

Changes to the 2018 MHC CO-OP Preferred Drug List

MHC CO-OP Individual & Small Group Plans may add or remove drugs from the Drug List during the year. If a drug is scheduled to be removed from the Drug List, 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 indicates Prior Authorization is required.

Upcoming Changes

EFFECTIVE DATE	LABEL NAME	DESCRIPTION OF CHANGE
5/1/2018	AGONEAZE 2.5%-2.5% CREAM DRESS	Move to Tier 3
5/1/2018	AMABELZ 0.5 MG-0.1 MG TABLET	Move to Tier 3
5/1/2018	AMABELZ 1 MG-0.5 MG TABLET	Move to Tier 3
5/1/2018	ANDROGEL 1.62% GEL PUMP	Not Covered
5/1/2018	ANDROGEL 1.62%(1.25G) GEL PCKT	Not Covered
5/1/2018	ANDROGEL 1.62%(2.5G) GEL PCKT	Not Covered
5/1/2018	ANODYNE LPT 2.5-2.5% CRM-DRESS	Move to Tier 3
5/1/2018	APREPITANT 125 MG CAPSULE	Move to Tier 4
5/1/2018	APREPITANT 125-80-80 MG PACK	Move to Tier 4
5/1/2018	APREPITANT 40 MG CAPSULE	Move to Tier 4
5/1/2018	APREPITANT 80 MG CAPSULE	Move to Tier 4
5/1/2018	ARBINOXA 4 MG TABLET	Move to Tier 3
5/1/2018	AXERT 12.5 MG TABLET	Not Covered
5/1/2018	AXERT 6.25 MG TABLET	Not Covered
5/1/2018	BUPRENORPHINE 15 MCG/HR PATCH	Move to Tier 2, PA
5/1/2018	BUPRENORPHINE PATCHES	Add PA to all
5/1/2018	BUTRANS 10 MCG/HR PATCH	Not Covered
5/1/2018	BUTRANS 10 MCG/HR PATCH	Not Covered
5/1/2018	BUTRANS 15 MCG/HR PATCH	Not Covered
5/1/2018	BUTRANS 15 MCG/HR PATCH	Not Covered
5/1/2018	BUTRANS 20 MCG/HR PATCH	Not Covered
5/1/2018	BUTRANS 20 MCG/HR PATCH	Not Covered
5/1/2018	BUTRANS 5 MCG/HR PATCH	Not Covered
5/1/2018	BUTRANS 5 MCG/HR PATCH	Not Covered
5/1/2018	BUTRANS 7.5 MCG/HR PATCH	Not Covered
5/1/2018	BUTRANS 7.5 MCG/HR PATCH	Not Covered
5/1/2018	BYETTA	Move to Tier 3
5/1/2018	CARTIA XT 120 MG CAPSULE	Move to Tier 2
5/1/2018	CARTIA XT 180 MG CAPSULE	Move to Tier 2
5/1/2018	CARTIA XT 240 MG CAPSULE	Move to Tier 2
5/1/2018	CARTIA XT 300 MG CAPSULE	Move to Tier 2
5/1/2018	CELEXA 40 MG TABLET	Move to Tier 3



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5/1/2018	CIMZIA	Not Covered
5/1/2018	CLINDACIN ETZ 1% PLEDGET	Move to Tier 3
5/1/2018	CLINDACIN P 1% PLEDGETS	Move to Tier 3
5/1/2018	CLINDACIN PAC KIT	Move to Tier 3, PA
5/1/2018	COMFORT PAC-IBUPROFEN KIT	Not Covered
5/1/2018	COMFORT PAC-MELOXICAM KIT	Not Covered
5/1/2018	COMFORT PAC-NAPROXEN KIT	Not Covered
