4.0 edits	1/1/2021
FENTORA 100 MCG BUCCAL TABLET	Enroll in AOM 4.0 edits	1/1/2021
FENTORA 200 MCG BUCCAL TABLET	Enroll in AOM 4.0 edits	1/1/2021
FENTORA 400 MCG BUCCAL TABLET	Enroll in AOM 4.0 edits	1/1/2021
FENTORA 600 MCG BUCCAL TABLET	Enroll in AOM 4.0 edits	1/1/2021
FENTORA 800 MCG BUCCAL TABLET	Enroll in AOM 4.0 edits	1/1/2021
FIORICET-COD 50-300-40-30 CAP	Enroll in AOM 4.0 edits	1/1/2021
FIORINAL-COD 30-50-325-40 CAP	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE BITARTRATE CRYSTALS	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE BITARTRATE POWDER	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE ER 10 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE ER 15 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE ER 20 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE ER 30 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE ER 40 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE ER 50 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE-ACETAMIN 10-300 MG	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE-ACETAMIN 10-325 MG	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE-ACETAMIN 10-325/15	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE-ACETAMIN 2.5-108/5	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE-ACETAMIN 2.5-325	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE-ACETAMIN 5-217/10	Enroll in AOM 4.0 edits	1/1/2021

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HYDROCODONE-ACETAMIN 5-300 MG	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE-ACETAMIN 5-325 MG	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE-ACETAMIN 7.5-300	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE-ACETAMIN 7.5-325	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE-ACETAMN 7.5-325/15	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE-IBUPROFEN 10-200	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE-IBUPROFEN 5-200 MG	Enroll in AOM 4.0 edits	1/1/2021
HYDROCODONE-IBUPROFEN 7.5-200	Enroll in AOM 4.0 edits	1/1/2021
HYDROMOR 8 MCG-ROPIVA 0.1%-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 0.5 MG/0.5 ML	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 0.5 MG/ML-NS SYR	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 1 MG/5 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 1 MG/ML CARPUJCT	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 1 MG/ML SOLUTION	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 1 MG/ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 1 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 1 MG/ML-NS SYRNG	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 1 MG/ML-WATER	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 10 MG/50 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 10 MG/ML AMPULE	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 10 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 100 MG/100 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 100 MG/50 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 110 MG/55 ML SYR	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 15 MG/30 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 2 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 2 MG/10 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 2 MG/2 ML-WATER	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 2 MG/ML CARPUJCT	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 2 MG/ML ISECURE	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 2 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 2 MG/ML-NS SYRNG	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 20 MG/100 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 200 MG/100 ML-NS	Enroll in AOM 4.0 edits	1/1/2021

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HYDROMORPHONE 25 MG/50 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 250 MG/250 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 3 MG SUPPOS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 30 MG/30 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 30 MG/30ML-WATER	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 4 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 4 MG/ML CARPUJCT	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 4 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 5 MG/25 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 5 MG/5 ML SOLN	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 50 MG/5 ML AMP	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 50 MG/5 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 50 MG/50 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 500 MG/50 ML VL	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 55 MG/55 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 6 MG/30 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 6 MG/30 ML-WATER	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE 8 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE HCL 1 MG/ML AMP	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE HCL 2 MG/ML AMP	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE HCL 4 MG/ML AMP	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE HCL ER 12 MG TAB	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE HCL ER 16 MG TAB	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE HCL ER 32 MG TAB	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE HCL ER 8 MG TAB	Enroll in AOM 4.0 edits	1/1/2021
HYDROMORPHONE HCL POWDER	Enroll in AOM 4.0 edits	1/1/2021
HYSINGLA ER 100 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
HYSINGLA ER 120 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
HYSINGLA ER 20 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
HYSINGLA ER 30 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
HYSINGLA ER 40 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
HYSINGLA ER 60 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
HYSINGLA ER 80 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
IBUDONE 10-200 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021

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IBUDONE 5-200 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
INFUMORPH 200 MG/20 ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
INFUMORPH 500 MG/20 ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
KADIAN ER 10 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
KADIAN ER 100 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
KADIAN ER 20 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
KADIAN ER 200 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
KADIAN ER 30 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
KADIAN ER 40 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
KADIAN ER 50 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
KADIAN ER 60 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
KADIAN ER 80 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
LAZANDA 100 MCG NASAL SPRAY	Enroll in AOM 4.0 edits	1/1/2021
LAZANDA 300 MCG NASAL SPRAY	Enroll in AOM 4.0 edits	1/1/2021
LAZANDA 400 MCG NASAL SPRAY	Enroll in AOM 4.0 edits	1/1/2021
LEVORPHANOL 2 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
LEVORPHANOL 3 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
LEVORPHANOL TARTRATE POWDER	Enroll in AOM 4.0 edits	1/1/2021
LORCET 5-325 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
LORCET HD 10-325 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
LORCET PLUS 7.5-325 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
LORTAB 10 MG-300 MG/15 ML ELXR	Enroll in AOM 4.0 edits	1/1/2021
MEPERIDINE 10 MG/ML CARTRDGE	Enroll in AOM 4.0 edits	1/1/2021
MEPERIDINE 100 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MEPERIDINE 100 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MEPERIDINE 25 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MEPERIDINE 50 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MEPERIDINE 50 MG/5 ML SOLUTION	Enroll in AOM 4.0 edits	1/1/2021
MEPERIDINE 50 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MEPERIDINE HCL POWDER	Enroll in AOM 4.0 edits	1/1/2021
METHADONE 1 MG/ML-0.9% NACL	Enroll in AOM 4.0 edits	1/1/2021
METHADONE 10 MG/5 ML SOLUTION	Enroll in AOM 4.0 edits	1/1/2021
METHADONE 10 MG/ML ORAL CONC	Enroll in AOM 4.0 edits	1/1/2021
METHADONE 40 MG TABLET DISPR	Enroll in AOM 4.0 edits	1/1/2021

