



Denver Health Medical Plan (DHMP) Formulary Updates for Quarter Two 2025

Formulary updates occur quarterly and are approved by the Denver Health Pharmacy and Therapeutics (P&T) committee. Formulary updates and changes typically aim to promote cost effectiveness, clinical appropriateness, and alignment with regulations.

The updates may include, but are not limited to, additions to the formulary, removal of drugs/products from the formulary, updates to the utilization management criteria, and/or updates to a drug/product's tier placement. Some medications such as new generics may be added retroactively to prevent delays in care. The updated formulary can be found on DHMP's website DenverHealthMedicalPlan.org/for-providers/provider-pharmacy-information and is refreshed quarterly.

Formulary Updates for Quarter 2 2025:

Elevate Medicaid/CHP Choice:

DenverHealthMedicalPlan.org/medicaid-and-chp-formulary-updates

Table with 7 columns: Name of Affected Drug, Description of Change, Reason for Change, Alternative Drug, New Tier, Restrictions, Effective Date. Lists various drug updates including Freestyle Libre 3 Plus, Xarelto, Eliquis, and others.

DHMP Commercial (Self-funded) Plans Formulary Updates:

DenverHealthMedicalPlan.org/commercial-plans-formulary-updates

Table with 7 columns: Name of Affected Drug, Description of Change, Reason for Change, Alternative Drug, New Tier, Restrictions, Effective Date. Lists commercial plan updates including Freestyle Libre 3 Plus, Xarelto, Eliquis, and COVID vaccines.

The FDA has requested manufacturers and labelers of teriparatide 600 mcg/2.4 mL to update the strength from 600 mcg/2.4 mL to 560 mcg/2.4 mL on labeling. The updated strength reflects the amount of drug delivered to the patient and not the overfill in the pen. The concentration remains 250 mg/mL. The new strength correlates with the intended delivery of 28 daily doses of 20 mcg. The FDA is not requiring manufacturers to change the NDC numbers on the products. There is no recall or replacement of products labeled as 600 mcg/2.4 mL currently in distribution. The brand manufacturer and its authorized generic distributor anticipate that products with the updated labeling will be in the market by early February 2025.

Prior Authorization Forms and Criteria can be found online

DenverHealthMedicalPlan.org/for-providers/provider-pharmacy-information

Please submit Prior Authorizations electronically or via fax to 303-602-2081

Please respond as soon as possible for outreach requests from the pharmacy department via fax to 303-602-2081 to ensure a timely response and decision due to compliance times. If we do not hear back, we may have to deny this request. If you need more time, please respond asking us to withdraw this request. Withdrawing this request now and submitting once all the information is available is easier than going through the appeal process.

Starting 4/1/2025, if the prescriber thinks a prior authorization decision was made in error for the Elevate Medicaid Choice/CHP or Commercial Self-funded (DHHA employee plans), the prescriber can either submit a second prior authorization request with the missing information or request an exception for approval.