



October 1, 2025

## 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

Effective Date	Label Name	Description of Change	Preferred Alternative(s)	Line of Business
10/1/2025	Edarbi 40 MG TAB (AZILSARTAN MEDOXOMIL TAB 40 MG)	Updated to NON-FORMULARY	Losartan, olmesartan	Exchange
10/1/2025	Edarbi 80 MG TAB (AZILSARTAN MEDOXOMIL TAB 80 MG)	Updated to NON-FORMULARY	Losartan, olmesartan	Exchange
10/1/2025	FENTANYL 37.5 MCG/HR PATCH	Updated to NON-FORMULARY	FENTANYL 12 MCG/HR PATCH, FENTANYL 25 MCG/HR PATCH, FENTANYL 50 MCG/HR PATCH, FENTANYL 75 MCG/HR PATCH, FENTANYL 100 MCG/HR PATCH	Commercial, Exchange
10/1/2025	FENTANYL 62.5 MCG/HR PATCH	Updated to NON-FORMULARY	FENTANYL 12 MCG/HR PATCH, FENTANYL 25 MCG/HR PATCH, FENTANYL 50 MCG/HR PATCH, FENTANYL 75 MCG/HR PATCH, FENTANYL 100 MCG/HR PATCH	Commercial, Exchange
10/1/2025	FENTANYL 87.5 MCG/HR PATCH	Updated to NON-FORMULARY	FENTANYL 12 MCG/HR PATCH, FENTANYL 25 MCG/HR PATCH, FENTANYL 50 MCG/HR PATCH, FENTANYL 75 MCG/HR PATCH, FENTANYL 100 MCG/HR PATCH	Commercial, Exchange
10/1/2025	ONETOUCH VERIO	Updated to NON-FORMULARY	FREESTYLE INSULINX, FREESTYLE LITE, FREESTYLE, ACCU-CHEK SMARTVIEW, ACCU-CHEK GUIDE, ACCU-CHEK AVIVA	Commercial, Exchange

10/1/2025	ONETOUCH ULTRA	Updated to NON-FORMULARY	FREESTYLE INSULINX, FREESTYLE LITE, FREESTYLE, ACCU-CHEK SMARTVIEW, ACCU-CHEK GUIDE, ACCU-CHEK AVIVA	Commercial, Exchange
10/1/2025	Vtama 1 % CREAM	Updated to FORMULARY (Prior Authorization requirement)	N/A	Commercial, Exchange
10/1/2025	Tarpeyo 4 MG CAP DR	Updated to FORMULARY (Prior Authorization and Specialty requirements)	N/A	Commercial, Exchange
10/1/2025	Filspari 200 MG TAB	Updated to FORMULARY (Prior Authorization and Specialty requirements)	N/A	Commercial, Exchange
10/1/2025	Filspari 400 MG TAB	Updated to FORMULARY (Prior Authorization and Specialty requirements)	N/A	Commercial, Exchange
10/1/2025	Vanrafia 0.75 MG TAB	Updated to FORMULARY (Prior Authorization and Specialty requirements)	N/A	Commercial, Exchange
10/1/2025	Fabhalta 200 MG CAP	Updated to FORMULARY (Prior Authorization and Specialty requirements)	Tarpeyo, Filspari, Vanrafia	Commercial, Exchange
1/1/2026	Basaglar KwikPen 100 UNIT/ML SOLN PEN	Updated to NON-FORMULARY	Rezvoglar KwikPen 100 UNIT/ML SOLN PEN	Commercial, Exchange