

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
02/01/2025	Teriparatide (Recombinant) 620 MCG/2.48ML SOLN PEN	Excluded - more cost-effective alternative exists	Teriparatide 600 MCG/2.4ML SOLN PEN	Commercial, Exchange
02/01/2025	Disulfiram 500 MG TAB	Uptiered - more cost-effective strength exists	Disulfiram 250 MG TAB	Commercial, Exchange
02/01/2025	Cobenfy	Added to formulary with step therapy requirement	Step Therapy requires 2 fills (60 days) in the last 180 days of any two generic atypical antipsychotics	Commercial, Exchange

Healthy U

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02/01/2025	Teriparatide (Recombinant) 620 MCG/2.48ML SOLN PEN	Excluded - more cost-effective alternative exists	Teriparatide 600 MCG/2.4ML SOLN PEN	Medicaid

Healthy U CHIP

Effective Date	Label Name	Description of Change	Preferred Alternative(s)	Line of Business
02/01/2025	Teriparatide (Recombinant) 620 MCG/2.48ML SOLN PEN	Excluded - more cost-effective alternative exists	Teriparatide 600 MCG/2.4ML SOLN PEN	CHIP
02/01/2025	Disulfiram 500 MG TAB	Uptiered - more cost-effective strength exists	Disulfiram 250 MG TAB	CHIP
02/01/2025	Cobenfy	Added to formulary with step therapy requirement	Step Therapy requires 2 fills (60 days) in the last 180 days of any two generic atypical antipsychotics	CHIP