5/1/2018	COUMADIN 5 MG TABLET	Not Covered
5/1/2018	CRESTOR 10 MG	Not Covered
5/1/2018	CRESTOR 20 MG	Not Covered
5/1/2018	CRESTOR 40 MG	Not Covered
5/1/2018	CRESTOR 5 MG	Not Covered
5/1/2018	DERMACINRX EMPRICAINE KIT	Move to Tier 3
5/1/2018	DEXAMETHASONE INTENSOL 1MG/1ML	Move to Tier 2
5/1/2018	DIFLORASONE 0.05% OINTMENT	Move to Tier 2
5/1/2018	DIGOX 125 MCG TABLET	Move to Tier 3
5/1/2018	DIGOX 250 MCG TABLET	Move to Tier 3
5/1/2018	DILANTIN 100 MG CAPSULE	Move to Tier 3
5/1/2018	DILANTIN 100 MG KAPSEAL	Move to Tier 3
5/1/2018	DILATRATE-SR 40 MG CAPSULE	Move to Tier 3, PA
5/1/2018	DILT XR 120 MG CAPSULE	Move to Tier 2
5/1/2018	DILT XR 180 MG CAPSULE	Move to Tier 2
5/1/2018	DILT XR 240 MG CAPSULE	Move to Tier 2
5/1/2018	DM2 KIT	Move to Tier 3, PA
5/1/2018	ELIMITE 5% CREAM	Move to Tier 3
5/1/2018	ENDOCET 2.5-325 MG TABLET	Move to Tier 3
5/1/2018	EPINEPHRINE 0.15 MG AUTO-INJCT	Move to Tier 2
5/1/2018	ERYTHROMYCIN 200 MG/5 ML GRAN	Move to Tier 2
5/1/2018	ERYTHROMYCIN-BENZOYL GEL	Move to Tier 2
5/1/2018	EPITOL 200 MG TABLET	Move to Tier 2
5/1/2018	ERY 2% PADS	Move to Tier 3
5/1/2018	ERY-TAB EC 250 MG TABLET	Move to Tier 3, PA
5/1/2018	ERY-TAB EC 333 MG TABLET	Move to Tier 3, PA
5/1/2018	ERY-TAB EC 500 MG TABLET	Move to Tier 3, PA
5/1/2018	ERYTHROCIN 250 MG FILMTAB	Move to Tier 3, PA
5/1/2018	ERYTHROCIN STEARATE	Move to Tier 3
5/1/2018	FARXIGA 10 MG TABLET	Move to Tier 3
5/1/2018	FARXIGA 5 MG TABLET	Move to Tier 3
5/1/2018	FELDENE 20 MG CAPSULE	Move to Tier 3, PA
5/1/2018	FENTANYL CITRATE OTFC 200 MCG	Move to Tier 2
5/1/2018	FENTANYL CITRATE OTFC 400 MCG	Move to Tier 2
5/1/2018	FENTANYL CITRATE OTFC 600 MCG	Move to Tier 2
5/1/2018	FENTANYL CITRATE OTFC 800 MCG	Move to Tier 2



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5/1/2018	FENTANYL CITRATE OTFC 1600 MCG	Move to Tier 2
5/1/2018	FENOPROFEN	Move to Tier 2
5/1/2018	FIRST AID BACITRACIN OINTMENT	Not Covered
5/1/2018	GENGRAF 100 MG CAPSULE	Move to Tier 3
5/1/2018	GENGRAF 25 MG CAPSULE	Move to Tier 3
5/1/2018	GENGRAF 50 MG CAPSULE	Move to Tier 3
5/1/2018	HEPARIN 50 UNITS/5 ML (10/ML)	Move to Tier 3
5/1/2018	HYDROCORTISONE AC 30 MG SUPP	Move to Tier 2
5/1/2018	HYDROMORPHONE 1 MG/ML SOLUTION	Move to Tier 2
5/1/2018	INDERAL LA 120 MG CAPSULE	Move to Tier 3
5/1/2018	INDERAL LA 80 MG CAPSULE	Move to Tier 3
