

## 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(s)	Line of Business
06/01/2024	PYRIDOSTIGMINE BROMIDE ER 180 MG TAB ER	Uptiered from Preferred Generic to a Non-Preferred Generic	PYRIDOSTIGMINE BROMIDE 60 MG TAB	Commercial
06/01/2024	SUCRALFATE 1 GM/10ML SUSPENSION	Uptiered from Preferred Generic to a Non-Preferred Generic. Age Limit of 12 years of age added.	SUCRALFATE 1 GM TAB	Commercial and Exchange

#### Healthy U

Effective Date	Label Name	Description of Change	Preferred Alternative(s)	Line of Business
06/01/2024	SUCRALFATE 1 GM/10ML SUSPENSION	Uptiered from Preferred Generic to a Non-Preferred Generic. Age Limit of 12 years of age added.	SUCRALFATE 1 GM TAB	Medicaid