

2021 Formulary Changes – Year to Date

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, and/or move a drug at a higher cost-sharing tier, we will notify you of the change at least 30 days 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 shows drugs that have been removed from the 2021 Health Choice Utah Formulary.

Name of Drug	Description of Change	Formulary Alternative Drug	Effective Date
Victoza	Formulary Deletion	Ozempic, Trulicity	04/01/2021
Pulmicort Flexhaler	Formulary Deletion	Alvesco	06/01/2021
Atripla (Brand)	Formulary Deletion	Generic Atripla	01/01/2021
Truvada (Brand)	Formulary Deletion	Generic Truvada	01/01/2021
Shingrix	Add Age Limit	Covered for age 50 and older	01/01/2021
Amitiza	Formulary Deletion	Generic Amitiza	04/15/2021
Sklice	Formulary Deletion	Generic Sklice	04/15/2021
Azopt	Formulary Deletion	Generic Azopt	04/15/2021

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

Name of Drug	Description of Change	Drug Coverage	Effective Date
SEMGLEE	Addition to the Formulary		01/01/2021
FOSFOMYCIN	Addition to the Formulary		01/01/2021
DOVATO	Addition to the Formulary		01/01/2021
JULUCA	Addition to the Formulary		01/01/2021
SUPREP	Addition to the Formulary		01/01/2021
AMLODIPINE 2.5mg TABLET	Increase Quantity Limit	Maximum 4 per day	01/01/2021
AMLODIPINE 5mg TABLET	Increase Quantity Limit	Maximum 2 per day	01/01/2021
MORPHINE ER	Remove PA requirement		01/01/2021
FENTANYL PATCH	Remove PA requirement		01/01/2021
OXYCODONE ER	Remove PA requirement		01/01/2021
ZOLPIDEM ER	Addition to the Formulary	Maximum 1 per day	04/15/2021
LUBIPROSTONE	Addition to the Formulary	Maximum 2 per day	04/15/2021
MOVANTIK	Addition to the Formulary	Step Therapy Required	04/15/2021
ABIRATERONE 250MG TABLETS	Addition to the Formulary	PA required	04/15/2021
IVERMECTIN LOTION	Addition to the Formulary	PA required	04/15/2021
VOCABRIA TABLETS	Addition to the Formulary	Maximum 30 tablets per year	04/15/2021

VERQUVO TABLETS	Addition to the Formulary	PA required; Maximum 1 per day	04/15/2021
SOLIQUA	Addition to the Formulary	Maximum 60 units per day	04/15/2021
CORLANOR	Addition to the Formulary	PA req	04/15/2021
ALVESCO	Addition to the Formulary	Maximum 1 inhaler per 30 days	04/15/2021
AIMOVIG	Addition to the Formulary		04/15/2021
AJOVY	Addition to the Formulary		04/15/2021
NURTEC	Addition to the Formulary	PA Req	04/15/2021
TYBLUME	Addition to the Formulary		04/15/2021
BRINZOLAMIDE	Addition to the Formulary	Maximum 10mL per 30 days	04/15/2021
TRAVOPROST	Remove PA requirement	Maximum 2.5mL per 20 days	04/15/2021
ZIOPTAN	Remove PA requirement	Maximum 10mL per 30 days	04/15/2021
BIMATOPROST	Remove PA requirement	Maximum 10mL per 30 days	04/15/2021
XOFLUZA	Addition to the Formulary	One treatment every year	04/15/2021
TOLTERODINE IR/ER	Remove Step Therapy		04/15/2021
STEGLATRO	Remove ST/PA req	Maximum 2 tablets per day	04/15/2021
SEGLUROMET	Remove ST/PA req	Maximum 2 tablets per day	04/15/2021
JARDIANCE	Remove ST	PA required. Maximum 1 tablet per day	04/15/2021

TERBINAFINE 250MG TABLET	Increase quantity limit	Maximum 1 tablet per day	04/15/2021
ELETRIPTAN TABLETS	Increase quantity limit	Maximum 27 tablets per 30 days	04/15/2021
SUMATRIPTAN TABLETS	Increase quantity limit	Maximum 27 tablets per 30 days	04/15/2021
NARATRIPTAN TABLETS	Increase quantity limit	Maximum 27 tablets per 30 days	04/15/2021
RIZATRIPTAN TABLETS	Increase quantity limit	Maximum 27 tablets per 30 days	04/15/2021
NYSTATIN/TRIAMCINOLONE CREAM	Addition to the Formulary	Maximum 45gm per 30 days	04/15/2021
Nicotine Transdermal	Increase quantity limit	Maximum 1 per day	5/1/2021
Nicotine Gum 2mg	Increase quantity limit	Maximum 10 per day	5/1/2021
Nicotine Gum 4mg	Increase quantity limit	Maximum 5 per day	5/1/2021
Nicotine Lozenge 2mg	Increase quantity limit	Maximum 10 per day	5/1/2021
Nicotine Lozenge 4mg	Increase quantity limit	Maximum 5 per day	5/1/2021
Alogliptin/Metformin	Increase quantity limit	Maximum 2 per day	5/1/2021
Pimecrolimus cream	Remove PA requirement	Maximum 1 gram per day	5/1/2021
Accu-chek strips	Increase quantity limit	Increase QL for non-insulin dependent members to 300 strips per 90 days	5/1/2021
Glucose tablets (over-the-counter)	Addition to the formulary		7/15/2021
Baqsimi	Addition to the formulary	Maximum 2 per 30 days	7/15/2021

Gvoke	Addition to the formulary	Maximum 2 per 30 days	7/15/2021
Symtuza	Addition to the formulary	Maximum 1 per day	7/15/2021
Entresto	Remove PA requirement		7/15/2021
Celecoxib 400mg capsules	Remove PA requirement	Maximum 1 per day	7/15/2021
Prasugrel tablet	Addition to the formulary		7/15/2021
Pradaxa tablet	Addition to the formulary	Maximum 2 per day	7/15/2021

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

Name of Drug	Description of Change	Effective Date
Trikafta, Symdeko, and Kalydeco	New indication	04/15/2021
Zytiga	Add to Formulary Oncology Agents PA Criteria	04/15/2021
Sklice	Change coverage to generic preferred	04/15/2021
Amitiza	Change coverage to generic preferred	04/15/2021
Linzess	Add trial of generic Amitiza (lubiprostone)	04/15/2021
Northera	Change coverage to generic preferred	04/15/2021
Ajovy/Emgality/Aimovig	No preferred CGRP	04/15/2021
Azopt	Remove PA	04/15/2021
Verquvo	New Criteria	04/15/2021
Alinia (nitazoxanide)	New Criteria	04/15/2021
Corlanor	New Criteria	04/15/2021
Jardiance	New indication	04/15/2021
Xeljanz	New indication	7/1/2021
Humira	New indication	7/1/2021
Actemra	New indication	7/1/2021
Tyvaso	New indication	7/1/2021

Praluent	New indication	7/1/2021
Natroba	New indication	7/1/2021
Trikafta	New indication	7/1/2021
Generic Pregabalin CR	New criteria	7/1/2021
Orladeyo/Takhzyro	New criteria	7/1/2021
Gocovri/Osmolex ER	New criteria	7/1/2021
SGLT-2 agents	New criteria	7/1/2021
Ferriprox	New criteria	7/1/2021