

Changes to the Health Choice Utah Formulary

Health Choice Utah may add or remove drugs from the formulary during the year. If a drug that you are currently using is scheduled to be removed from the formulary, you will be notified at least 60 days before the change becomes effective. In cases where the U.S. Food and Drug Administration (FDA) deems a drug unsafe, or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from the formulary and notify you afterward.

PA=Prior Authorization is required, QL= Quantity Limit, ST= Step Therapy

Upcoming Changes

Effective Date	Label Name	Description of Change	Preferred Alternative
10/1/2024	PRAZIQUANTEL 600 MG TAB	Change from Non-Preferred Generic to Non-formulary	Albendazole 200mg tablet
10/1/2024	LACTULOSE 10 GM PACKET	Change from Non-Preferred Generic to Non-formulary	Lactulose 10 gm/15mL solution
10/1/2024	KRISTALOSE 20 GM PACKET	Change from Preferred Generic to Non-formulary	Lactulose 10 gm/15mL solution
10/1/2024	PROMETHAZINE-PHENYLEPHRINE 6.25-5 MG/5ML SYRUP	Change from Non-Preferred Generic to Non-formulary	PROMETHAZINE HCL 6.25 MG/5ML SOLUTION
10/1/2024	PROMETHAZINE-PHENYLEPH-CODEINE 6.25-5-10 MG/5ML SYRUP	Change from Preferred Generic to Non-formulary	PROMETHAZINE-CODEINE 6.25-10 MG/5ML SYRUP
10/1/2024	Ocaliva	Change from Specialty to Non-Formulary	Iqirvo (requires formulary exception request)
10/1/2024	Simlandi	Added to formulary as a preferred product (requires prior authorization)	N/A