5/1/2018	INDERAL XL 120 MG CAPSULE	Move to Tier 3
5/1/2018	INVOKANA 100 MG TABLET	Move to Tier 2
5/1/2018	INVOKANA 300 MG TABLET	Move to Tier 2
5/1/2018	ISOCHRON 40 MG TABLET SA	Move to Tier 3
5/1/2018	ISOPROPYL ALCOHOL	Not Covered
5/1/2018	ISORDIL 40 MG TABLET	Move to Tier 3, PA
5/1/2018	JANTOVEN 1 MG TABLET	Move to Tier 2
5/1/2018	JANTOVEN 10 MG TABLET	Move to Tier 2
5/1/2018	JANTOVEN 2 MG TABLET	Move to Tier 2
5/1/2018	JANTOVEN 2.5 MG TABLET	Move to Tier 2
5/1/2018	JANTOVEN 3 MG TABLET	Move to Tier 2
5/1/2018	JANTOVEN 4 MG TABLET	Move to Tier 2
5/1/2018	JANTOVEN 5 MG TABLET	Move to Tier 2
5/1/2018	JANTOVEN 6 MG TABLET	Move to Tier 2
5/1/2018	JANTOVEN 7.5 MG TABLET	Move to Tier 2
5/1/2018	K EFFERVESCENT 25 MEQ TABLET	Move to Tier 3
5/1/2018	KALEXATE 15 GRAM POWDER PACKET	Move to Tier 3
5/1/2018	KIONEX 15 GM/60 ML SUSPENSION	Move to Tier 2
5/1/2018	KIONEX POWDER	Move to Tier 3
5/1/2018	KLOR-CON 10 MEQ TABLET	Move to Tier 2
5/1/2018	KLOR-CON 8 MEQ TABLET	Move to Tier 2
5/1/2018	KLOR-CON M10 TABLET	Move to Tier 2
5/1/2018	KLOR-CON M15 TABLET	Move to Tier 2
5/1/2018	KLOR-CON M20 TABLET	Move to Tier 2
5/1/2018	KLOR-CON SPRINKLE ER 10 MEQ CP	Move to Tier 2
5/1/2018	KLOR-CON SPRINKLE ER 8 MEQ CAP	Move to Tier 2
5/1/2018	K-TAB ER 10 MEQ TABLET	Move to Tier 3
5/1/2018	K-TAB ER 20 MEQ TABLET	Move to Tier 3
5/1/2018	K-TAB ER 8 MEQ TABLET	Move to Tier 3
5/1/2018	LANOXIN 125 MCG TABLET	Move to Tier 3
5/1/2018	LANOXIN 250 MCG TABLET	Move to Tier 3
5/1/2018	LASIX 40 MG TABLET	Move to Tier 2



EFFECTIVE DATE	LABEL NAME	DESCRIPTION OF CHANGE
5/1/2018	LEFLUNOMIDE 20 MG TABLET	Move to Tier 2
5/1/2018	LANTUS	Add PA
5/1/2018	LEVEMIR	Add PA
5/1/2018	LEVA SET 2.5%-2.5% CREAM-DRESS	Move to Tier 3
5/1/2018	LIDOPRIL 2.5%-2.5% CREAM-DRESS	Move to Tier 3
5/1/2018	LIDOPRIL XR 2.5-2.5% CRM-DRESS	Move to Tier 3
5/1/2018	LIDO-PRILO CAINE PACK	Move to Tier 3
5/1/2018	LIPROZONEPAK 2.5-2.5% CRM-DRSS	Move to Tier 3
5/1/2018	LIVIXIL PAK 2.5-2.5% CRM-DRESS	Move to Tier 3
5/1/2018	LOPROX 0.77% CREAM	Move to Tier 3
5/1/2018	LOPROX 0.77% CREAM KIT	Move to Tier 3
5/1/2018	LORCET 5-325 MG TABLET	Move to Tier 3
5/1/2018	LORCET HD 10-325 MG TABLET	Move to Tier 3
5/1/2018	LORCET PLUS 7.5-325 MG TABLET	Move to Tier 3
5/1/2018	LORZONE 375 MG TABLET	Move to Tier 3
