

Medicaid, Child Health Plus, and Personal Wellness Plan Formulary Changes (Effective 10/1/2018)

Formulary Removals

Therapeutic Category	Subcategory	Drug Name Removed from Formulary	Generic or Brand	Comments
Diabetes	Rapid-Acting Insulin	Novolog® (<i>insulin aspart</i>) Humalog® (<i>insulin lispro</i>) Apidra® (<i>insulin glulisine</i>) Fiasp® (<i>insulin aspart</i>)	Brand	Preferred: Admelog® (<i>insulin lispro</i>)
Diabetes	SGLT-2 Inhibitors	Invokana® (<i>canagliflozin</i>) Invokamet® (<i>canagliflozin/metformin</i>) Invokamet® XR (<i>canagliflozin/metformin</i>)	Brand	Preferred: Jardiance® (<i>empagliflozin</i>) Steglatro® (<i>ertugliflozin</i>) Segluromet® (<i>ertugliflozin/metformin</i>) Synjardy® (<i>empagliflozin/metformin</i>)
Diabetes	Incretin Mimetic Agents	Tanzeum® (<i>albiglutide</i>) <i>Product has been discontinued by the manufacturer.</i>	Brand	Preferred: Ozempic® (<i>semaglutide</i>) Trulicity® (<i>dulaglutide</i>) Victoza® (<i>liraglutide</i>)

Formulary Additions

Respiratory	Beta-Agonist	Proair® Respiclick (<i>albuterol sulfate</i>)	Brand	
Topical	PDE-4 Inhibitors	Eucrisa® (<i>Crisaborole</i>)	Brand	<i>Prior use of a medium, high, or very high potency topical corticosteroid required.</i>
Diabetes	Incretin Mimetic Agents	Ozempic® (<i>semaglutide</i>)	Brand	