



FORMULARY UPDATES TO DHMP COMMERCIAL PLANS DHHA: HMO/POS

Denver Health Medical Plan (DHMP) may add or remove drugs from the formulary or make changes to restrictions on formulary drugs during the year. If DHMP 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, DHMP will notify you of midyear change(s) at least 60 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, DHMP will immediately remove the drug from the formulary.

For 2025, tiering updates for the new benefits can be found here:

DenverHealthMedicalPlan.org/Current-Members/DHHA/DHHA-Pharmacy

On January 1, 2025, members may locate pharmacies and drug prices for the new benefit year here:

OpenEnrollment.MedImpact.com/#/PlanCode?DHM042020DP

The table below outlines previous and/or recent changes to the formulary. For questions or if you would like more information related to these changes, call the DHMP Pharmacy Services Department at **303-602-2070** or **877-357-0963**.

FORMULARY ABBREVIATIONS

(Explanations can be found on the website in the DHMP Commercial Formulary and Pharmaceutical Management Procedures):

LA = Limited Access (must be filled at DH Pharmacy or PA Required)

PA = Prior Authorization

PREV = Preventative Medication

QL = Quantity Limit

ST = Step Therapy

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug	New Tier	Restrictions	Effective Date
Freestyle Libre 3 Plus Sensor Device Manufactured by Abbott	Addition	Freestyle Libre 2 and 3 are to be discontinued in 2025	N/A	Preferred (Tier 2)	PA, QL (2 per 30 days)	3/15/2025
Xarelto (rivaroxaban) DVT-PE Treat 30D Start Oral tablets, dose pack 15mg (42)-20mg (9)	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred Brand Tier 2	N/A	3/1/2025
Xarelto oral tablets 2.5mg	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred brand(tier 2)	N/A	3/1/2025
Xarelto (rivaroxaban) oral tablets 10mg, 15mg, 20mg	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred brand(tier 2)	N/A	3/1/2025
Eliquis (apixaban) DVT-PE Treat 30D Start Oral Tablets, dose pack 5mg (74 tablets)	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred brand(tier 2)	N/A	3/1/2025
Eliquis (apixaban) Oral Tablet 2.5mg, 5mg	Tier shift from non-preferred to preferred	Improve adherence; upon request from DHHA Pharmacy leadership	N/A	Preferred brand(tier 2)	N/A	3/1/2025
Xolair (omalizumab) 300mg/2mL PFS and PFP Manufactured by: Genentech	Added to formulary	Upon request from DHHA Pharmacy leadership	N/A	Preferred Specialty (tier 3)	PA	4/1/2025

Dexcom G7 Sensors Manufactured by Dexcom	Addition to formulary	Dexcom G6 will be phased out and G7 does not require a transmitter which helps with costs to the member and the plan.	N/A	Non- preferred tier (tier 4)	PA, LA, QL (3 per 30 days)	4/1/2025
Dexcom G7 Receiver Manufactured by Dexcom	Addition to formulary	Dexcom G6 will be phased out and G7 does not require a transmitter which helps with costs to the member and the plan.	N/A	Non- preferred tier (tier 4)	PA, LA, QL (1 per 365 days)	4/1/2025
Fluticasone propionate HFA 44mcg/actuation; 110 mcg/actuation; 220mcg/actuation	Tier shift to preferred	Supply issues with alternatives and the need for 90 days supplies as requested by providers for pediatric patients.	N/A	Preferred Generic (tier 1)	QLs (0.71/ day for the 44mcg/ actuation inhaler; 0.8mL/ day for the 100mcg/ act and 220mcg/act) 90 days supplies should process	1/25/2025
Omnipod 5 (G6/Libre 2 plus) Intro Kit Manufactured by Insulet Corporation	Addition to formulary	Other Omnipods already on formulary and works with preferred CGM	N/A	Non- preferred brand (tier 4)	PA, LA, QL (Pods: 1 per 365 days)	4/1/2025
Omnipod 5 (G6/Libre 2 plus) Pods Manufactured by Insulet Corporation	Addition to formulary	Other Omnipods already on formulary and works with preferred CGM	N/A	Non- preferred brand (tier 4)	PA, LA, QL (Pods: 10 per 30 days)	4/1/2025

