

## Changes to the University of Utah Health Plans Formularies

University of Utah Health Plans 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

#### Commercial & Individual Exchange

Effective Date	Label Name	Description of Change	Preferred Alternative	Line of Business
9/1/2023	AREXVY 120 MCG/0.5ML RECON SUSP	Added to formulary as Preferred Brand and covered on the Affordable Care Act Preventative List	N/A	Commercial and Exchange
9/1/2023	ABRYVO 120 MCG/0.5ML RECON SOLN	Added to formulary as Preferred Brand and covered on the Affordable Care Act Preventative List	N/A	Commercial and Exchange
10/1/2023	HADLIMA	Added to formulary as a Preferred Specialty medication	See specific medication use policy for the disease state being treated	Commercial and Exchange
10/1/2023	TWIRLA 120-30 MCG/24HR PATCH WK	Twirla is a branded contraceptive patch that will be excluded as of 10/01/2023. Xulane and Zafemy are generic contraceptives patches that are more cost-effective than Twirla.	XULANE, ZAFEMY	Commercial and Exchange
10/1/2023	VIZIMPRO TAB	Gefitinib is the generic for Iressa. Iressa and Vizimpro share the same FDA-approved indication. Generic gefitinib offers cost-savings compared to Vizimpro. Vizimpro will become non-formulary as of 10/01/2023.	GEFITINIB 250 MG TAB	Commercial and Exchange

Effective Date	Label Name	Description of Change	Preferred Alternative	Line of Business
10/1/2023	KORLYM 300 MG TAB	Korlym is a high-cost agent FDA-approved to control hyperglycemia secondary to hypercortisolism in adult patients with endogenous Cushing's syndrome who have type 2 diabetes mellitus or glucose intolerance and have failed surgery or are not candidates for surgery. It will become non-formulary as of 10/1/2023.	Surgery, pituitary radiotherapy, glucose-lowering agents, ketoconazole, metopirone, Lysodren, Signifor	Commercial and Exchange
10/1/2023	BYLVAY	Bylvay is a high-cost agent FDA-approved for treatment of pruritus in patients 3 months of age and older with Progressive Familial Intrahepatic Cholestasis (PFIC). It will become non-formulary as of 10/1/2023.	cholestyramine, rifampicin, ursodiol, sertraline, Naltrexone	Commercial and Exchange

## Healthy U

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9/1/2023	AREXVY 120 MCG/0.5ML RECON SUSP	Added to formulary as Preferred Brand and covered on the Affordable Care Act Preventative List	N/A
9/1/2023	ABRYVO 120 MCG/0.5ML RECON SOLN	Added to formulary as Preferred Brand and covered on the Affordable Care Act Preventative List	N/A
10/1/2023	HADLIMA	Added to formulary as a Preferred Specialty medication	See specific medication use policy for the disease state being treated
10/1/2023	TWIRLA 120-30 MCG/24HR PATCH WK	Twirla is a branded contraceptive patch that will be excluded as of 10/01/2023. Xulane and Zafemy are generic contraceptives patches that are more cost-effective than Twirla.	XULANE, ZAFEMY
10/1/2023	MILLIPRED 5 MG TAB	The monthly cost of this drug is significantly higher than the monthly cost of prednisolone oral solution or prednisone 5 mg tablet. Therefore, brand Millipred 5 mg tablet will be excluded as of 10/01/2023.	PREDNISONE 5 MG TAB
10/1/2023	PREDNISOLONE 5 MG TAB	Despite being a generic form of prednisolone, the monthly cost of this drug is significantly higher than the monthly cost of prednisolone oral solution or prednisone 5 mg tablet. Therefore, prednisolone 5 mg tablet will be excluded as of 10/01/2023.	PREDNISONE 5 MG TAB

Effective Date	Label Name	Description of Change	Preferred Alternative
10/1/2023	VIZIMPRO TAB	Gefitinib is the generic for Iressa. Iressa and Vizimpro share the same FDA-approved indication. Generic gefitinib offers cost-savings compared to Vizimpro. Vizimpro will become non-formulary as of 10/01/2023.	GEFITINIB 250 MG TAB
10/1/2023	BYLVAY	Bylvay is a high-cost agent FDA-approved for treatment of pruritus in patients 3 months of age and older with Progressive Familial Intrahepatic Cholestasis (PFIC). It will become non-formulary as of 10/1/2023.	cholestyramine, rifampicin, ursodiol, sertraline, Naltrexone
1/1/2024	BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN	Basaglar will be excluded as of 01/01/2024. We will send letters and support active transition of current Basaglar users to Rezvoglar.	REZVOGLAR KWIKPEN 100 UNIT/ML SOLN PEN