Denver Health Medical Plan (DHMP) Formulary Updates for Quarter Three 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 3 2025:

Elevate Medicaid/CHP Choice:

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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Re-stric-tions	Effective Date
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 (Ustekinumabkfce) 45mg/0.5mL, 90mg/1mL Manufactured by Biocon Biologics	Addition	New biosimilar	N/A	Tier 3	PA, LA	7/1/2025
Wezlana (Ustekinumabau-ub) 45mg/0.5mL, 90mg/1mL Manufactured by Amgen Inc	Addition	New biosimilar	N/A	Tier 3	PA, LA	7/1/2025
Amjevita (adali-mumabatto) 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 3	PA, LA	7/1/2025
Cyltezo (adali-mumabadbm) 40mg/0.8mL, 40mg/0.4mL PFP; 40mg/0.4mL, 40mg/0.8mL PFS Manufactured by Boehringer Ingel-heim	Addition	New biosimilar	N/A	Tier 3	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
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 (hydroxy-urea) 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
Jublia (efinacon-azole) topical solution with applicator 10% Manufactured by Bausch Health Companies, Inc.	Removal	Not covered by HCPF	Ciclopirox topical solution 8%	N/A	N/A	7/1/2025
Wixela inhub (fluticasone propionate-salme-terol) 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
Nebivolol (Bystolic) oral tablet 10mg, 2.5mg, 20mg, 5mg Manufactured by: Hema Pharmaceu-ticals, 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
Diazepam 2.5mg, 10mg, 20mg Rectal Gel Manufactured by Bausch Health, Lupin Pharmaceuticals	Move to Tier 2	Low utilization and other op-tions available	N/A	Tier 2	LA	7/1/2025
Promethagan 12.5mg, 25mg, 50mg suppository Manufactured by Cosette Pharmaceuticals, Inc	Removal from formulary	Many alternatives with higher utilization	Prometha-zine 25mg	N/A	N/A	7/1/2025
Serevent Diskus 50mcg by GlaxoSmithKline	Move to Tier 2	Low utilization and other options available	N/A	Tier 2	LA, QL	7/1/2025
Esomeprazole DR 10mg, 20mg, 40mg packets Manufactured by: AstraZeneca	Move to Tier 2	Low utilization and other options available	Esomepra-zole DR capsules	Tier 2	LA, QL	7/1/2025
Clindamycin Phosphate 1% gel Manufactured by Alembic, Encube, Fougera Pharmas, Glenmark, Padagis Israel, Quagen, Taro, and Zydus Lifesciences	Move to Tier 2	Low utilization and other op-tions available	Clindamycin phosphate 1% lotion, solution, erythromycin gel	Tier 2	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, Age	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

DHMP Commercial (Self-funded) Plans Formulary Updates:

DenverHealthMedicalPlan.org/commercial-plans-formulary-updates

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restric-tions	Effective Date
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 (Ustekinumabkfce) 45mg/0.5mL, 90mg/1mL Manufactured by Biocon Biologics	Addition	New biosimilar	N/A	Tier 3	PA, LA	7/1/2025
Wezlana (Ustekinumabau-ub) 45mg/0.5mL, 90mg/1mL Manufactured by Amgen Inc	Addition	New biosimilar	N/A	Tier 4	PA, LA	7/1/2025
Amjevita (adali-mumabatto) 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 (adali-mumabadbm) 40mg/0.8mL, 40mg/0.4mL PFP; 40mg/0.4mL, 40mg/0.8mL PFS Manufactured by Boehringer Ingel-heim	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 manufac-turers	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 (follicule stimulating hor-mone/ luteinizing hor-mone) 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 (hydroxy-urea) 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 Pharmaceu-ticals, ANI Pharmaceuti-cals, Camber Pharmaceuticals, Solco Healthcare, Au-robindo Pharm	Remove ST	ST requirment is no longer necessary with true generic availability	N/A	N/A	LA, QL	7/1/2025
Wixela inhub (fluticasone propionate-salme-terol) 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	Fluticason-eSalmeterol inhaler, Advair Diskus, Advair HFA	N/A	N/A	10/1/2025

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/2.24 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.