

Medicaid, Child Health Plus and Personal Wellness Plan Negative Formulary Changes (Effective 1/1/2018)

Therapeutic Category	Subcategory	Drug Name	Generic or Brand	Comments
Diabetes	Basal Insulin	Lantus [®] , Lantus Solostar [®] , Toujeo [®] <i>(insulin glargine)</i> Levemir [®] <i>(insulin detemir)</i>	Brand	Preferred: Basaglar [®] <i>(insulin glargine)</i>
Diabetes	DPP-4 Inhibitor	Tradjenta [®] <i>(linagliptin)</i> Jentaduetto [®] <i>(linagliptin/metformin)</i> Jentaduetto [®] XR <i>(linagliptin/metformin)</i>	Brand	Preferred: Januvia [®] <i>(sitagliptin)</i> Janumet [®] <i>(sitagliptin/metformin)</i> Janumet XR [®] <i>(sitagliptin/metformin)</i>
Diabetes	Incretin Mimetic Agents	Bydureon <i>(exenatide)</i>	Brand	Preferred: Tanzeum [®] <i>(albiglutide)</i> Trulicity [®] <i>(dulaglutide)</i> Victoza [®] <i>(liraglutide)</i>
Genitourinary	Miscellaneous	Elmiron [®] <i>(pentosan polysulfate)</i>	Brand	Preferred: <i>phenazopyridine</i>
Central Nervous System	Migraine Ergotamine Derivatives	<i>dihydroergotamine</i> <i>Nasal Spray, Injection</i>	Generic	Preferred: <i>triptans</i>

New UM Requirements

Endocrine/ Metabolic	Selective Estrogen Receptor Modulator	Osphena [®] <i>(Ospemifene)</i>	Brand	PA Required
Dermatological	Enzyme Preparations	Santyl [®] <i>(Collagenase)</i>	Brand	PA Required

Plans are offered by affiliates of Healthfirst, Inc. Plans contain exclusions and limitations.