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METHADONE 5 MG/5 ML SOLUTION	Enroll in AOM 4.0 edits	1/1/2021
METHADONE HCL 10 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
METHADONE HCL 10 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
METHADONE HCL 200 MG/20 ML VL	Enroll in AOM 4.0 edits	1/1/2021
METHADONE HCL 5 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
METHADONE HCL POWDER	Enroll in AOM 4.0 edits	1/1/2021
METHADONE INTENSOL 10 MG/ML	Enroll in AOM 4.0 edits	1/1/2021
METHADOSE 10 MG/ML ORAL CONC	Enroll in AOM 4.0 edits	1/1/2021
METHADOSE 40 MG TABLET DISPR	Enroll in AOM 4.0 edits	1/1/2021
MITIGO 200 MG/20 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MITIGO 500 MG/20 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MORPHABOND ER 100 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MORPHABOND ER 15 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MORPHABOND ER 30 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MORPHABOND ER 60 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 0.5 MG/ML-0.9% NACL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 1 MG/2 ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 1,000 MG/100 ML-NS	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 10 MG/0.7 ML AUTO-INJ	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 10 MG/10 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 10 MG/ML CARPUJECT	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 10 MG/ML ISECURE SYRG	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 10 MG/ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 100 MG/10 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 100MG/100ML-0.9% NACL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 15 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 150 MG/30 ML-0.9%NACL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 2 MG/2 ML-0.9% NACL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 2 MG/ML CARPUJECT	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 2 MG/ML ISECURE SYR	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 2 MG/ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 2 MG/ML-0.9% NACL SYR	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 275 MG/55 ML-0.9%NACL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 30 MG/30 ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021

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MORPHINE 30 MG/30 ML-0.9% NACL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 300 MG/20 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 4 MG/ML CARPUJECT	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 4 MG/ML ISECURE SYR	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 4 MG/ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 4 MG/ML-0.9% NACL SYR	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 5 MG/10 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 5 MG/5 ML-0.9% NACL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 5 MG/ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 5 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 50 MG/50 ML-0.9% NACL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 500MG/100ML-0.9% NACL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 55 MG/55 ML-0.9% NACL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 8 MG/ML CARPUJECT	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 8 MG/ML ISECURE SYRNG	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE 8 MG/ML SYRINGE	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULF 10 MG SUPPOS	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULF 10 MG/5 ML SOLN	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULF 100 MG/5 ML CONC	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULF 20 MG SUPPOS	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULF 20 MG/5 ML SOLN	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULF 30 MG SUPPOS	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULF 5 MG SUPPOS	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULF ER 100 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULF ER 15 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULF ER 200 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULF ER 30 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULF ER 60 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE 1 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE 10 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE 2 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE 25 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE 4 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE 5 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021

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MORPHINE SULFATE 50 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE 8 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE ER 10 MG CAP	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE ER 100 MG CAP	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE ER 120 MG CAP	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE ER 20 MG CAP	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE ER 30 MG CAP	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE ER 40 MG CAP	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE ER 45 MG CAP	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE ER 50 MG CAP	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE ER 60 MG CAP	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE ER 75 MG CAP	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE ER 80 MG CAP	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE ER 90 MG CAP	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE IR 15 MG TAB	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE IR 30 MG TAB	Enroll in AOM 4.0 edits	1/1/2021
MORPHINE SULFATE POWDER	Enroll in AOM 4.0 edits	1/1/2021
MS CONTIN ER 100 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MS CONTIN ER 15 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MS CONTIN ER 200 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MS CONTIN ER 30 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
MS CONTIN ER 60 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
NALBUPHINE 10 MG/ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
NALBUPHINE 100 MG/10 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
NALBUPHINE 20 MG/ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
NALBUPHINE 200 MG/10 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
NALBUPHINE HCL POWDER	Enroll in AOM 4.0 edits	1/1/2021
NALOCET 2.5-300 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
NORCO 10-325 TABLET	Enroll in AOM 4.0 edits	1/1/2021
NORCO 5-325 TABLET	Enroll in AOM 4.0 edits	1/1/2021
NORCO 7.5-325 TABLET	Enroll in AOM 4.0 edits	1/1/2021
NUCYNTA 100 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
NUCYNTA 50 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
NUCYNTA 75 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021

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NUCYNTA ER 100 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
NUCYNTA ER 150 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
NUCYNTA ER 200 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
NUCYNTA ER 250 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
NUCYNTA ER 50 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OPANA 1 MG/ML INJ AMPULE	Enroll in AOM 4.0 edits	1/1/2021
OPANA 10 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OPANA 5 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXAYDO 5 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXAYDO 7.5 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCODON-ACETAMINOPHEN 2.5-300	Enroll in AOM 4.0 edits	1/1/2021
OXYCODON-ACETAMINOPHEN 2.5-325	Enroll in AOM 4.0 edits	1/1/2021
OXYCODON-ACETAMINOPHEN 7.5-325	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL 10 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL 100 MG/5 ML CONC	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL 15 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL 20 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL 30 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL 5 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL 5 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL 5 MG/5 ML SOLN	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL ER 10 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL ER 15 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL ER 20 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL ER 30 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL ER 40 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL ER 60 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL ER 80 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE HCL POWDER	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE-ACETAMINOPHEN 10-325	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE-ACETAMINOPHEN 5-325	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE-ASPIRIN 4.8355-325	Enroll in AOM 4.0 edits	1/1/2021
OXYCODONE-IBUPROFEN 5-400 TAB	Enroll in AOM 4.0 edits	1/1/2021
OXYCONTIN ER 10 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021

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OXYCONTIN ER 15 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCONTIN ER 20 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCONTIN ER 30 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCONTIN ER 40 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCONTIN ER 60 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYCONTIN ER 80 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYMORPHONE HCL 10 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYMORPHONE HCL 5 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYMORPHONE HCL ER 10 MG TAB	Enroll in AOM 4.0 edits	1/1/2021
OXYMORPHONE HCL ER 15 MG TAB	Enroll in AOM 4.0 edits	1/1/2021
OXYMORPHONE HCL ER 20 MG TAB	Enroll in AOM 4.0 edits	1/1/2021
OXYMORPHONE HCL ER 30 MG TAB	Enroll in AOM 4.0 edits	1/1/2021
OXYMORPHONE HCL ER 40 MG TAB	Enroll in AOM 4.0 edits	1/1/2021
OXYMORPHONE HCL ER 5 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
OXYMORPHONE HCL ER 7.5 MG TAB	Enroll in AOM 4.0 edits	1/1/2021
PANLOR 325-30-16 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
PENTAZOCINE-NALOXONE TABLET	Enroll in AOM 4.0 edits	1/1/2021
PERCOCET 10-325 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
PERCOCET 2.5-325 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
PERCOCET 5-325 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
PERCOCET 7.5-325 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
PRIMLEV 10-300 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
PRIMLEV 5-300 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
PRIMLEV 7.5-300 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
PROLATE 10-300 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
PROLATE 5-300 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
PROLATE 7.5-300 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
ROXICODONE 15 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
ROXICODONE 30 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
ROXICODONE 5 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
ROXYBOND 15 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
ROXYBOND 30 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
ROXYBOND 5 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
SUBSYS 1,200 MCG SPRAY	Enroll in AOM 4.0 edits	1/1/2021

