

Changes to the University of Utah Health Plans Formularies

University of Utah Health Plan Exchange may add or remove drugs from the formulary during the year. If a drug 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

Effective Date	Label Name	Description of Change	Preferred Alternative	Line of Business
9/1/2020	AIMOVIG 140 MG/ML AUTOINJECTOR	Not Covered	Emgality or Ajovy	Commercial, Individual, Healthy U
9/1/2020	AIMOVIG 140 MG/ML AUTOINJECTOR	Not Covered	Emgality or Ajovy	Commercial, Individual, Healthy U
9/1/2020	AIMOVIG 70 MG/ML AUTOINJECTOR	Not Covered	Emgality or Ajovy	Commercial, Individual, Healthy U
9/1/2020	ALOGLIPTIN 12.5 MG TABLET	Not Covered	Januvia or Tradjenta	Commercial, Individual, Healthy U
9/1/2020	ALOGLIPTIN 25 MG TABLET	Not Covered	Januvia or Tradjenta	Commercial, Individual, Healthy U
9/1/2020	GENOTROPIN MINIQUICK 0.4 MG	Not Covered	Norditropin, Nutropin AQ or Omnitrope	Commercial, Individual, Healthy U
9/1/2020	ALVESCO 80 MCG INHALER	Not Covered	Arnuity Ellipta, Flovent, Pulmicort or Qvar	Commercial, Individual, Healthy U
9/1/2020	ASMANEX HFA 100 MCG INHALER	Not Covered	Arnuity Ellipta, Flovent, Pulmicort or Qvar	Commercial, Individual, Healthy U
9/1/2020	ASMANEX HFA 200 MCG INHALER	Not Covered	Arnuity Ellipta, Flovent, Pulmicort or Qvar	Commercial, Individual, Healthy U
9/1/2020	ASMANEX TWISTHALER 110 MCG #30	Not Covered	Arnuity Ellipta, Flovent, Pulmicort or Qvar	Commercial, Individual, Healthy U
9/1/2020	ASMANEX TWISTHALER 220 MCG #30	Not Covered	Arnuity Ellipta, Flovent, Pulmicort or Qvar	Commercial, Individual, Healthy U
9/1/2020	ASMANEX TWISTHALER 220 MCG #60	Not Covered	Arnuity Ellipta, Flovent, Pulmicort or Qvar	Commercial, Individual, Healthy U
9/1/2020	ASMANEX TWISTHALR 220 MCG #120	Not Covered	Arnuity Ellipta, Flovent, Pulmicort or Qvar	Commercial, Individual, Healthy U
9/1/2020	ADVAIR HFA 115-21 MCG INHALER	Not Covered	Symbicort or Dulera	Commercial, Individual, Healthy U
9/1/2020	ADVAIR HFA 230-21 MCG INHALER	Not Covered	Symbicort or Dulera	Commercial, Individual, Healthy U
9/1/2020	ADMELOG 100 UNIT/ML VIAL	Not Covered	Humalog or Novolog	Commercial, Individual, Healthy U

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9/1/2020	ADMELOG SOLOSTAR 100 UNIT/ML	Not Covered	Humalog or Novolog	Commercial, Individual, Healthy U
9/1/2020	INVOKAMET 50-1,000 MG TABLET	Not Covered	Synjardy or Xigduo	Commercial, Individual, Healthy U
9/1/2020	INVOKANA 100 MG TABLET	Not Covered	Jardiance or Farxiga	Commercial, Individual, Healthy U
10/1/2020	COAGUCHEK XS PT TEST STRIPS	Not Covered	Freestyle	Healthy U
10/1/2020	CONTOUR NEXT TEST STRIP	Not Covered	Freestyle	Healthy U
10/1/2020	CONTOUR NEXT TEST STRIP	Not Covered	Freestyle	Healthy U
10/1/2020	CONTOUR NEXT TEST STRIP	Not Covered	Freestyle	Healthy U
10/1/2020	CONTOUR TEST STRIP	Not Covered	Freestyle	Healthy U
1/1/2021	INVOKANA 300 MG TABLET	Not Covered	Jardiance or Farxiga	Commercial, Individual, Healthy U
1/1/2021	ACCU-CHEK AVIVA PLUS TEST STRP	Not Covered	Freestyle, Onetouch	Commercial, Individual, Healthy U
1/1/2021	ACCU-CHEK AVIVA PLUS TEST STRP	Not Covered	Freestyle, Onetouch	Commercial, Individual, Healthy U
1/1/2021	ACCU-CHEK AVIVA PLUS TEST STRP	Not Covered	Freestyle, Onetouch	Commercial, Individual, Healthy U
1/1/2021	ACCU-CHEK GUIDE TEST STRIP	Not Covered	Freestyle, Onetouch	Commercial, Individual, Healthy U
1/1/2021	ACCU-CHEK SMARTVIEW TEST STRIP	Not Covered	Freestyle, Onetouch	Commercial, Individual, Healthy U
1/1/2021	COAGUCHEK XS PT TEST STRIPS	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	CONTOUR NEXT TEST STRIP	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	CONTOUR NEXT TEST STRIP	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	CONTOUR NEXT TEST STRIP	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	CONTOUR TEST STRIP	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	CONTOUR TEST STRIP	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	FREESTYLE PREC NEO TEST STRIPS	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	GE100 BLOOD GLUCOSE TEST STRIP	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	GLUCOCARD VITAL TEST STRIPS	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	GNP EASY TOUCH GLUC TEST STRIP	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	HEALTHPRO GLUCOSE TEST STRIPS	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	RELION PRIME TEST STRIPS	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	RELION PRIME TEST STRIPS	Not Covered	Freestyle, Onetouch	Commercial, Individual
Effective Date	Label Name	Description of Change	Preferred Alternative	Line of Business

1/1/2021	RELION PRIME TEST STRIPS	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	TRUE METRIX GLUCOSE TEST STRIP	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	TRUE METRIX GLUCOSE TEST STRIP	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	TRUE METRIX GLUCOSE TEST STRIP	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	TRUETRACK GLUCOSE TEST STRIPS	Not Covered	Freestyle, Onetouch	Commercial, Individual
1/1/2021	WAVESENSE PRESTO TEST STRIPS	Not Covered	Freestyle, Onetouch	Commercial, Individual