

Denver Health Medical Plan (DHMP)

Formulary Updates for Quarter Four 2024

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](https://denverhealthmedicalplan.org/for-providers/provider-pharmacy-information) and is refreshed quarterly.

Formulary Updates for Quarter 4 2024:

Elevate Medicaid/CHP Choice:

[DenverHealthMedicalPlan.org/medicaid-and-chp-formulary-updates](https://denverhealthmedicalplan.org/medicaid-and-chp-formulary-updates)

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Narcan Rx	Remove QL	Regulatory requirement	N/A	1	N/A	10/1/2024
Naloxone Rx	Remove QL	Regulatory requirement	N/A	1	N/A	10/1/2024
Qbrexza	Removed from the formulary	Clinical reevaluation	N/A	N/A	N/A	10/1/2024
Drysol	Removed from the formulary	Clinical reevaluation	N/A	N/A	N/A	10/1/2024
Omnipod Dash Pods	Added PA	Clinical reevaluation	N/A	4	LA, PA, QL	10/1/2024
Omnipod 5 G6 intro kits and pods	Added PA	Clinical reevaluation	N/A	4	LA, PA, QL	10/1/2024
Freestyle Libre 3 reader and sensor	Added PA	Clinical reevaluation	N/A	2	LA, PA, QL	10/1/2024
Freestyle Libre 2 reader and sensor	Added PA	Clinical reevaluation	N/A	2	LA, PA, QL	10/1/2024
Freestyle Libre 14-day reader and sensor	Added PA	Clinical reevaluation	N/A	2	LA, PA, QL	10/1/2024
Dexcom G6 Reader, transmitter, and sensors	Changed from ST to PA	Clinical reevaluation	N/A	4	LA, PA, QL	10/1/2024
Nicotrol nasal spray	Remove QL	Regulatory requirement	N/A	1	N/A	10/1/2024
Nicotrol inhaler	Remove QL	Regulatory requirement	N/A	1	N/A	10/1/2024
Nicotine patch	Remove QL	Regulatory requirement	N/A	1	N/A	10/1/2024
Vilazodone tablet	ST changed from trial of three products down to two	Clinical reevaluation	Two of the following:	2	LA, ST, QL	10/1/2024
Vraylar	ST changed from trial of two products down to one	Clinical reevaluation	Aripiprazole, Clozapine, Lamotrigine, Lithium, Olanzapine, Quetiapine, Risperidone, Ziprasidone	4	LA, ST, QL, Age	10/1/2024
Urea 40% cream	Removed from formulary	Clinical reevaluation	N/A	N/A	N/A	10/1/2024
Omnipod Classic Pods	Removed from formulary	Manufacturer discontinuation	Omnipod 5 G6	N/A	N/A	10/1/2024
Humira (CF)	Removed from formulary	Clinical and cost reevaluations	N/A	N/A	N/A	10/1/2024
Atrovent	Tier change from 3 to 4	Clinical and cost reevaluation	N/A	Tier 4	LA, QL	10/1/2024
Alvesco	Tier change from 3 to 4	Clinical and cost reevaluation	N/A	Tier 4	LA, QL	10/1/2024
Pulmicort Flexhaler	Tier change from 3 to 4	Clinical and cost reevaluation	N/A	Tier 4	LA, QL	10/1/2024
Qvar Redihaler	Tier change from 3 to 4	Clinical and cost reevaluation	N/A	Tier 4	LA, QL	10/1/2024
Premarin vaginal cream	Tier change from 3 to 4	Clinical and cost reevaluation	N/A	Tier 4	LA	10/1/2024
Enoxaparin	Tier change from 3 to 4	Clinical and cost reevaluation	N/A	Tier 4	LA, QL	10/1/2024
Liraglutide	New generic for Victoza	Clinical and cost reevaluation	N/A	Tier 2	LA, PA, QL	10/1/2024
Mirabegron oral extended-release tablets	New generic for Myrbetriq	Clinical and cost reevaluation	N/A	Tier 2	LA, QL	10/1/2024
Dapagliflozin oral tablets	New generic for Farxiga	Clinical and cost reevaluation	N/A	Tier 2	LA, QL	10/1/2024
Ivabradine oral tablets	New generic for Corlanor	Clinical and cost reevaluation	Atenolol, Carvedilol, Labetalol, Metoprolol, Nadolol, Pindolol, Propranolol or Sotalol	Tier 2	LA, ST, QL	10/1/2024
Varenicline tablet	Remove QL	Clinical reevaluation	N/A	Tier 1	N/A	10/1/2024
Basqimi	Remove step therapy	Clinical reevaluation	N/A	Tier 4	LA, QL	10/1/2024
Indocin suspension	Remove from formulary	Clinical and cost reevaluation	Indomethacin oral capsules and extended-release capsule	N/A	N/A	10/1/2024
Glucagen vial injection	Remove from formulary	Manufacturer discontinuation	Glucagon injection, Basqimi	N/A	N/A	10/1/2024