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SUBSYS 1,600 MCG SPRAY	Enroll in AOM 4.0 edits	1/1/2021
SUBSYS 100 MCG SPRAY	Enroll in AOM 4.0 edits	1/1/2021
SUBSYS 200 MCG SPRAY	Enroll in AOM 4.0 edits	1/1/2021
SUBSYS 400 MCG SPRAY	Enroll in AOM 4.0 edits	1/1/2021
SUBSYS 600 MCG SPRAY	Enroll in AOM 4.0 edits	1/1/2021
SUBSYS 800 MCG SPRAY	Enroll in AOM 4.0 edits	1/1/2021
TALWIN 30 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
TRAMADOL ER 100 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
TRAMADOL ER 200 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
TRAMADOL ER 300 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
TRAMADOL HCL 100 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
TRAMADOL HCL 50 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
TRAMADOL HCL ER 100 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
TRAMADOL HCL ER 100 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
TRAMADOL HCL ER 150 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
TRAMADOL HCL ER 200 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
TRAMADOL HCL ER 200 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
TRAMADOL HCL ER 300 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
TRAMADOL HCL ER 300 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
TRAMADOL HCL POWDER	Enroll in AOM 4.0 edits	1/1/2021
TRAMADOL-ACETAMINOPHN 37.5-325	Enroll in AOM 4.0 edits	1/1/2021
TREZIX 320.5-30-16 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
TYLENOL WITH CODEINE #3 TABLET	Enroll in AOM 4.0 edits	1/1/2021
TYLENOL WITH CODEINE #4 TABLET	Enroll in AOM 4.0 edits	1/1/2021
ULTRACET TABLET	Enroll in AOM 4.0 edits	1/1/2021
ULTRAM 50 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
VICODIN 5-300 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
VICODIN HP 10-300 MG TABLET	Enroll in AOM 4.0 edits	1/1/2021
XTAMPZA ER 13.5 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
XTAMPZA ER 18 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
XTAMPZA ER 27 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
XTAMPZA ER 36 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
XTAMPZA ER 9 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
ZOHYDRO ER 10 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021

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ZOHYDRO ER 15 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
ZOHYDRO ER 20 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
ZOHYDRO ER 30 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
ZOHYDRO ER 40 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
ZOHYDRO ER 50 MG CAPSULE	Enroll in AOM 4.0 edits	1/1/2021
ALFENTANIL 1,000 MCG/2 ML AMP	Enroll in AOM 4.0 edits	1/1/2021
ALFENTANIL 500 MCG/ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
ALFENTANIL 500 MCG/ML AMPULE	Enroll in AOM 4.0 edits	1/1/2021
BELLADONNA-OPIUM 16.2-30 SUPP	Enroll in AOM 4.0 edits	1/1/2021
BELLADONNA-OPIUM 16.2-60 SUPP	Enroll in AOM 4.0 edits	1/1/2021
BUPRENEX 0.3 MG/ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
BUPRENORPHINE 0.3 MG/ML CRPJCT	Enroll in AOM 4.0 edits	1/1/2021
BUPRENORPHINE 0.3 MG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
REMIFENTANIL 1 MG VIAL	Enroll in AOM 4.0 edits	1/1/2021
REMIFENTANIL 2 MG VIAL	Enroll in AOM 4.0 edits	1/1/2021
REMIFENTANIL 5 MG VIAL	Enroll in AOM 4.0 edits	1/1/2021
SUFENTANIL 100 MCG/2 ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
SUFENTANIL 100 MCG/2 ML AMPULE	Enroll in AOM 4.0 edits	1/1/2021
SUFENTANIL 100 MCG/2 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
SUFENTANIL 250 MCG/5 ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
SUFENTANIL 250 MCG/5 ML AMPULE	Enroll in AOM 4.0 edits	1/1/2021
SUFENTANIL 250 MCG/5 ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
SUFENTANIL 50 MCG/ML AMPUL	Enroll in AOM 4.0 edits	1/1/2021
SUFENTANIL 50 MCG/ML AMPULE	Enroll in AOM 4.0 edits	1/1/2021
SUFENTANIL 50 MCG/ML VIAL	Enroll in AOM 4.0 edits	1/1/2021
ULTIVA 1 MG VIAL	Enroll in AOM 4.0 edits	1/1/2021
ULTIVA 2 MG VIAL	Enroll in AOM 4.0 edits	1/1/2021
ULTIVA 5 MG VIAL	Enroll in AOM 4.0 edits	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

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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
PLAQUENIL 200 MG TABLET	Removed Quantity Limits	1/1/2021
ZITHROMAX 1 GM POWDER PACKET	Removed Quantity Limits	1/1/2021
ZITHROMAX 100 MG/5 ML SUSP	Removed Quantity Limits	1/1/2021
ZITHROMAX 200 MG/5 ML SUSP	Removed Quantity Limits	1/1/2021
ZITHROMAX 250 MG TABLET	Removed Quantity Limits	1/1/2021
ZITHROMAX 250 MG Z-PAK TABLET	Removed Quantity Limits	1/1/2021
ZITHROMAX 500 MG TABLET	Removed Quantity Limits	1/1/2021
ZITHROMAX 600 MG TABLET	Removed Quantity Limits	1/1/2021
ZITHROMAX TRI-PAK 500 MG TAB	Removed Quantity Limits	1/1/2021
BUNAVAIL 2.1-0.3 MG FILM	Modified Quantity Limits	1/1/2021
BUNAVAIL 4.2-0.7 MG FILM	Modified Quantity Limits	1/1/2021
BUNAVAIL 6.3-1 MG FILM	Modified Quantity Limits	1/1/2021
BUPRENO-NALOX 2-0.5 MG SL FILM	Removed from formulary; Modified Quantity Limits	1/1/2021
BUPRENOR-NALOX 12-3 MG SL FILM	Removed from formulary; Modified Quantity Limits	1/1/2021
BUPRENORPHINE 2 MG TABLET SL	Modified Quantity Limits	1/1/2021
BUPRENORPHINE 8 MG TABLET SL	Modified Quantity Limits	1/1/2021
BUPRENORPHIN-NALOXON 8-2 MG SL	Removed from formulary; Modified Quantity Limits	1/1/2021
BUPRENORPHN-NALOXN 2-0.5 MG SL	Removed from formulary; Modified Quantity Limits	1/1/2021
BUPRENORP-NALOX 4-1 MG SL FILM	Modified Quantity Limits	1/1/2021
BUPRENORP-NALOX 8-2 MG SL FILM	Modified Quantity Limits	1/1/2021
ZUBSOLV 0.7-0.18 MG TABLET SL	Modified Quantity Limits	1/1/2021
ZUBSOLV 1.4-0.36 MG TABLET SL	Modified Quantity Limits	1/1/2021
ZUBSOLV 11.4-2.9 MG TABLET SL	Modified Quantity Limits	1/1/2021
ZUBSOLV 2.9-0.71 MG TABLET SL	Modified Quantity Limits	1/1/2021
ZUBSOLV 5.7-1.4 MG TABLET SL	Modified Quantity Limits	1/1/2021
ZUBSOLV 8.6-2.1 MG TABLET SL	Modified Quantity Limits	1/1/2021
SUBOXONE 12 MG-3 MG SL FILM	Added to formulary; Modified Quantity Limits	1/1/2021
SUBOXONE 2 MG-0.5 MG SL FILM	Added to formulary; Modified Quantity Limits	1/1/2021
SUBOXONE 4 MG-1 MG SL FILM	Added to formulary; Modified Quantity Limits	1/1/2021
SUBOXONE 8 MG-2 MG SL FILM	Added to formulary; Modified Quantity Limits	1/1/2021
EMTRIVA 10 MG/ML SOLUTION	Removed From Formulary/Not Covered	1/1/2021