5/1/2018	LORZONE 750 MG TABLET	Move to Tier 3, PA
5/1/2018	LOTRISONE CREAM	Not Covered
5/1/2018	LOTRONEX 0.5 MG TABLET	Not Covered
5/1/2018	LOTRONEX 1 MG TABLET	Not Covered
5/1/2018	LP LITE PAK 2.5-2.5% CRM-DRESS	Move to Tier 3
5/1/2018	MATZIM LA 180 MG TABLET	Move to Tier 3
5/1/2018	MATZIM LA 240 MG TABLET	Move to Tier 3
5/1/2018	MATZIM LA 300 MG TABLET	Move to Tier 3
5/1/2018	MATZIM LA 360 MG TABLET	Move to Tier 3
5/1/2018	MATZIM LA 420 MG TABLET	Move to Tier 3
5/1/2018	MEDOLOR PAK 2.5-2.5% CRM-DRESS	Move to Tier 3
5/1/2018	MEMANTINE HCL 5 MG TABLET	Move to Tier 2
5/1/2018	MESALAMINE DR 1.2 GM TABLET	Move to Tier 2
5/1/2018	METHAMPHETAMINE 5 MG TABLET	Not Covered
5/1/2018	MIGRANAL NASAL SPRAY	Not Covered
5/1/2018	MIMVEY 1-0.5 MG TABLET	Move to Tier 2
5/1/2018	MIMVEY LO 0.5-0.1 MG TABLET	Move to Tier 2
5/1/2018	MINITRAN 0.1 MG/HR PATCH	Move to Tier 3
5/1/2018	MINITRAN 0.2 MG/HR PATCH	Move to Tier 3
5/1/2018	MINITRAN 0.4 MG/HR PATCH	Move to Tier 3
5/1/2018	MINITRAN 0.6 MG/HR PATCH	Move to Tier 3
5/1/2018	MOBIC 15 MG TABLET	Move to Tier 3
5/1/2018	MONDOXYNE NL 50 MG CAPSULE	Move to Tier 3
5/1/2018	MORGIDOX 100 MG CAPSULE	Move to Tier 3
5/1/2018	MORGIDOX 1X100 MG KIT	Move to Tier 3, PA
5/1/2018	MORGIDOX 2X100 MG KIT	Move to Tier 3, PA
5/1/2018	MOBIK	Add PA
5/1/2018	MOVANTIK	Move to Tier 3, PA



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5/1/2018	MOVIPREP POWDER PACKET	Move to Tier 3
5/1/2018	NALFON 200 mg	Not Covered
5/1/2018	NALFON 400 mg	Not Covered
5/1/2018	NAPROXEN SOD ER 500 MG TABLET	Move to Tier 2
5/1/2018	NIACOR 500 MG TABLET	Move to Tier 3
5/1/2018	NIFEDICAL XL 30 MG TABLET	Move to Tier 3
5/1/2018	NIFEDICAL XL 60 MG TABLET	Move to Tier 3
5/1/2018	NILANDRON	Move to Tier 4, PA
5/1/2018	NITRO-BID 2% OINTMENT	Move to Tier 2
5/1/2018	NOVOFINE 30G X 1/3 INCHES NEEDLES	Move to Tier 2
5/1/2018	NYAMYC 100,000 UNITS/GM PWD	Move to Tier 3
5/1/2018	NYSTOP 100,000 UNITS/GM POWDER	Move to Tier 3
5/1/2018	OLOPATADINE HCL 0.2% EYE DROP	Move to Tier 2
5/1/2018	ORALONE 0.1% PASTE	Move to Tier 3
5/1/2018	ORAP 1 MG TABLET	Not Covered
5/1/2018	ORAP 2 MG TABLET	Not Covered
5/1/2018	ORTHO TRI-CYCLEN LO TABLET	Move to Tier 3
5/1/2018	OXYCONTIN	Move to Tier 3, PA
5/1/2018	PACERONE 100 MG TABLET	Move to Tier 3
5/1/2018	PACERONE 200 MG TABLET	Move to Tier 3