Breyna (budesonide/ formoterol) 80/4.5mcg, 160/4.5mcg HFA inhaler Manufactured by Mylan	Removal	Budesonide/ Formoterol inhaler preferred	N/A	N/A	N/A	7/1/2025
Oxycontin (Oxycodone) ER All strengths Manufactured by Purdue	Addition to formulary	Generic no longer available on the market	N/A	Non- preferred (tier 4)	QL, LA (60 per 30 days)	4/1/2025
Insulin glargine-yfgn (Generic Semglee) vial; prefilled syringe (PFP) Manufactured by Biocon Biologics Inc	Added to formulary	Insulin glargine is now obsolete;	N/A	Preferred Generic (tier 1)	Vial QL (40 per 28 days); PFP QL (30 per 30 days)	1/11/2025
Insulin Degludec (Tresiba) pens, vials Manufactured by Novo Nordisk	Updated step therapy requirements	Brand name Semglee and Lantus will be allowed for DHHA pharmacies.	N/A	N/A	Updated: LA; ST (previous failure of insulin glargine- yfgn in the past 365 days); 100unit/mL pen QL(30 per 28 days); 200unit/mL pen (QL 18 per 28 days); 100unit/mL vial QL (40 per 28 days)	1/11/2025

Toujeo (insulin glargine) Max U-300 Solostar and Toujeo Solostar U-300 pens Manufactured by Aventis Pharm	Updated step therapy requirements	Insulin glargine is now obsolete and is not an appropriate step therapy requirement	N/A	N/A	Updated: LA; ST (previous failure of insulin glargine- yfgn in the past 365 days); 100unit/mL pen QL(30 per 28 days); 200unit/mL pen (QL 18 per 28 days); 100unit/mL vial QL (40 per 28 days)	1/11/2025
Oxycodone ER (Generic Oxycontin) all strengths; no longer available	Removal	No longer on the market; alignment with Health First of Colorado	Oxycontin	N/A	N/A	4/1/2025

Rexulti (brexpiprazole) oral tablets all strengths Manufactured by Otsuka America	Updated step therapy requirements	Regulatory requirements	N/A	N/A	LA; ST (Previous failure of ONE of the following in the past 365 days: Aripiprazole, Asenapine, Clozapine, Lurasidone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone); QL (30 per 30)	4/1/2025
Diclofenac Gel 1% (no longer available) Prescription strength	Removal	No longer available as a prescription. This is only available as an OTC product.	N/A	N/A	N/A	4/1/2025
COVID Vaccines: Pfizer COVID 2024-2025 EUA (Both 6m -4Y and 5-11Y); Novavax COVID 2024-2025 EUA; Spikevax 2024-2025 (12Y and up) by Moderna; Moderna COVID 24-25 (6M-11Y) EUA; Comirnaty 2024-2025 (12Y and up) by Pfizer	Addition to formulary	Improved access to vaccinations	N/A	Preventative (Tier 0)	N/A	4/1/2025