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EMTRIVA 200 MG CAPSULE	Removed From Formulary/Not Covered	1/1/2021
JADENU SPRINKLE 180 MG GRANULE	Removed From Formulary/Not Covered	1/1/2021
JADENU SPRINKLE 360 MG GRANULE	Removed From Formulary/Not Covered	1/1/2021
JADENU SPRINKLE 90 MG GRANULE	Removed From Formulary/Not Covered	1/1/2021
KUVAN 100 MG POWDER PACKET	Removed From Formulary/Not Covered	1/1/2021
KUVAN 100 MG TABLET	Removed From Formulary/Not Covered	1/1/2021
KUVAN 500 MG POWDER PACKET	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
VIAGRA 100 MG TABLET	Removed From Formulary/Not Covered	1/1/2021
VIAGRA 25 MG TABLET	Removed From Formulary/Not Covered	1/1/2021
VIAGRA 50 MG TABLET	Removed From Formulary/Not Covered	1/1/2021
LUPANETA PK 11.25-5 MG 3MO KIT	Added to formulary; removed PA	1/1/2021
LUPANETA PK 3.75-5 MG 1MO KIT	Added to formulary; removed PA	1/1/2021
LUPRON DEPOT 11.25 MG 3MO KIT	Added to formulary; removed PA	1/1/2021
LUPRON DEPOT 22.5 MG 3MO KIT	Added to formulary; removed PA	1/1/2021
LUPRON DEPOT 3.75 MG KIT	Added to formulary; removed PA	1/1/2021
LUPRON DEPOT 45 MG 6MO KIT	Added to formulary; removed PA	1/1/2021
LUPRON DEPOT 7.5 MG KIT	Added to formulary; removed PA	1/1/2021
LUPRON DEPOT-4 MONTH KIT	Added to formulary; removed PA	1/1/2021
SYNAGIS 100 MG/1 ML VIAL	Added to pharmacy coverage	1/1/2021
SYNAGIS 50 MG/0.5 ML VIAL	Added to pharmacy coverage	1/1/2021
AZACITIDINE 100 MG VIAL	Added to pharmacy coverage	1/1/2021
DOXORUBICIN LIPOSOME 20MG/10ML	Added to pharmacy coverage	1/1/2021
DOXORUBICIN LIPOSOME 50MG/25ML	Added to pharmacy coverage	1/1/2021
RITUXAN 100 MG/10 ML VIAL	Added to pharmacy coverage	1/1/2021
RITUXAN 500 MG/50 ML VIAL	Added to pharmacy coverage	1/1/2021
SANDOSTATIN LAR DEPOT 10 MG KT	Added to pharmacy coverage	1/1/2021
SANDOSTATIN LAR DEPOT 20 MG KT	Added to pharmacy coverage	1/1/2021
SANDOSTATIN LAR DEPOT 30 MG KT	Added to pharmacy coverage	1/1/2021
HUMATE-P 1,200 UNIT VWF:RCO	Added to pharmacy coverage	1/1/2021
HUMATE-P 2,400 UNIT VWF:RCO	Added to pharmacy coverage	1/1/2021
HUMATE-P 600 UNIT VWF:RCO	Added to pharmacy coverage	1/1/2021
NOVOSEVEN RT 1 MG VIAL	Added to pharmacy coverage	1/1/2021

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NOVOSEVEN RT 2 MG VIAL	Added to pharmacy coverage	1/1/2021
NOVOSEVEN RT 5 MG VIAL	Added to pharmacy coverage	1/1/2021
NOVOSEVEN RT 8 MG VIAL	Added to pharmacy coverage	1/1/2021
ADVATE 1,201-1,800 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ADVATE 1,801-2,400 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ADVATE 2,401-3,600 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ADVATE 200-400 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ADVATE 3,601-4,800 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ADVATE 401-800 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ADVATE 801-1,200 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ADYNOVATE 1,251-2,500 UNIT VL	Added to pharmacy coverage	1/1/2021
ADYNOVATE 1,500 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ADYNOVATE 200-400 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ADYNOVATE 3,000 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ADYNOVATE 401-800 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ADYNOVATE 750 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ADYNOVATE 801-1,250 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ALPHANATE 1,000-400 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ALPHANATE 1,500-600 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ALPHANATE 2,000-800 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ALPHANATE 250-100 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ALPHANATE 500-200 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ALPROLIX 1,000 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
ALPROLIX 2,000 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
ALPROLIX 250 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
ALPROLIX 3,000 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
ALPROLIX 4,000 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
ALPROLIX 500 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
BENEFIX 1,000 UNIT RANGE	Added to pharmacy coverage	1/1/2021
BENEFIX 2,000 UNIT RANGE	Added to pharmacy coverage	1/1/2021
BENEFIX 250 UNIT RANGE	Added to pharmacy coverage	1/1/2021
BENEFIX 3,000 UNIT RANGE	Added to pharmacy coverage	1/1/2021
BENEFIX 500 UNIT RANGE	Added to pharmacy coverage	1/1/2021
CORIFACT KIT	Added to pharmacy coverage	1/1/2021

