



## 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- Posted 04/01/2023

Effective Date	Label Name	Description of Change	Preferred Alternative	Line of Business
4/1/2023	HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION	FDA Committee recommended this drug be pulled from the market after confirmatory trial(s) failed to verify the clinical benefit of Makena for neonatal outcomes or preventing preterm birth. Makena's manufacturer announced it is withdrawing the product. Previously covered forms of hydroxyprogesterone caproate will be excluded as of 04/01/2023.	N/A	Commercial and Exchange
4/1/2023	HYDROXYPROGESTERONE CAPROATE 250 MG/ML OIL			
4/1/2023	Compounded HYDROXYPROGESTERONE CAPROATE INJ			
4/1/2023	ALPHAGAN P 0.1 % SOLUTION	Will be excluded as of 04/01/2023	BRIMONIDINE TARTRATE 0.2 % SOLUTION	Commercial and Exchange
4/1/2023	BRIMONIDINE TARTRATE 0.15 % SOLUTION	Will be excluded as of 04/01/2023	BRIMONIDINE TARTRATE 0.2 % SOLUTION	Commercial and Exchange
4/1/2023	TESTOSTERONE 25 MG/2.5GM (1%) GEL	Will be excluded as of 04/01/2023	TESTOSTERONE 12.5 MG/ACT (1%) GEL	Commercial and Exchange

Effective Date	Label Name	Description of Change	Preferred Alternative	Line of Business
4/1/2023	TESTOSTERONE 50 MG/5GM (1%) GEL	Will be excluded as of 04/01/2023	TESTOSTERONE 12.5 MG/ACT (1%) GEL	Commercial and Exchange
4/1/2023	TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	Will be excluded as of 04/01/2023	TESTOSTERONE 20.25 MG/ACT (1.62%) GEL	Commercial and Exchange
4/1/2023	MINOCYCLINE HCL TABS 75 MG	Will be excluded as of 04/01/2023	MINOCYCLINE HCL CAPS 75 MG	Commercial and Exchange
4/1/2023	TETRACYCLINE HCL CAPS 500 MG	Will be excluded as of 04/01/2023	TETRACYCLINE HCL CAPS 250 MG x 2	Commercial and Exchange
4/1/2023	DOXYCYCLINE HYCLATE TABS 150 MG	Will be excluded as of 04/01/2023	DOXYCYCLINE HYCLATE CAPS 50 MG; DOXYCYCLINE HYCLATE CAPS 100 MG	Commercial and Exchange

### Commercial/Exchange Formularies- Posted 2/01/2023

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

<b>Effective Date</b>	<b>Label Name</b>	<b>Description of Change</b>	<b>Preferred Alternative</b>	<b>Line of Business</b>
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