

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
4/1/2024	STRENSIQ	Excluded from Formulary	Requests will be reviewed for medical necessity	Commercial
4/1/2024	CRESEMBA	Excluded from Formulary	Requests will be reviewed for medical necessity	Commercial
5/1/2024	COLCHICINE CAPSULE 0.6 MG	Excluded from Formulary	COLCHICINE TABLET 0.6 MG	Commercial and Exchange
5/1/2024	FLOVENT DISKUS, FLOVENT HFA, FLUTICASONE PROPIONATE DISKUS, FLUTICASONE PROPIONATE HFA	Excluded from Formulary	Qvar or Arnuity Ellipta	Commercial and Exchange
5/1/2024	PULMICORT FLEXHALER	Excluded from Formulary	Qvar or Arnuity Ellipta	Commercial and Exchange
5/1/2024	DULERA	Excluded from Formulary	fluticasone-salmeterol (and Wixela), Symbicort, or Breo Ellipta	Commercial and Exchange

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Effective Date	Label Name	Description of Change	Preferred Alternative(s)	Line of Business
4/1/2024	ARCALYST 220 MG RECON SOLN	Excluded from Formulary	Requests will be reviewed for medical necessity	Medicaid

4/1/2024	NURTEC	Changed from Non-Preferred Drug with a Prior Authorization Requirement to a Preferred Drug with a Prior Authorization Requirement	Generic triptans, Ubrelvy	Medicaid
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