HEALTH PLANS
UNIVERSITY OF UTAH

December 1, 2023

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
12/1/2023	CLARITHROMYCIN SUSR 250 MG/5ML	Up-tiered from *Preferred Generic* to *Non-Preferred Generic* and added a *Prior Authorization Requirement*	AZITHROMYCIN SUSR 100 MG/5ML	Commercial and Exchange
12/1/2023	ERYTHROMYCIN ETHYLSUCCINATE SUSR 200 MG/5ML	Added a *Prior Authorization Requirement*	AZITHROMYCIN SUSR 100 MG/5ML	Commercial and Exchange
12/1/2023	ERYTHROMYCIN TBEC 250 MG	Up-tiered from *Preferred Generic* to *Non-Preferred Generic* and added a *Prior Authorization Requirement*	AZITHROMYCIN TABS; CLARITHROMYCIN TABS	Commercial and Exchange
12/1/2023	ERYTHROMYCIN TBEC 500 MG	Up-tiered from *Preferred Generic* to *Non-Preferred Generic* and added a *Prior Authorization Requirement*	AZITHROMYCIN TABS; CLARITHROMYCIN TABS	Commercial and Exchange
12/1/2023	LISDEXAMFETAMINE DIMESYLATE CAP	Added to formulary as Preferred Generic	N/A	Commercial and Exchange
12/1/2023	LISDEXAMFETAMINE DIMESYLATE CHEW TAB	Added to formulary as Preferred Generic	N/A	Commercial and Exchange

Healthy U

Effective Date	Label Name	Description of Change	Preferred Alternative
12/1/2023	CLARITHROMYCIN SUSR 250 MG/5ML	Up-tiered from *Preferred Generic* to *Non-Preferred Generic* and added a *Prior Authorization Requirement*	AZITHROMYCIN SUSR 100 MG/5ML
12/1/2023	ERYTHROMYCIN ETHYLSUCCINATE SUSR 200 MG/5ML	Added a *Prior Authorization Requirement*	AZITHROMYCIN SUSR 100 MG/5ML
12/1/2023	ERYTHROMYCIN TBEC 250 MG	Up-tiered from *Preferred Generic* to *Non-Preferred Generic* and added a *Prior Authorization Requirement*	AZITHROMYCIN TABS; CLARITHROMYCIN TABS
12/1/2023	ERYTHROMYCIN TBEC 500 MG	Up-tiered from *Preferred Generic* to *Non-Preferred Generic* and added a *Prior Authorization Requirement*	AZITHROMYCIN TABS; CLARITHROMYCIN TABS
12/1/2023	JANUMET/JANUMET XR TAB	Modified *Step Therapy Requirement* to now require 90-days of metformin use AND 90-days of generic alogliptin family or generic saxagliptin family use	METFORMIN TAB; ALOGLIPTIN-METFORMIN HCL TAB; SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR
12/1/2023	JANUVIA TAB	Modified *Step Therapy Requirement* to now require 90-days of metformin use AND 90-days of generic alogliptin family or generic saxagliptin family use	METFORMIN TAB; ALOGLIPTIN BENZOATE TAB; SAXAGLIPTIN HCL TAB
12/1/2023	SAXAGLIPTIN HCL TAB	Added to formulary as Preferred Generic	N/A
12/1/2023	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR	Added to formulary as Preferred Generic	N/A
1/1/2024	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