



September 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(s)	Line of Business
10/1/2022	FORTEO	To Be Excluded	TERIPARATIDE PEN, TYMLOS PEN	Commercial and Exchange
10/1/2022	METAXALONE TAB 400 MG	To Be Excluded	METAXALONE 800 MG TAB	Commercial and Exchange
10/1/2022	CYCLOBENZAPRINE HCL 7.5 MG TAB	To Be Excluded	CYCLOBENZAPRINE HCL 5 MG TAB, CYCLOBENZAPRINE HCL 10 MG TAB	Commercial and Exchange
10/1/2022	NAPROXEN 500 MG TAB DR	To Be Excluded	Naproxen 500mg IR tablet, Naproxen 375 DR tablet	Commercial and Exchange
11/1/2022	AVONEX	To be excluded	dimethyl fumarate, glatiramer, Gilenya, Aubagio, Mayzent, Rebif, Kesimpta and Betaseron	Commercial and Exchange
11/1/2022	BAFIERTAM 95 MG CAP DR	To be excluded	dimethyl fumarate, glatiramer, Gilenya, Aubagio, Mayzent, Rebif, Kesimpta and Betaseron	Commercial and Exchange
11/1/2022	EXTAVIA 0.3 MG KIT	To be excluded	dimethyl fumarate, glatiramer, Gilenya, Aubagio, Mayzent, Rebif, Kesimpta and Betaseron	Commercial and Exchange

Effective Date	Label Name	Description of Change	Preferred Alternative(s)	Line of Business
11/1/2022	PLEGRIDY	To be excluded	dimethyl fumarate, glatiramer, Gilenya, Aubagio, Mayzent, Rebif, Kesimpta and Betaseron	Commercial and Exchange
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	Commercial and Exchange
1/1/2023	ENBRACE HR CAP	To be excluded	PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG	Commercial
1/1/2023	BUPROPION HCL ER (XL) 450 MG TAB ER 24H	To be excluded	BUPROPION HCL ER (XL) 150 MG TAB ER 24H, BUPROPION HCL ER (SR) 150 MG TAB ER 12H	Commercial and Exchange
1/1/2023	FORFIVO XL 450 MG TAB ER 24H	To be excluded	BUPROPION HCL ER (XL) 150 MG TAB ER 24H, BUPROPION HCL ER (SR) 150 MG TAB ER 12H	Commercial and Exchange