5/1/2018	PACERONE 400 MG TABLET	Move to Tier 3
5/1/2018	PAROEX 0.12% ORAL RINSE	Move to Tier 2
5/1/2018	PEDIAPRED 5 MG/5 ML SOLN	Move to Tier 3
5/1/2018	PERIOGARD 0.12% ORAL RINSE	Move to Tier 3
5/1/2018	PHENADOZ 12.5 MG SUPPOSITORY	Move to Tier 3
5/1/2018	PHENADOZ 25 MG SUPPOSITORY	Move to Tier 3
5/1/2018	PHENERGAN 12.5 MG SUPPOSITORY	Move to Tier 3
5/1/2018	PHENERGAN 25 MG SUPPOSITORY	Move to Tier 3
5/1/2018	PLAVIX 75 MG TABLET	Move to Tier 3
5/1/2018	PRANDIN 1 MG TABLET	Not Covered
5/1/2018	PRANDIN 2 MG TABLET	Not Covered
5/1/2018	PRASUGREL 10 MG TABLET	Move to Tier 2
5/1/2018	PRAVACHOL 40 MG TABLET	Move to Tier 3
5/1/2018	PRAVACHOL 40 MG TABLET	Move to Tier 3
5/1/2018	PREDNISONE 5 MG/ML SOLUTION	Move to Tier 2
5/1/2018	PREPOPIK POWDER PACKET	Move to Tier 2
5/1/2018	PREVALITE PACKET	Move to Tier 3
5/1/2018	PREVALITE POWDER	Move to Tier 3
5/1/2018	PRILOLID 2.5-2.5% CRM-DRESS	Move to Tier 3
5/1/2018	PROCTOSOL-HC 2.5% CREAM	Move to Tier 2
5/1/2018	PROCTOZONE-HC 2.5% CREAM	Move to Tier 2
5/1/2018	PROMETHEGAN 12.5 MG SUPPOS	Move to Tier 3
5/1/2018	PROMETHEGAN 25 MG SUPPOSITORY	Move to Tier 3



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5/1/2018	PROMETHEGAN 50 MG SUPPOSITORY	Move to Tier 3
5/1/2018	PRUDOXIN	Move to Tier 3, PA
5/1/2018	QC BACITRACIN 500 UNIT/GM OINT	Not Covered
5/1/2018	QUESTRAN PACKET	Move to Tier 3
5/1/2018	QUESTRAN POWDER	Move to Tier 3
5/1/2018	QUETIAPINE FUMARATE 400 MG TAB	Move to Tier 2
5/1/2018	REVELA 800 MG TABLET	Not Covered
5/1/2018	RILUTEK 50 MG TABLET	Not Covered
5/1/2018	ROCALTROL 0.25 MCG CAPSULE	Move to T3
5/1/2018	SENSIPAR	Move to Tier 4, PA
5/1/2018	SORINE 120 MG TABLET	Move to Tier 3
5/1/2018	SORINE 160 MG TABLET	Move to Tier 3
5/1/2018	SORINE 240 MG TABLET	Move to Tier 3
5/1/2018	SORINE 80 MG TABLET	Move to Tier 3
5/1/2018	SPS 15 GM/60 ML SUSPENSION	Move to Tier 2
5/1/2018	SPS 30 GM/120 ML ENEMA	Move to Tier 2
5/1/2018	SSD 1% CREAM	Move to Tier 2
5/1/2018	SULFATRIM 800-160 MG/20 ML SUS	Move to Tier 3
5/1/2018	SULFATRIM PEDIATRIC SUSPENSION	Move to Tier 2
5/1/2018	SUMATRIPTAN	Move to Tier 2
5/1/2018	SUPREP BOWEL PREP KIT	Move to Tier 2
5/1/2018	TAMIFLU	Move to Tier 3, PA
5/1/2018	TARGRETIN 75 MG CAPSULE	Not Covered
5/1/2018	TASMAR 100 MG TABLET	Not Covered
5/1/2018	TAZTIA XT 120 MG CAPSULE	Move to Tier 2
