



FORMULARY UPDATES TO DHMP COMMERCIAL PLANS DHHA: HMO/POS

Denver Health Medical Plan (DHMP) may add or remove drugs from the formulary or make changes to restrictions on formulary drugs during the year. If DHMP removes drugs from the formulary, or adds a restriction to an existing formulary drug, such as prior authorization, quantity limits and/or step therapy, and/or moves a drug to a higher cost-sharing tier, DHMP will notify you of midyear change(s) at least 60 days before the date that the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe, or the drug's manufacturer removes the drug from the market, DHMP will immediately remove the drug from the formulary.

The table below outlines previous and/or recent changes to the formulary. For questions or if you would like more information related to these changes, call the DHMP Pharmacy Services Department at **303-602-2070** or **877-357-0963**.

FORMULARY ABBREVIATIONS

(Explanations can be found on the website in the DHMP Commercial Formulary and Pharmaceutical Management Procedures):

LA = Limited Access (must be filled at DH Pharmacy or PA Required)

PA = Prior Authorization

PREV = Preventative Medication

QL = Quantity Limit

ST = Step Therapy

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	New Restrictions	Effective Date
Progesterone 500mg/10mL vial Manufactured by: Hikma Pharmaceuticals, Fresenius Kabi, Xiromed, Eugia, Auromedica Pharma	Added to formulary	Frequent exception approved for IVF	N/A	Tier 4	LA	10/1/2025
Fidaxomicin 200mg Manufactured by Merck and Teva	Added to formulary	New Generic available	N/A	Tier 4	LA, QL 2 tablets per day	7/26/2025
Dificid 200mg tablets Manufactured by Merck	Removal	New Generic available	Fidaxomicin 200mg	N/A	N/A	10/1/2025
Dexcom G6 and G7 sensors, transmitters, receivers Manufactured by Dexcom	Tier change: Moved from Tier 4 to Tier 2	Member Benefit change from leadership	N/A	Tier 2	N/A	8/2/2025
Methenamine Hippurate 1gm tablet Manufacturers: Aurobindo Pharma, Jubilant Cadista, Micro Labs. Novast Labs, and Zydus Lifesciences	Added to formulary	Preferred UTI recurrence strategy	N/A	Tier 1	N/A	10/1/2025
Umeclidinium-Vilanterol (Anoro Ellipta) 62.5mcg/25mcg per actuation Manufactured by Prasco Laboratories	Added to the formulary	New Generic Available	N/A	Tier 4 (non-preferred generic)	LA, QL (2 actuations per 1 day)	7/26/2025

Anoro Ellipta (umeclidinium- Vilanterol) 62.5mcg/25mcg per actuation Manufactured by: GlaxoSmithKline (GSK)	Removal	New Generic Available	N/A	N/A	N/A	10/1/2025
Influenza Vaccines 2025-2026	Added to the formulary	New Formulations	N/A	Tier 0 (Pre- ventative)	N/A	9/1/2025
Influenza Vaccines 2024-2025	Removal	New Formulations	N/A	N/A	N/A	10/1/2025
Covid Vaccines 2025-2026	Added to the formulary	New Formulations	N/A	Tier 0	N/A	9/6/2025
Paxlovid 150-100mg Manufactured by Pfizer NDC: 69052111	Added to the formulary	New quantity/ packaging available	N/A	Tier 2	QL (20 per 28 days, AGE (Min 18 years)	7/1/2025
Rivaroxaban 2.5mg Manufactured by Lupin and Taro Pharmaceuticals	Added to formulary	New generic available	N/A	Tier 1	QL 60 per 30 or 180 per 90	4/19/2025
Stelara 45mg/0.5mL, 90mg/1mL (Ustekinumab) Manufactured by Janssen Biotech, Inc	Removal	Biosimilars available	N/A	N/A	N/A	7/1/2025
Yesintek (Ustekinumab- kfce) 45mg/0.5mL, 90mg/1mL Manufactured by Biocon Biologics	Addition	New biosimilar	N/A	Tier 3	PA, LA	7/1/2025

