



June 1, 2022

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
6/1/2022	TRAMADOL HCL ER 100 MG CAP ER 24H	To Be Excluded	Tramadol ER tablets
6/1/2022	TRAMADOL HCL ER 150 MG CAP ER 24H	To Be Excluded	Tramadol ER tablets
6/1/2022	TRAMADOL HCL ER 200 MG CAP ER 24H	To Be Excluded	Tramadol ER tablets
6/1/2022	TRAMADOL HCL ER 300 MG CAP ER 24H	To Be Excluded	Tramadol ER tablets
6/1/2022	MORPHINE SULFATE ER BEADS 30 MG CAP ER 24H	To Be Excluded	Morphine ER tablets
6/1/2022	MORPHINE SULFATE ER BEADS 45 MG CAP ER 24H	To Be Excluded	Morphine ER tablets
6/1/2022	MORPHINE SULFATE ER BEADS 60 MG CAP ER 24H	To Be Excluded	Morphine ER tablets
6/1/2022	MORPHINE SULFATE ER BEADS 75 MG CAP ER 24H	To Be Excluded	Morphine ER tablets
6/1/2022	MORPHINE SULFATE ER BEADS 90 MG CAP ER 24H	To Be Excluded	Morphine ER tablets
6/1/2022	MORPHINE SULFATE ER BEADS 120 MG CAP ER 24H	To Be Excluded	Morphine ER tablets
6/1/2022	ISTURISA 1 MG TAB	To Be Excluded	ketoconazole
6/1/2022	ISTURISA 5 MG TAB	To Be Excluded	ketoconazole

Effective Date	Label Name	Description of Change	Preferred Alternative
6/1/2022	ISTURISA 10 MG TAB	To Be Excluded	ketoconazole
7/1/2022	Cosentyx	Now Excluded	Taltz
8/1/2022	ORILISSA 150 MG TAB	To Be Excluded	Lupron Depot, Zoladex
10/1/2022	FORTEO	To Be Excluded	TERIPARATIDE PEN, TYMLOS PEN
10/1/2022	METAXALONE TAB 400 MG	To Be Excluded	METAXALONE 800 MG TAB
10/1/2022	CYCLOBENZAPRINE HCL 7.5 MG TAB	To Be Excluded	CYCLOBENZAPRINE HCL 5 MG TAB, CYCLOBENZAPRINE HCL 10 MG TAB
10/1/2022	NAPROXEN 500 MG TAB DR	To Be Excluded	Naproxen 500mg IR tablet, Naproxen 375 DR tablet
1/1/2023	QUILLIVANT XR 25 MG/5ML SRER	To Be uptiered to "Non-Preferred Brand" tier and managed with a PA	METHYLPHENIDATE HCL CHEW TAB, METHYLPHENIDATE HCL ORAL SOLN