

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 | Line of Business |
|----------------|------------------------------------|---|--|-------------------------|
| 4/1/2023 | RESTASIS MULTIDOSE 0.05 % EMULSION | Will be excluded as of 04/01/2023 | CYCLOSPORINE 0.05 % EMULSION | Commercial and Exchange |
| 4/1/2023 | BYDUREON BCISE 2 MG/0.85ML A-INJ | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | MOUNJARO 2.5 MG/0.5ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | MOUNJARO 5 MG/0.5ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | MOUNJARO 7.5 MG/0.5ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | MOUNJARO 10 MG/0.5ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | MOUNJARO 12.5 MG/0.5ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | MOUNJARO 15 MG/0.5ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |

| Effective Date | Label Name | Description of Change | Preferred Alternative | Line of Business |
|----------------|---|---|--|-------------------------|
| 4/1/2023 | OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | OZEMPIC (1 MG/DOSE) 2 MG/1.5ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | RYBELSUS 3 MG TAB | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | RYBELSUS 7 MG TAB | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | RYBELSUS 14 MG TAB | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | TRULICITY 0.75 MG/0.5ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | TRULICITY 1.5 MG/0.5ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | TRULICITY 3 MG/0.5ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | TRULICITY 4.5 MG/0.5ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | VICTOZA 18 MG/3ML SOLN PEN | Switching management from Step Therapy to Prior Authorization | Diagnosis of Type 2 Diabetes Mellitus and trial and failure of metformin | Commercial and Exchange |
| 4/1/2023 | WAKIX 4.45 MG TAB | Prior Authorization Policy Change-Switching to non formulary product | methylphenidate, modafinil | Commercial and Exchange |
| 4/1/2023 | WAKIX 17.8 MG TAB | Prior Authorization Policy Change-Switching to non formulary product | methylphenidate, modafinil | Commercial and Exchange |
| 4/1/2023 | SPRAVATO (56 MG DOSE) 28 MG/DEVICE SOLN THPK | Prior Authorization Policy Change- added requirement of Electroconvulsive therapy (ECT) | IV ketamine, Electroconvulsive therapy (ECT) | Commercial and Exchange |

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| 4/1/2023 | SPRAVATO (84 MG DOSE) 28 MG/DEVICE SOLN THPK | Prior Authorization Policy Change- added requirement of Electroconvulsive therapy (ECT) | IV ketamine, Electroconvulsive therapy (ECT) | Commercial and Exchange |

Healthy U Medicaid Formulary

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