Wezlana (Ustekinumab-auub) 45mg/0.5mL, 90mg/1mL Manufactured by Amgen Inc	Addition	New biosimilar	N/A	Tier 4	PA, LA	7/1/2025
Amjevita (adalimumab-atto) 40 mg/0.4 mL, 40 mg/0.8 mL, 80 mg/0.8 mL PFS; 40 mg/0.4 mL, 40 mg/0.8 mL, 80 mg/0.8 mL autoinjectors Manufactured by Amgen Inc	Addition	New biosimilar	N/A	Tier 4	PA, LA	7/1/2025
Cyltezo (adalimumab-adbm) 40mg/0.8mL, 40mg/0.4mL PFP; 40mg/0.4mL, 40mg/0.8mL PFS Manufactured by Boehringer Ingelheim	Addition	New biosimilar	N/A	Tier 4	PA, LA	7/1/2025
Xifaxan Manufactured by Salix Pharmaceuticals, Inc	Updated to require a PA	Ensure clinical appropriateness and safety	N/A	N/A	PA	7/1/2025
Repatha Manufactured by Amgen	Updated to require a PA	Ensure clinical appropriateness and safety	N/A	N/A	PA	7/1/2025
Testosterone; all strengths and formulations on formulary Multiple manufacturers	Updated to require a PA	Ensure clinical appropriateness and safety	N/A	N/A	PA	7/1/2025

Follistim AQ subcutaneous Cartridge 300unit/0.36mL; 600 unit 0.72mL, 900 unit/1.08mL Manufactured by Organon	Update ST to only require Gonal-F and will remove Clomiphene	Guidelines no longer prefer the use of clomiphene	N/A	N/A	ST, QL	7/1/2025
Gonal-F RFF Redi-ject 300/0.5 unit/mL, 450/0.75 unit/mL, 900/1.5 unit/mL Manufactured by EMD Serono, Inc	Removal of ST requirement of Clomiphene	Guidelines no longer prefer the use of clomiphene	N/A	N/A	QL	7/1/2025
Menopur (follicle stimulating hormone/ luteinizing hormone) subcutaneous Recon Solution 75 unit Manufactured by Ferring Pharmaceuticals, Inc	Removal of ST requirement of Clomiphene	Guidelines no longer prefer the use of clomiphene	N/A	N/A	ST, QL	7/1/2025
Combipatch transdermal patch semi weekly 0.05-0.14mg/24hr, 0.05-0.25mg/24 hour Manufactured by Noven	Remove ST requirement of Estradiol vaginal cream	Not an appropriate clinical step requirement	N/A	N/A	LA, ST, QL	7/1/2025
Droxia (hydroxyurea) oral capsule 200mg, 300mg, 400mg Manufactured by Cheplapharm	Remove ST requirement	ST not clinically appropriate due to different strengths available.	N/A	N/A	LA	7/1/2025

Lubiprostone Manufactured by Sucampo Pharma LLC	QL removal	QL no longer required due to indications requiring greater than QL	N/A	N/A	LA	7/1/2025
Freestyle Libre 2 Plus, 3 Plus Manufactured by Abbott	Updated QL to 2 per 30	QL updated for accuracy	N/A	N/A	PA, QL	7/1/2025
Nebivolol (Bystolic) oral tablet 10mg, 2.5mg, 20mg, 5mg Manufactured by: Hema Pharmaceuticals, ANI Pharmaceuticals, Camber Pharmaceuticals, Solco Healthcare, Aurobindo Pharm	Remove ST	ST requirement is no longer necessary with true generic availability	N/A	N/A	LA, QL	7/1/2025
Wixela inhub (fluticasone propionate-salmeterol) inhalation blister with device 100-50mcg/dose, 250-50mcg/dose, 500-50mcg/dose Manufactured by Mylan Pharmaceuticals	Removal from formulary	Two other alternatives available with same active ingredients	Fluticasone-Salmeterol inhaler, Advair Diskus, Advair HFA	N/A	N/A	10/1/2025
Freestyle Libre 3 Plus Sensor Device Manufactured by Abbott	Addition	Freestyle Libre 2 and 3 are to be discontinued in 2025	N/A	Preferred (Tier 2)	PA, QL (2 per 30 days)	3/15/2025
Xarelto (rivaroxaban) DVT-PE Treat 30D Start Oral tablets, dose pack 15mg (42)-20mg (9)	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred Brand Tier 2	N/A	3/1/2025

Xarelto oral tablets 2.5mg	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred brand(tier 2)	N/A	3/1/2025
Xarelto (rivaroxaban) oral tablets 10mg, 15mg, 20mg	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred brand(tier 2)	N/A	3/1/2025
Eliquis (apixaban) DVT-PE Treat 30D Start Oral Tablets, dose pack 5mg (74 tablets)	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred brand(tier 2)	N/A	3/1/2025
Eliquis (apixaban) Oral Tablet 2.5mg, 5mg	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred brand(tier 2)	N/A	3/1/2025
Xolair (omalizumab) 300mg/2mL PFS and PFP Manufactured by: Genentech	Added to formulary	Upon request from DHHA Pharmacy leadership	N/A	Preferred Specialty (tier 3)	PA	4/1/2025
Dexcom G7 Sensors Manufactured by Dexcom	Addition to formulary	Dexcom G6 will be phased out and G7 does not require a transmitter which helps with costs to the member and the plan.	N/A	Non-preferred tier (tier 4)	PA, LA, QL (3 per 30 days)	4/1/2025
Dexcom G7 Receiver Manufactured by Dexcom	Addition to formulary	Dexcom G6 will be phased out and G7 does not require a transmitter which helps with costs to the member and the plan.	N/A	Non-preferred tier (tier 4)	PA, LA, QL (1 per 365 days)	4/1/2025

