

## 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/Exchange Formularies

Effective Date	Label Name	Description of Change	Preferred Alternative(s)	Line of Business
11/22/2022	DENAVIR 1 % CREAM	New Exclusion	ACYCLOVIR 5 % OINTMENT	Commercial and Exchange
1/1/2023	QUILLIVANT XR 25 MG/5ML SRER	To Be uptiered to "Non-Preferred Brand" tier and managed with a PA	METHYLPHENIDATE HCL CHEW TAB, METHYLPHENIDATE HCL ORAL SOLN	Commercial and Exchange
1/1/2023	ENBRACE HR CAP	To be excluded	PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG	Commercial
1/1/2023	BUPROPION HCL ER (XL) 450 MG TAB ER 24H	To be excluded	BUPROPION HCL ER (XL) 150 MG TAB ER 24H, generic BUPROPION HCL ER (SR) 150 MG TAB ER 12H	Commercial and Exchange
1/1/2023	FORFIVO XL 450 MG TAB ER 24H	To be excluded	BUPROPION HCL ER (XL) 150 MG TAB ER 24H, generic BUPROPION HCL ER (SR) 150 MG TAB ER 12H	Commercial and Exchange

Effective Date	Label Name	Description of Change	Preferred Alternative(s)	Line of Business
1/1/2023	DAYVIGO 5 MG TAB, DAYVIGO 10 MG TAB	Dayvigo will require a quadruple step edit instead of the previous triple step edit	Dayvigo will require 1 fill (30 days) of EACH of the following FOUR categories in the last 180 days: 1. Doxepin 3mg, 6mg, or 10mg, 2. Amitriptyline or trazodone, 3. Zolpidem, eszopiclone, or zaleplon, 4. Belsomra	Commercial and Exchange
1/1/2023	DUPIXENT 200 MG/1.14ML SOLN PEN, DUPIXENT 300 MG/2ML SOLN PEN, DUPIXENT 200 MG/1.14ML SOLN PRSYR, DUPIXENT 300 MG/2ML SOLN PRSYR	For Atopic Dermatitis new starts only, Adbry or Rinvoq must be tried and failed before Dupixent may be considered, unless documentation indicates a medical necessity	Phototherapy, oral corticosteroids, intramuscular corticosteroids, oral cyclosporine, oral azathioprine, oral methotrexate, oral mycophenolate, Adbry, Rinvoq	Commercial and Exchange

### Healthy U Medicaid Formulary

Effective Date	Label Name	Description of Change	Preferred Alternative(s)
1/1/2023	PROAIR RESPICLICK 108 (90 BASE) MCG/ACT AER POW BA	Non-Preferred	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT AERO SOLN