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ELOCTATE 1,000 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
ELOCTATE 1,500 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
ELOCTATE 2,000 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
ELOCTATE 250 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
ELOCTATE 3,000 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
ELOCTATE 4,000 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
ELOCTATE 5,000 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
ELOCTATE 500 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
ELOCTATE 6,000 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
ELOCTATE 750 UNIT NOMINAL	Added to pharmacy coverage	1/1/2021
FEIBA NF 1,000 UNIT (NOMINAL)	Added to pharmacy coverage	1/1/2021
FEIBA NF 2,500 UNIT (NOMINAL)	Added to pharmacy coverage	1/1/2021
FEIBA NF 500 UNIT (NOMINAL)	Added to pharmacy coverage	1/1/2021
IXINITY 1,000 UNIT RANGE	Added to pharmacy coverage	1/1/2021
IXINITY 1,500 UNIT RANGE	Added to pharmacy coverage	1/1/2021
IXINITY 2,000 UNIT RANGE	Added to pharmacy coverage	1/1/2021
IXINITY 250 UNIT RANGE	Added to pharmacy coverage	1/1/2021
IXINITY 3,000 UNIT RANGE	Added to pharmacy coverage	1/1/2021
IXINITY 500 UNIT RANGE	Added to pharmacy coverage	1/1/2021
MONONINE 1,000 UNIT VIAL	Added to pharmacy coverage	1/1/2021
PROFILNINE 1,000 UNIT VIAL	Added to pharmacy coverage	1/1/2021
PROFILNINE 1,500 UNIT VIAL	Added to pharmacy coverage	1/1/2021
PROFILNINE 500 UNIT VIAL	Added to pharmacy coverage	1/1/2021
RECOMBINATE 1,241-1,800 UNIT V	Added to pharmacy coverage	1/1/2021
RECOMBINATE 1,801-2,400 UNIT V	Added to pharmacy coverage	1/1/2021
RECOMBINATE 220-400 UNIT VIAL	Added to pharmacy coverage	1/1/2021
RECOMBINATE 401-800 UNIT VIAL	Added to pharmacy coverage	1/1/2021
RECOMBINATE 801-1,240 UNIT VL	Added to pharmacy coverage	1/1/2021
RIASTAP VIAL	Added to pharmacy coverage	1/1/2021
TRETTEN 2,500 UNIT VIAL	Added to pharmacy coverage	1/1/2021
VONVENDI 1,300 UNIT VIAL	Added to pharmacy coverage	1/1/2021
VONVENDI 650 UNIT VIAL	Added to pharmacy coverage	1/1/2021
XYNTHA 1,000 UNIT KIT	Added to pharmacy coverage	1/1/2021
XYNTHA 2,000 UNIT KIT	Added to pharmacy coverage	1/1/2021

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XYNTHA 250 UNIT KIT	Added to pharmacy coverage	1/1/2021
XYNTHA 500 UNIT KIT	Added to pharmacy coverage	1/1/2021
XYNTHA SOLOFUSE 1,000 UNIT KIT	Added to pharmacy coverage	1/1/2021
XYNTHA SOLOFUSE 2,000 UNIT KIT	Added to pharmacy coverage	1/1/2021
XYNTHA SOLOFUSE 250 UNIT KIT	Added to pharmacy coverage	1/1/2021
XYNTHA SOLOFUSE 3,000 UNIT KIT	Added to pharmacy coverage	1/1/2021
XYNTHA SOLOFUSE 500 UNIT KIT	Added to pharmacy coverage	1/1/2021
EPOPROSTENOL SODIUM 0.5 MG VL	Added to pharmacy coverage	1/1/2021
EPOPROSTENOL SODIUM 1.5 MG VL	Added to pharmacy coverage	1/1/2021
REMODULIN 1 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
REMODULIN 10 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
REMODULIN 2.5 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
REMODULIN 5 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
VELETRI 0.5 MG VIAL	Added to pharmacy coverage	1/1/2021
VELETRI 1.5 MG VIAL	Added to pharmacy coverage	1/1/2021
ACTHAR GEL 400 UNIT/5 ML VIAL	Added to pharmacy coverage	1/1/2021
ELAPRASE 6 MG/3 ML VIAL	Added to pharmacy coverage	1/1/2021
VPRIV 400 UNITS VIAL	Added to pharmacy coverage	1/1/2021
ZOLEDRONIC ACID 4 MG/5 ML VIAL	Added to pharmacy coverage	1/1/2021
PROCRIT 10,000 UNITS/ML VIAL	Added to pharmacy coverage	1/1/2021
PROCRIT 2,000 UNITS/ML VIAL	Added to pharmacy coverage	1/1/2021
PROCRIT 20,000 UNITS/ML VIAL	Added to pharmacy coverage	1/1/2021
PROCRIT 3,000 UNITS/ML VIAL	Added to pharmacy coverage	1/1/2021
PROCRIT 4,000 UNITS/ML VIAL	Added to pharmacy coverage	1/1/2021
PROCRIT 40,000 UNITS/ML VIAL	Added to pharmacy coverage	1/1/2021
GRANIX 300 MCG/0.5 ML SAFE SYR	Added to pharmacy coverage	1/1/2021
GRANIX 300 MCG/0.5 ML SYRINGE	Added to pharmacy coverage	1/1/2021
GRANIX 480 MCG/0.8 ML SAFE SYR	Added to pharmacy coverage	1/1/2021
GRANIX 480 MCG/0.8 ML SYRINGE	Added to pharmacy coverage	1/1/2021
LEUKINE 250 MCG VIAL	Added to pharmacy coverage	1/1/2021
NEULASTA 6 MG/0.6 ML SYRINGE	Added to pharmacy coverage	1/1/2021
NEUPOGEN 300 MCG/0.5 ML SYR	Added to pharmacy coverage	1/1/2021
NEUPOGEN 300 MCG/ML VIAL	Added to pharmacy coverage	1/1/2021
NEUPOGEN 480 MCG/0.8 ML SYR	Added to pharmacy coverage	1/1/2021

