



Changes to the Mountain Health Co-op Formularies

Mountain Health Co-op 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

Effective Date	Label Name	Description of Change	Preferred Alternative	Line of Business
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
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