



Denver Health Medical Plan (DHMP) Formulary Updates for Quarter One 2026

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 1 2026 (see attachments)

Elevate Medicaid/CHP Choice:

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

DHMP Commercial (Self-Funded) Plans Formulary Updates:

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

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.

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.