



Formulary Updates to Denver Health Elevate Medicaid Choice and Child Health Plan Plus (CHP+) Plans

Medicaid Choice/CHP+ may add or remove drugs from the formulary or make changes to restrictions on formulary drugs during the year. If Medicaid Choice/CHP+ 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], Medicaid Choice/CHP+ will notify you of the change at least 10 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, Medicaid Choice/CHP+ will immediately remove the drug from the formulary.

The table below outlines previous and/or recent changes to the formulary. The newest updates are highlighted in yellow. For questions or if you would like more information related to these changes, please call the Medicaid Choice/CHP+ Pharmacy Services Department at 303-602-2070 or 877-357-0963.

FORMULARY ABBREVIATIONS (Explanations can be found on the website in the Medicaid Choice/CHP+ Formulary and Pharmaceutical Management Procedures)

LA = Limited Access (must be filled at DH Pharmacy or PA Required); PA = Prior Authorization; QL = Quantity Limit; ST = Step Therapy

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Menveo	New Addition	New Addition	N/A	Tier 1	Age	04/01/2024
Menquadfi	New Addition	New Addition	N/A	Tier 1	Age	04/01/2024

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Tranexamic acid tablets	QL change	To improve background QL calculations and to match the print formulary	N/A	Tier 1	QL	04/01/2024
Tresiba vials and Flextouch Pens	Deletion	Generic available	Insulin degludec vials and Flextouch Pens, Lantus and Levemir	N/A	N/A	06/01/2024
Insulin degludec vials and Flextouch Pens	New Generic for Tresiba; Tier Change from 4 to 2	New Generic	Lantus and Levemir	Tier 2	LA, QL, ST	04/01/2024
Forteo injection	Deletion	Generic available	Teriparatide injection	N/A	N/A	06/01/2024
Teriparatide injection	New Generic for Forteo	New Generic	N/A	Tier 5	PA, QL, LA	04/01/2024
Mydayis ER oral capsule	Deletion	Generic available	Dextroamphetamine-Amphetamine ER oral capsule	N/A	N/A	04/01/2024
Dextroamphetamine-Amphetamine ER oral capsule	New Generic for Mydayis; Tier Change from Tier 4 to 2	New Generic	N/A	Tier 2	QL, LA	04/01/2024
Risperdal Consta injection	Deletion	Generic available	Risperidone tablets and risperidone microspheres injection	N/A	N/A	06/01/2024

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Risperidone microspheres injection	New Generic for Risperdal Consta, Tier Change from 4 to 2	New Generic	Risperidone tablets	Tier 2	LA, ST, QL, Age	04/01/2024