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NEUPOGEN 480 MCG/1.6 ML VIAL	Added to pharmacy coverage	1/1/2021
ZARXIO 300 MCG/0.5 ML SYRINGE	Added to pharmacy coverage	1/1/2021
ZARXIO 480 MCG/0.8 ML SYRINGE	Added to pharmacy coverage	1/1/2021
PROLEUKIN 22 MILLION UNIT VIAL	Added to pharmacy coverage	1/1/2021
GAMMAGARD LIQUID 10% VIAL	Added to pharmacy coverage	1/1/2021
GAMMAGARD S-D 10 G (IGA<1) SOL	Added to pharmacy coverage	1/1/2021
GAMMAGARD S-D 5 G (IGA<1) SOLN	Added to pharmacy coverage	1/1/2021
GAMUNEX-C 1 GRAM/10 ML VIAL	Added to pharmacy coverage	1/1/2021
GAMUNEX-C 10 GRAM/100 ML VIAL	Added to pharmacy coverage	1/1/2021
GAMUNEX-C 2.5 GRAM/25 ML VIAL	Added to pharmacy coverage	1/1/2021
GAMUNEX-C 20 GRAM/200 ML VIAL	Added to pharmacy coverage	1/1/2021
GAMUNEX-C 40 GRAM/400 ML VIAL	Added to pharmacy coverage	1/1/2021
GAMUNEX-C 5 GRAM/50 ML VIAL	Added to pharmacy coverage	1/1/2021
HIZENTRA 1 GRAM/5 ML VIAL	Added to pharmacy coverage	1/1/2021
HIZENTRA 10 GRAM/50 ML VIAL	Added to pharmacy coverage	1/1/2021
HIZENTRA 2 GRAM/10 ML VIAL	Added to pharmacy coverage	1/1/2021
HIZENTRA 4 GRAM/20 ML VIAL	Added to pharmacy coverage	1/1/2021
PRIVIGEN 10% VIAL	Added to pharmacy coverage	1/1/2021
CINRYZE 500 UNIT VIAL	Added to pharmacy coverage	1/1/2021
ARALAST NP 1,000 MG VIAL	Added to pharmacy coverage	1/1/2021
ARALAST NP 500 MG VIAL	Added to pharmacy coverage	1/1/2021
DILUENT FOR EPOPROSTENOL VIAL	Added to pharmacy coverage	1/1/2021
THYROGEN 1.1 MG (0.9 MG/ML) VL	Added to pharmacy coverage	1/1/2021
ZEMAIRA 1,000 MG VIAL	Added to pharmacy coverage	1/1/2021
CIDOFVIR 375 MG/5 ML VIAL	Added to pharmacy coverage	1/1/2021
GANCICLOVIR 500 MG VIAL	Added to pharmacy coverage	1/1/2021
COLISTIMETHATE 150 MG VIAL	Added to pharmacy coverage	1/1/2021
CARMUSTINE 100 MG VIAL	Added to pharmacy coverage	1/1/2021
CARBOPLATIN 150 MG/15 ML VIAL	Added to pharmacy coverage	1/1/2021
CARBOPLATIN 450 MG/45 ML VIAL	Added to pharmacy coverage	1/1/2021
CARBOPLATIN 50 MG/5 ML VIAL	Added to pharmacy coverage	1/1/2021
CARBOPLATIN 600 MG/60 ML VIAL	Added to pharmacy coverage	1/1/2021
CISPLATIN 100 MG/100 ML VIAL	Added to pharmacy coverage	1/1/2021
CISPLATIN 200 MG/200 ML VIAL	Added to pharmacy coverage	1/1/2021

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CISPLATIN 50 MG/50 ML VIAL	Added to pharmacy coverage	1/1/2021
CYCLOPHOSPHAMIDE 1 GM VIAL	Added to pharmacy coverage	1/1/2021
CYCLOPHOSPHAMIDE 2 GM VIAL	Added to pharmacy coverage	1/1/2021
CYCLOPHOSPHAMIDE 500 MG VIAL	Added to pharmacy coverage	1/1/2021
IFOSFAMIDE 1 GM VIAL	Added to pharmacy coverage	1/1/2021
CYTARABINE 100 MG/5 ML VIAL	Added to pharmacy coverage	1/1/2021
CYTARABINE 1000 MG/50 ML VIAL	Added to pharmacy coverage	1/1/2021
CYTARABINE 2 G/20 ML VIAL	Added to pharmacy coverage	1/1/2021
CYTARABINE 20 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
FLUDARABINE 50 MG VIAL	Added to pharmacy coverage	1/1/2021
FLUDARABINE 50 MG/2 ML VIAL	Added to pharmacy coverage	1/1/2021
FLUOROURACIL 1,000 MG/20 ML VL	Added to pharmacy coverage	1/1/2021
FLUOROURACIL 2.5 GM/50 ML BTL	Added to pharmacy coverage	1/1/2021
FLUOROURACIL 2.5 GM/50 ML VIAL	Added to pharmacy coverage	1/1/2021
FLUOROURACIL 2,500 MG/50 ML VL	Added to pharmacy coverage	1/1/2021
FLUOROURACIL 5 GM/100 ML BTL	Added to pharmacy coverage	1/1/2021
FLUOROURACIL 5 GM/100 ML VIAL	Added to pharmacy coverage	1/1/2021
FLUOROURACIL 5,000 MG/100 ML	Added to pharmacy coverage	1/1/2021
FLUOROURACIL 500 MG/10 ML VIAL	Added to pharmacy coverage	1/1/2021
GEMCITABINE 1 GRAM/26.3 ML VL	Added to pharmacy coverage	1/1/2021
GEMCITABINE 2 GRAM/52.6 ML VL	Added to pharmacy coverage	1/1/2021
GEMCITABINE 200 MG/5.26 ML VL	Added to pharmacy coverage	1/1/2021
GEMCITABINE HCL 1 GRAM VIAL	Added to pharmacy coverage	1/1/2021
GEMCITABINE HCL 2 GRAM VIAL	Added to pharmacy coverage	1/1/2021
GEMCITABINE HCL 200 MG VIAL	Added to pharmacy coverage	1/1/2021
METHOTREXATE 1 GM VIAL	Added to pharmacy coverage	1/1/2021
METHOTREXATE 1 GRAM/40 ML VIAL	Added to pharmacy coverage	1/1/2021
METHOTREXATE 250 MG/10 ML VIAL	Added to pharmacy coverage	1/1/2021
METHOTREXATE 50 MG/2 ML VIAL	Added to pharmacy coverage	1/1/2021
PROGRAF 5 MG/ML AMPULE	Added to pharmacy coverage	1/1/2021
BLEOMYCIN SULFATE 15 UNIT VIAL	Added to pharmacy coverage	1/1/2021
BLEOMYCIN SULFATE 30 UNIT VIAL	Added to pharmacy coverage	1/1/2021
CLADRIBINE 10 MG/10 ML VIAL	Added to pharmacy coverage	1/1/2021
DACARBAZINE 100 MG VIAL	Added to pharmacy coverage	1/1/2021