5/1/2018	TAZTIA XT 180 MG CAPSULE	Move to Tier 2
5/1/2018	TAZTIA XT 240 MG CAPSULE	Move to Tier 2
5/1/2018	TAZTIA XT 300 MG CAPSULE	Move to Tier 2
5/1/2018	TAZTIA XT 360 MG CAPSULE	Move to Tier 2
5/1/2018	TERBUTALINE SULFATE 2.5 MG TAB	Move to Tier 2
5/1/2018	TESTOSTERONE 30 MG/1.5 ML PUM	Move to Tier 2
5/1/2018	THEOCHRON ER 100 MG TABLET	Move to Tier 2
5/1/2018	THEOCHRON ER 200 MG TABLET	Move to Tier 2
5/1/2018	THEOCHRON ER 300 MG TABLET	Move to Tier 2
5/1/2018	THERMAZENE 1% CREAM	Move to Tier 2
5/1/2018	TREXALL	Move to Tier 3, PA
5/1/2018	TOPROL XL 100 MG TABLET	Not Covered
5/1/2018	TOPROL XL 200 MG TABLET	Not Covered
5/1/2018	TOPROL XL 25 MG TABLET	Not Covered
5/1/2018	TOPROL XL 50 MG TABLET	Not Covered
6/1/2018	TOUJEO	Add PA
6/1/2018	TRESIBA	Not Covered
5/1/2018	TRUVADA 200-300 MG	Add PA



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5/1/2018	UNITHROID 100 MCG TABLET	Move to Tier 3
5/1/2018	UNITHROID 112 MCG TABLET	Move to Tier 3
5/1/2018	UNITHROID 125 MCG TABLET	Move to Tier 3
5/1/2018	UNITHROID 137 MCG TABLET	Move to Tier 3
5/1/2018	UNITHROID 150 MCG TABLET	Move to Tier 3
5/1/2018	UNITHROID 175 MCG TABLET	Move to Tier 3
5/1/2018	UNITHROID 200 MCG TABLET	Move to Tier 3
5/1/2018	UNITHROID 25 MCG TABLET	Move to Tier 3
5/1/2018	UNITHROID 300 MCG TABLET	Move to Tier 3
5/1/2018	UNITHROID 50 MCG TABLET	Move to Tier 3
5/1/2018	UNITHROID 75 MCG TABLET	Move to Tier 3
5/1/2018	UNITHROID 88 MCG TABLET	Move to Tier 3
5/1/2018	VALCYTE 450 MG TABLET	Not Covered
5/1/2018	VIGAMOX 0.5 %	Not Covered
5/1/2018	VENLAFAXINE HCL ER 150 MG TAB	Move to Tier 2
5/1/2018	WELLBUTRIN SR 100 MG TABLET	Move to Tier 3
5/1/2018	WELLBUTRIN SR 150 MG TABLET	Move to Tier 3
5/1/2018	XENAZINE 12.5 MG TABLET	Not Covered
5/1/2018	XENAZINE 25 MG TABLET	Not Covered
5/1/2018	YUVAFEM 10 MCG VAGINAL INSERT	Move to Tier 3
5/1/2018	ZEBUTAL 50-325-40 MG CAPSULE	Move to Tier 3
5/1/2018	ZEMPLAR 1 MCG CAPSULE	Not Covered
5/1/2018	ZEMPLAR 2 MCG CAPSULE	Not Covered
5/1/2018	ZEPATIER	Not Covered
5/1/2018	ZITHROMAX 250 MG TABLET	Move to Tier 3
5/1/2018	ZOLOFT 100 MG TABLET	Move to Tier 3
5/1/2018	ZOMIG 2.5 MG TABLET	Not Covered
5/1/2018	ZOMIG 5 MG	Not Covered
5/1/2018	ZOMIG ZMT 2.5 MG TABLET	Not Covered
5/1/2018	ZOMIG ZMT 5 MG TABLET	Not Covered
5/1/2018	ZYVOX 600 MG TABLET	Not Covered