



2017 Formulary Updates

Health Choice Utah may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we will notify you of the change before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary.

This table outlines upcoming negative changes to our formulary that may impact you

Name of Drug	Description of Change	Alternative Drug(s)/Change	Effective Date
Freestyle Test Strips	Change Quantity Limit	QL 500/90 days (members on insulin) otherwise QL 200/90	1/17/2017
Precision Xtra Test Strips	Change Quantity Limit	QL 500/90 days (members on insulin) otherwise QL 200/90	1/17/2017
Truvada	Add PA Criteria		1/1/2017

This table outlines the upcoming positive changes to our formulary that may impact you.

Name of Drug	Description of Change	Drug Coverage	Previous Coverage	Effective Date
Descovy	Addition to Formulary		N/A	1/1/2017
Evotaz	Addition to Formulary		N/A	1/1/2017
Odefsey	Addition to Formulary		N/A	1/1/2017
Prezcobix	Addition to Formulary		N/A	1/1/2017
Vitekta	Addition to Formulary		N/A	1/1/2017
Actimmune	Addition to Formulary	PA	N/A	1/1/2017
Afinitor	Addition to Formulary	PA	N/A	1/1/2017
Jakafi	Addition to Formulary	PA	N/A	1/1/2017
Targretin	Addition to Formulary	PA	N/A	1/1/2017

Zelboraf	Addition to Formulary	PA	N/A	1/1/2017
Zolinza	Addition to Formulary	PA	N/A	1/1/2017

This table outlines the updates to Prior Authorization Criteria that may impact you.

Name of Drug	Description of Change	Effective Date
Truvada	Addition of PA Criteria	1/1/2017