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DACARBAZINE 200 MG VIAL	Added to pharmacy coverage	1/1/2021
DOCETAXEL 20 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
DOCETAXEL 80 MG/4 ML VIAL	Added to pharmacy coverage	1/1/2021
DOXORUBICIN 10 MG/5 ML VIAL	Added to pharmacy coverage	1/1/2021
DOXORUBICIN 20 MG/10 ML VIAL	Added to pharmacy coverage	1/1/2021
DOXORUBICIN 200 MG/100 ML VIAL	Added to pharmacy coverage	1/1/2021
DOXORUBICIN 50 MG VIAL	Added to pharmacy coverage	1/1/2021
DOXORUBICIN 50 MG/25 ML VIAL	Added to pharmacy coverage	1/1/2021
ETOPOPHOS 100 MG VIAL	Added to pharmacy coverage	1/1/2021
ETOPOSIDE 1,000 MG/50 ML VIAL	Added to pharmacy coverage	1/1/2021
ETOPOSIDE 100 MG/5 ML VIAL	Added to pharmacy coverage	1/1/2021
ETOPOSIDE 500 MG/25 ML VIAL	Added to pharmacy coverage	1/1/2021
IRINOTECAN HCL 100 MG/5 ML VL	Added to pharmacy coverage	1/1/2021
IRINOTECAN HCL 40 MG/2 ML VIAL	Added to pharmacy coverage	1/1/2021
LUPRON DEPOT-PED 11.25 MG 3MO	Added to pharmacy coverage	1/1/2021
LUPRON DEPOT-PED 11.25 MG KIT	Added to pharmacy coverage	1/1/2021
LUPRON DEPOT-PED 15 MG KIT	Added to pharmacy coverage	1/1/2021
LUPRON DEPOT-PED 30 MG 3MO KIT	Added to pharmacy coverage	1/1/2021
LUPRON DEPOT-PED 7.5 MG KIT	Added to pharmacy coverage	1/1/2021
MITOMYCIN 20 MG VIAL	Added to pharmacy coverage	1/1/2021
MITOMYCIN 40 MG VIAL	Added to pharmacy coverage	1/1/2021
MITOMYCIN 5 MG VIAL	Added to pharmacy coverage	1/1/2021
MITOXANTRONE 20 MG/10 ML VIAL	Added to pharmacy coverage	1/1/2021
MITOXANTRONE 25 MG/12.5 ML VL	Added to pharmacy coverage	1/1/2021
MITOXANTRONE 30 MG/15 ML VIAL	Added to pharmacy coverage	1/1/2021
ONCASPAR 3,750 UNIT/5 ML VIAL	Added to pharmacy coverage	1/1/2021
PACLITAXEL 100 MG/16.7 ML VIAL	Added to pharmacy coverage	1/1/2021
PACLITAXEL 30 MG/5 ML VIAL	Added to pharmacy coverage	1/1/2021
PACLITAXEL 300 MG/50 ML VIAL	Added to pharmacy coverage	1/1/2021
TOPOSAR 1,000 MG/50 ML VIAL	Added to pharmacy coverage	1/1/2021
TOPOSAR 100 MG/5 ML VIAL	Added to pharmacy coverage	1/1/2021
TOPOSAR 500 MG/25 ML VIAL	Added to pharmacy coverage	1/1/2021
VINBLASTINE 1 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
VINCASAR PFS 1 MG/ML VIAL	Added to pharmacy coverage	1/1/2021

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VINCRIStINE 1 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
VINCRIStINE 2 MG/2 ML VIAL	Added to pharmacy coverage	1/1/2021
VINORELBINE 10 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
VINORELBINE 50 MG/5 ML VIAL	Added to pharmacy coverage	1/1/2021
ZOLADEX 3.6 MG IMPLANT SYRN	Added to pharmacy coverage	1/1/2021
LEUCOVORIN CALCIUM 100 MG VIAL	Added to pharmacy coverage	1/1/2021
LEUCOVORIN CALCIUM 200 MG VIAL	Added to pharmacy coverage	1/1/2021
LEUCOVORIN CALCIUM 350 MG VIAL	Added to pharmacy coverage	1/1/2021
LEUCOVORIN CALCIUM 50 MG VIAL	Added to pharmacy coverage	1/1/2021
LEUCOVORIN CALCIUM 500 MG VL	Added to pharmacy coverage	1/1/2021
KETOROLAC 15 MG/ML CARPUJECT	Added to pharmacy coverage	1/1/2021
KETOROLAC 15 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
KETOROLAC 30 MG/ML CARPUJECT	Added to pharmacy coverage	1/1/2021
KETOROLAC 30 MG/ML SYRINGE	Added to pharmacy coverage	1/1/2021
KETOROLAC 30 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
KETOROLAC 60 MG/2 ML VIAL	Added to pharmacy coverage	1/1/2021
VALPROATE SOD 500 MG/5 ML VL	Added to pharmacy coverage	1/1/2021
LIOResAL IT 0.05 MG/1 ML AMP	Added to pharmacy coverage	1/1/2021
LIOResAL IT 10 MG/20 ML KIT	Added to pharmacy coverage	1/1/2021
LIOResAL IT 10 MG/5 ML KIT	Added to pharmacy coverage	1/1/2021
LIOResAL IT 40 MG/20 ML KIT	Added to pharmacy coverage	1/1/2021
LORAZEPAM 2 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
LORAZEPAM 20 MG/10 ML VIAL	Added to pharmacy coverage	1/1/2021
LORAZEPAM 4 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
HEPARIN 10,000 UNIT/10 ML VIAL	Added to pharmacy coverage	1/1/2021
HEPARIN 30,000 UNIT/30 ML VIAL	Added to pharmacy coverage	1/1/2021
HEPARIN 40,000 UNIT/4 ML VIAL	Added to pharmacy coverage	1/1/2021
HEPARIN 50,000 UNIT/10 ML VIAL	Added to pharmacy coverage	1/1/2021
HEPARIN 50,000 UNIT/5 ML VIAL	Added to pharmacy coverage	1/1/2021
HEPARIN SOD 1,000 UNIT/ML VIAL	Added to pharmacy coverage	1/1/2021
HEPARIN SOD 10,000 UNIT/ML VL	Added to pharmacy coverage	1/1/2021
HEPARIN SOD 20,000 UNIT/ML VL	Added to pharmacy coverage	1/1/2021
HEPARIN SOD 5,000 UNIT/ML VIAL	Added to pharmacy coverage	1/1/2021
FUROSEMIDE 100 MG/10 ML VIAL	Added to pharmacy coverage	1/1/2021