DHMP Commercial (Self-funded) Plans Formulary Updates:

[DenverHealthMedicalPlan.org/commercial-plans-formulary-updates](https://denverhealthmedicalplan.org/commercial-plans-formulary-updates)

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Narcan Rx	Remove QL	Regulatory requirement	N/A	1	N/A	10/1/2024
Naloxone Rx	Remove QL	Regulatory requirement	N/A	1	N/A	10/1/2024
Omnipod Dash Pods	Added PA	Clinical reevaluation	N/A	4	LA, PA, QL	10/1/2024
Omnipod 5 G6 intro kits and pods	Added PA	Clinical reevaluation	N/A	4	LA, PA, QL	10/1/2024
Freestyle Libre 3 reader and sensor	Added PA	Clinical reevaluation	N/A	2	LA, PA, QL	10/1/2024
Freestyle Libre 2 reader and sensor	Added PA	Clinical reevaluation	N/A	2	LA, PA, QL	10/1/2024
Freestyle Libre 14-day reader and sensor	Added PA	Clinical reevaluation	N/A	2	LA, PA, QL	10/1/2024
Dexcom G6 Reader, transmitter, and sensors	Changed from ST to PA	Clinical reevaluation	N/A	4	LA, PA, QL	10/1/2024
Nicotrol nasal spray	Remove QL	Regulatory requirement	N/A	1	N/A	10/1/2024
Nicotrol inhaler	Remove QL	Regulatory requirement	N/A	1	N/A	10/1/2024
Nicotine patch	Remove QL	Regulatory requirement	N/A	1	N/A	10/1/2024
Vilazodone tablet	ST changed from trial of three products down to two	Clinical reevaluation	Two of the following: bupropion, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, venlafaxine	2	LA, ST, QL	10/1/2024
Vraylar	ST changed from trial of two products down to one	Clinical reevaluation	Aripiprazole, Clozapine, Lamotrigine, Lithium, Olanzapine, Quetiapine, Risperidone, Ziprasidone	4	LA, ST, QL, Age	10/1/2024
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Mirabegron oral extended-release tablets	New generic for Myrbetriq	Clinical and cost reevaluation	N/A	Tier 2	LA, QL	10/1/2024
Dapagliflozin oral tablets	New generic for Farxiga	Clinical and cost reevaluation	N/A	Tier 2	LA, QL	10/1/2024
Ivabradine oral tablets	New generic for Corlanor	Clinical and cost reevaluation	Atenolol, Carvedilol, Labetalol, Metoprolol, Nadolol, Pindolol, Propranolol or Sotalol	Tier 2	LA, ST, QL	8/17/2024
Varenicline tablet	Remove QL	Clinical reevaluation	N/A	Tier 1	N/A	10/1/2024
Basqimi	Remove step therapy	Clinical reevaluation	N/A	Tier 4	LA, QL	10/1/2024

Prior Authorization Forms and Criteria can be found online

[DenverHealthMedicalPlan.org/for-providers/provider-pharmacy-information](https://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.