Fluticasone propionate HFA 44mcg/actuation; 110 mcg/actuation; 220mcg/actuation	Tier shift to preferred	Supply issues with alternatives and the need for 90 days supplies as requested by providers for pediatric patients.	N/A	Preferred Generic (tier 1)	QLs (0.71/ day for the 44mcg/ actuation inhaler; 0.8mL/ day for the 110mcg/ act and 220mcg/act) 90 days supplies should process	1/25/2025
Omnipod 5 (G6/Libre 2 plus) Intro Kit Manufactured by Insulet Corporation	Addition to formulary	Other Omnipods already on formulary and works with preferred CGM	N/A	Non-preferred brand (tier 4)	PA, LA, QL (Pods: 10 per 365 days)	4/1/2025
Omnipod 5 (G6/Libre 2 plus) Pods Manufactured by Insulet Corporation	Addition to formulary	Other Omnipods already on formulary and works with preferred CGM	N/A	Non-preferred brand (tier 4)	PA, LA, QL (Pods: 10 per 30 days)	4/1/2025
Breyna (budesonide/ formoterol) 80/4.5mcg, 160/4.5mcg HFA inhaler Manufactured by Mylan	Removal	Budesonide/ Formoterol inhaler preferred	N/A	N/A	N/A	7/1/2025
Oxycontin (Oxycodone) ER All strengths Manufactured by Purdue	Addition to formulary	Generic no longer available on the market	N/A	Non-preferred (tier 4)	QL, LA (60 per 30 days)	4/1/2025
Insulin glargine-yfgn (Generic Semglee) vial; prefilled syringe (PFP) Manufactured by Biocon Biologics Inc	Added to formulary	Insulin glargine is now obsolete;	N/A	Preferred Generic (tier 1)	Vial QL (40 per 28 days); PFP QL (30 per 30 days)	1/11/2025

Insulin Degludec (Tresiba) pens, vials Manufactured by Novo Nordisk	Updated step therapy requirements	Brand name Semglee and Lantus will be allowed for DHHA pharmacies.	N/A	N/A	Updated: LA; ST (previous failure of insulin glargine-yfgn in the past 365 days); 100unit/mL pen QL(30 per 28 days); 200unit/mL pen (QL 18 per 28 days); 100unit/mL vial QL (40 per 28 days)	1/11/2025
Toujeo (insulin glargine) Max U-300 Solostar and Toujeo Solostar U-300 pens Manufactured by Aventis Pharm	Updated step therapy requirements	Insulin glargine is now obsolete and is not an appropriate step therapy requirement	N/A	N/A	Updated: LA; ST (previous failure of insulin glargine-yfgn in the past 365 days); 100unit/mL pen QL(30 per 28 days); 200unit/mL pen (QL 18 per 28 days); 100unit/mL vial QL (40 per 28 days)	1/11/2025

Oxycodone ER (Generic Oxycontin) all strengths; no longer available	Removal	No longer on the market; alignment with Health First of Colorado	Oxycontin	N/A	N/A	4/1/2025
Rexulti (brexpiprazole) oral tablets all strengths Manufactured by Otsuka America	Updated step therapy requirements	Regulatory requirements	N/A	N/A	LA; ST (Pre- vious failure of ONE of the follow- ing in the past 365 days: Ar- ipiprazole, Asenapine, Clozapine, Lurasidone, Olanzap- ine, Pali- peridone, Quetiapine, Risperidone, Ziprasi- done); QL (30 per 30)	4/1/2025
Diclofenac Gel 1% (no longer available) Prescription strength	Removal	No longer available as a prescription. This is only available as an OTC product.	N/A	N/A	N/A	4/1/2025