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FUROSEMIDE 20 MG/2 ML VIAL	Added to pharmacy coverage	1/1/2021
FUROSEMIDE 40 MG/4 ML VIAL	Added to pharmacy coverage	1/1/2021
DEXAMETHASONE 10 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
DEXAMETHASONE 100 MG/10 ML VL	Added to pharmacy coverage	1/1/2021
DEXAMETHASONE 120 MG/30 ML VL	Added to pharmacy coverage	1/1/2021
DEXAMETHASONE 20 MG/5 ML VIAL	Added to pharmacy coverage	1/1/2021
DEXAMETHASONE 4 MG/ML SYRINGE	Added to pharmacy coverage	1/1/2021
DEXAMETHASONE 4 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
METHYLPREDNISOLONE 40 MG/ML VL	Added to pharmacy coverage	1/1/2021
METHYLPREDNISOLONE 80 MG/ML VL	Added to pharmacy coverage	1/1/2021
DESMOPRESSIN 40 MCG/10 ML VIAL	Added to pharmacy coverage	1/1/2021
DESMOPRESSIN AC 4 MCG/ML AMPUL	Added to pharmacy coverage	1/1/2021
DESMOPRESSIN AC 4 MCG/ML VIAL	Added to pharmacy coverage	1/1/2021
MYALEPT 11.3 MG (5 MG/ML) VIAL	Added to pharmacy coverage	1/1/2021
PAMIDRONATE 30 MG/10 ML VIAL	Added to pharmacy coverage	1/1/2021
PAMIDRONATE 60 MG/10 ML VIAL	Added to pharmacy coverage	1/1/2021
PAMIDRONATE 90 MG/10 ML VIAL	Added to pharmacy coverage	1/1/2021
PAMIDRONATE DISOD 30 MG VIAL	Added to pharmacy coverage	1/1/2021
PAMIDRONATE DISOD 90 MG VIAL	Added to pharmacy coverage	1/1/2021
FAMOTIDINE 20 MG/2 ML VIAL	Added to pharmacy coverage	1/1/2021
GLYCOPYRROLATE 0.2 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
GLYCOPYRROLATE 0.4 MG/2 ML VL	Added to pharmacy coverage	1/1/2021
GLYCOPYRROLATE 1 MG/5 ML VIAL	Added to pharmacy coverage	1/1/2021
GLYCOPYRROLATE 4 MG/20 ML VIAL	Added to pharmacy coverage	1/1/2021
GRANISETRON HCL 1 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
GRANISETRON HCL 4 MG/4 ML VIAL	Added to pharmacy coverage	1/1/2021
ONDANSETRON 40 MG/20 ML VIAL	Added to pharmacy coverage	1/1/2021
ONDANSETRON HCL 4 MG/2 ML VIAL	Added to pharmacy coverage	1/1/2021
PROCHLORPERAZINE 10 MG/2 ML VL	Added to pharmacy coverage	1/1/2021
ESTRADIOL VALERATE 100 MG/5 ML	Added to pharmacy coverage	1/1/2021
ESTRADIOL VALERATE 200 MG/5 ML	Added to pharmacy coverage	1/1/2021
DIPHENHYDRAMINE 50 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
PROMETHAZINE 25 MG/ML AMPUL	Added to pharmacy coverage	1/1/2021
PROMETHAZINE 25 MG/ML VIAL	Added to pharmacy coverage	1/1/2021

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PROMETHAZINE 50 MG/ML VIAL	Added to pharmacy coverage	1/1/2021
CYANOCOBALAMIN 1,000 MCG/ML	Added to pharmacy coverage	1/1/2021
CYANOCOBALAMIN 10,000 MCG/10	Added to pharmacy coverage	1/1/2021
CYANOCOBALAMIN 30,000 MCG/30	Added to pharmacy coverage	1/1/2021
INFED 100 MG/2 ML VIAL	Added to pharmacy coverage	1/1/2021
VENOFER 100 MG/5 ML VIAL	Added to pharmacy coverage	1/1/2021
VENOFER 200 MG/10 ML VIAL	Added to pharmacy coverage	1/1/2021
VENOFER 50 MG/2.5 ML VIAL	Added to pharmacy coverage	1/1/2021
DEFEROXAMINE 2 GRAM VIAL	Added to pharmacy coverage	1/1/2021
DEFEROXAMINE 500 MG VIAL	Added to pharmacy coverage	1/1/2021
SOD FER GLUC CPLX 62.5 MG/5 ML	Added to pharmacy coverage	1/1/2021
JADENU SPRINKLE 180 MG GRANULE	Removed from formulary	1/1/2021
JADENU SPRINKLE 360 MG GRANULE	Removed from formulary	1/1/2021
JADENU SPRINKLE 90 MG GRANULE	Removed from formulary	1/1/2021
BUPRENO-NALOX 2-0.5 MG SL FILM	Removed from formulary	1/1/2021
BUPRENORP-NALOX 4-1 MG SL FILM	Removed from formulary	1/1/2021
BUPRENORP-NALOX 8-2 MG SL FILM	Removed from formulary	1/1/2021
BUPRENOR-NALOX 12-3 MG SL FILM	Removed from formulary	1/1/2021
DEMSEER 250 MG CAPSULE	Removed from formulary	1/1/2021
SYMFI LO 400-300-300 MG TABLET	Removed from formulary	1/1/2021
SYMFI 600-300-300 MG TABLET	Removed from formulary	1/1/2021
SAMSCA 30 MG TABLET	Removed from formulary	1/1/2021
EMTRIVA 200 MG CAPSULE	Removed from formulary	1/1/2021
EMTRIVA 10 MG/ML SOLUTION	Removed from formulary	1/1/2021
KUVAN 100 MG TABLET	Removed from formulary	1/1/2021
KUVAN 100 MG POWDER PACKET	Removed from formulary	1/1/2021
KUVAN 500 MG POWDER PACKET	Removed from formulary	1/1/2021