Prevnar 20 Manufacturer: Pfizer	Added to formulary	Updated Guidelines	N/A	0	N/A	1/1/2025
Freestyle Libre 2 Plus Sensor Kit Manufactured by Abbott	Added to formulary	New product	Freestyle Libre 2 and Freestyle Libre 3 sensors	2	PA	1/1/2025
mResvia RSV vaccine (60 yr+) Prefilled syringe 10 x 0.5mL Manufactured by Moderna US, Inc (DHM04, Commercial Self-insured only)	Added to Formulary	New RSV Vaccine option	Arexvy, Abrysvo	PREV	75 years and older	1/1/2025
Arexvy 120mcg kit RSV Vaccine Manufactured by Glaxosmithkline	Updated Restrictions	Updated clinical guidelines	Abrysvo, mResvia	N/A	75 Years and older	1/1/2025
Abrysvo 120mcg RSV Vaccine Manufactured by Pfizer Pharmaceuticals	Updated Restrictions	Updated clinical guidelines		N/A	75 years and older	1/1/2025
Xarelto (rivaroxaban) DVT-PE TREAT 30D Start Oral Tablets, Dose Pack 15mg (42) – 20mg (9)	Updated quantity limit from 1 dose pack per year to 1 dose pack per month	Prevent delay in care	N/A	N/A	QL 51 per 30 days	1/1/2025
Wegovy (semaglutide) subcutaneous pen injector all strengths Manufactured by: Novo Nordisk	Benefit Exclusion	Cost	N/A	N/A	N/A	1/1/2025

Saxenda (liraglutide) subcutaneous pen injector all strengths Manufactured by: Novo Nordisk	Benefit Exclusion	Cost	N/A	N/A	N/A	1/1/2025
Freestyle Libre 14 Day Reader Manufactured by Abbott	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand	PA	1/1/2025
Freestyle Libre 14 Day Sensor Kit Manufactured by Abbott	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand	PA	1/1/2025
Freestyle Libre 2 Reader Manufactured by Abbott	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand	PA	1/1/2025
Freestyle Libre 2 Sensor Manufactured by Abbott	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand	PA	1/1/2025
Freestyle Libre 3 Reader Manufactured by Abbott	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand	PA	1/1/2025
Freestyle Libre 3 Sensor Device Manufactured by Abbott	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand	PA	1/1/2025
Freestyle Precision Neo Manufactured by Abbott	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand	PA	1/1/2025
34 Generic Drugs (See Formulary Changes Excel)	Tier Update	New Benefit Design for 2025	N/A	Preferred Generic	PA	1/1/2025

4 Generic Drugs (See Formulary Changes Excel)	Tier Update	New Benefit Design for 2025	N/A	Non-Preferred Generic	PA	1/1/2025
38 Specialty Drugs (See Formulary Changes Excel)	Tier Update	New Benefit Design for 2025	N/A	Preferred Specialty	PA	1/1/2025
3 Specialty Drugs (See Formulary Changes Excel)	Tier Update	New Benefit Design for 2025	N/A	Non-Preferred Specialty (COMM only)	PA	1/1/2025
81 Specialty Drugs (See Formulary Changes Excel)	Tier Update	New Benefit Design for 2025	N/A	Non-Preferred Specialty	PA	1/1/2025
18 Brand Drugs (See Formulary Changes Excel)	Tier Update	New Benefit Design for 2025	N/A	Non-Preferred Generic	PA	1/1/2025
Ganirelix acetate 250mcg/0.5mL syringe	Tier Update	New Benefit Design for 2025	N/A	Preferred Brand (COMM only)	PA	1/1/2025
196 Drugs and Devices (See Formulary Changes Excel)	Tier Update	New Benefit Design for 2025	N/A	Removed From Formulary	PA	1/1/2025
Temodar (temozolomide) 20mg capsule	Removal from Formulary	Generic Available	Temozolomide 20mg capsules	Removed From Formulary	N/A	1/1/2025
Farxiga (Dapagliflozin) 5mg, 10mg tablets	Removal from Formulary	Generic Available	Dapagliflozin 5mg, 10mg tablets	Removed From Formulary	N/A	1/1/2025
Myrbetriq ER 24 hours (Mirabegron) 25mg, 50mg tablets	Removal from Formulary	Generic Available	Mirabegron ER 24 hours 25mg, 50mg tablets	Removed From Formulary	N/A	1/1/2025

Ibuprofen Oral Suspension 100mg/5mL	Add to Formulary	Regulatory Requirement	N/A	Preferred Generic	N/A	1/1/2025
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