COVID Vaccines: Pfizer COVID 2024-2025 EUA (Both 6m -4Y and 5-11Y); Novavax COVID 2024-2025 EUA; Spikevax 2024-2025 (12Y and up) by Moderna; Moderna COVID 24-25 (6M-11Y) EUA; Comirnaty 2024-2025 (12Y and up) by Pfizer	Addition to formulary	Improved access to vaccinations	N/A	Preventative (Tier 0)	N/A	4/1/2025
Prevnar 20 Manufacturer: Pfizer	Added to formulary	Updated Guidelines	N/A	0	N/A	1/1/2025
Freestyle Libre 2 Plus Sensor Kit Manufactured by Abbott	Added to formulary	New product	Freestyle Libre 2 and Freestyle Libre 3 sensors	2	PA	1/1/2025
mResvia RSV vaccine (60 yr+) Prefilled syringe 10 x 0.5mL Manufactured by Moderna US, Inc (DHM04, Commercial Self-insured only)	Added to Formulary	New RSV Vaccine option	Arexvy, Abrysvo	PREV	75 years and older	1/1/2025
Arexvy 120mcg kit RSV Vaccine Manufactured by Glaxosmithkline	Updated Restrictions	Updated clinical guidelines	Abrysvo, mResvia	N/A	75 Years and older	1/1/2025
Abrysvo 120mcg RSV Vaccine Manufactured by Pfizer Pharmaceuticals	Updated Restrictions	Updated clinical guidelines		N/A	75 years and older	1/1/2025

Xarelto (rivaroxaban) DVT-PE TREAT 30D Start Oral Tablets, Dose Pack 15mg (42) – 20mg (9)	Updated quantity limit from 1 dose pack per year to 1 dose pack per month	Prevent delay in care	N/A	N/A	QL 51 per 30 days	1/1/2025
Wegovy (semaglutide) subcutaneous pen injector all strengths Manufactured by: Novo Nordisk	Benefit Exclusion	Cost	N/A	N/A	N/A	1/1/2025
Saxenda (liraglutide) subcutaneous pen injector all strengths Manufactured by: Novo Nordisk	Benefit Exclusion	Cost	N/A	N/A	N/A	1/1/2025
Freestyle Libre 14 Day Reader Manufactured by Abbott	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand	PA	1/1/2025
Freestyle Libre 14 Day Sensor Kit Manufactured by Abbott	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand	PA	1/1/2025
Freestyle Libre 2 Reader Manufactured by Abbott	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand	PA	1/1/2025
Freestyle Libre 2 Sensor Manufactured by Abbott	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand	PA	1/1/2025
Freestyle Libre 3 Reader Manufactured by Abbott	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand	PA	1/1/2025

Freestyle Libre 3 Sensor Device Manufactured by Abbott	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand	PA	1/1/2025
Freestyle Precision Neo Manufactured by Abbott	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand	PA	1/1/2025
34 Generic Drugs (See Formulary Changes Excel)	Tier Update	New Benefit Design for 2025	N/A	Preferred Generic	PA	1/1/2025
4 Generic Drugs (See Formulary Changes Excel)	Tier Update	New Benefit Design for 2025	N/A	Non-Preferred Generic	PA	1/1/2025
38 Specialty Drugs (See Formulary Changes Excel)	Tier Update	New Benefit Design for 2025	N/A	Preferred Specialty	PA	1/1/2025
3 Specialty Drugs (See Formulary Changes Excel)	Tier Update	New Benefit Design for 2025	N/A	Non-Preferred Specialty (COMM only)	PA	1/1/2025
81 Specialty Drugs (See Formulary Changes Excel)	Tier Update	New Benefit Design for 2025	N/A	Non-Preferred Specialty	PA	1/1/2025
18 Brand Drugs (See Formulary Changes Excel)	Tier Update	New Benefit Design for 2025	N/A	Non-Preferred Generic	PA	1/1/2025
Ganirelix acetate 250mcg/0.5mL syringe	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand (COMM only)	PA	1/1/2025
196 Drugs and Devices (See Formulary Changes Excel)	Tier Update	New Benefit Design for 2025	N/A	Removed From Formulary	PA	1/1/2025

Temodar (temozolomide) 20mg capsule	Removal from Formulary	Generic Available	Temozolomide 20mg capsules	Removed From Formulary	N/A	1/1/2025
Farxiga (Dapagliflozin) 5mg, 10mg tablets	Removal from Formulary	Generic Available	Dapagliflozin 5mg, 10mg tablets	Removed From Formulary	N/A	1/1/2025
Myrbetriq ER 24 hours (Mirabegron) 25mg, 50mg tablets	Removal from Formulary	Generic Available	Mirabegron ER 24 hours 25mg, 50mg tablets	Removed From Formulary	N/A	1/1/2025
Ibuprofen Oral Suspension 100mg/5mL	Add to Formulary	Regulatory Requirement	N/A	Preferred Generic	N/A	1/1/2025