



**Changes to
2022 IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan)
Formulary
Updated 09/01/2022**

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) may revise (adding or removing drugs) the Formulary during the year based on new clinical evidence and availability of products in the market. All the changes are reviewed and approved by a selected group of Physicians and Pharmacists that are currently in practice.

If IEHP DualChoice removes a Covered Part D drug or makes any changes in the IEHP DualChoice Formulary, IEHP DualChoice will post the changes on our website and notify affected Members at least thirty (30) calendar days prior to the effective date of the change made on the IEHP DualChoice Formulary. However, if the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market we will immediately remove the drug from our formulary. In addition, a generic drug works the same as a brand-name drug and usually costs less. If there is a generic version of a brand-name drug, our network pharmacies will give you the generic.

This table outlines upcoming change to our formulary that may impact you.

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
<i>Bexarotene 1 % topical gel</i>	09/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
COPIKTRA 15 MG CAPSULE	09/01/2022	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
COPIKTRA 25 MG CAPSULE	09/01/2022	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
<i>Metformin 625 mg oral tablet</i>	09/01/2022	Addition Add Step Therapy	--	--	All Medicare Members
<i>Sorafenib 200 mg tablet</i>	09/01/2022	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
<i>Vilazodone 10 mg tablet</i>	09/01/2022	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
<i>Vilazodone 20 mg tablet</i>	09/01/2022	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
<i>Vilazodone 40 mg tablet</i>	09/01/2022	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
<i>Chlorpromazine 100 mg/ml oral concentrate</i>	09/01/2022	Addition	--	--	All Medicare Members
<i>Chlorpromazine 30 mg/ml oral concentrate</i>	09/01/2022	Addition	--	--	All Medicare Members
<i>Sertraline 200 mg capsule</i>	09/01/2022	Addition	--	--	All Medicare Members
<i>Sertraline 150 mg capsule</i>	09/01/2022	Addition	--	--	All Medicare Members
<i>Everolimus (antineoplastic) 2 mg tablet for oral suspension</i>	09/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
FELBATOL 600 MG/5 ML ORAL SUSPENSION	09/01/2022	Addition	--	--	All Medicare Members
<i>Varenicline 0.5 mg tablet</i>	09/01/2022	Addition	--	--	All Medicare Members
<i>Varenicline 1 mg tablet</i>	09/01/2022	Addition	--	--	All Medicare Members
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE	08/01/2022	Remove PA Lower Tier	--	--	All Medicare Members
RESTASIS MULTIDOSE 0.05 % EYE DROPS	08/01/2022	Remove PA Lower Tier	--	--	All Medicare Members
XIIDRA 5 % EYE DROPS IN A DROPPERETTE	08/01/2022	Remove PA Lower Tier	--	--	All Medicare Members
<i>Fluticasone propionate 110 mcg/actuation HFA aerosol inhaler</i>	08/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
<i>Fluticasone propionate 220 mcg/actuation HFA aerosol inhaler</i>	08/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Lacosamide 10 mg/ml oral solution</i>	08/01/2022	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
<i>Fluticasone furoate 100 mcg-vilanterol 25 mcg/dose inhalation powder</i>	08/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Fluticasone furoate 200 mcg-vilanterol 25 mcg/dose inhalation powder</i>	08/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Pirfenidone 267 mg tablet</i>	08/01/2022	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
<i>Pirfenidone 801 mg tablet</i>	08/01/2022	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
VONJO 100 MG CAPSULE	08/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
<i>Fluticasone propionate 44 mcg/actuation hfa aerosol inhaler</i>	08/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
TRIZIVIR 300 MG-150 MG-300 MG TABLET	08/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Varenicline 0.5 mg (11)-1 mg (42) tablets in a dose pack</i>	08/01/2022	Addition	--	--	All Medicare Members
<i>Cyclosporine 0.05 % eye drops in a dropperette</i>	08/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
RINVOQ 45 MG TABLET,EXTENDED RELEASE	08/01/2022	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
SELZENTRY 300 MG TABLET	08/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
APOKYN 10 MG/ML SUBCUTANEOUS CARTRIDGE	08/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
				the formulary	
CYSTADANE 1 GRAM/1.7 ML ORAL POWDER	08/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
VIMPAT 100 MG TABLET	08/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
VIMPAT 150 MG TABLET	08/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members

Affected Drugs BRAND Drug Name <i>Generic Drug</i> Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
VIMPAT 200 MG TABLET	08/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
VIMPAT 50 MG TABLET	08/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
REVLIMID 10 MG CAPSULE	08/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
REVLIMID 15 MG CAPSULE	08/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
REVLIMID 25 MG CAPSULE	08/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
REVLIMID 5 MG CAPSULE	08/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
VIMPAT 10 MG/ML ORAL SOLUTION	08/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
ESBRIET 267 MG TABLET	08/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
ESBRIET 801 MG TABLET	08/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
TRIUMEQ PD 60 MG-5 MG-30 MG TABLET FOR ORAL SUSPENSION	08/01/2022	Addition	--	--	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
		Add Quantity Limit			
<i>Apomorphine 10 mg/ml subcutaneous cartridge</i>	08/01/2022	Addition	--	--	All Medicare Members
<i>Betaine 1 gram/scoop oral powder</i>	08/01/2022	Addition	--	--	All Medicare Members
<i>Lacosamide 100 mg tablet</i>	08/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Lacosamide 150 mg tablet</i>	08/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Lacosamide 200 mg tablet</i>	08/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Lacosamide 50 mg tablet</i>	08/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Lenalidomide 10 mg capsule</i>	08/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
<i>Lenalidomide 15 mg capsule</i>	08/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
<i>Lenalidomide 25 mg capsule</i>	08/01/2022	Addition	--	--	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
		Add PA (New Starts Only)			
<i>Lenalidomide 5 mg capsule</i>	08/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
<i>Maraviroc 300 mg tablet</i>	08/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Glycopyrrolate 1.5 mg tablet</i>	08/01/2022	Addition	--	--	All Medicare Members
CIMDUO 300 MG-300 MG	08/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Aztreonam 2 gram solution for injection</i>	08/01/2022	Addition	--	--	All Medicare Members
PREHEVBRIO (PF) 10 MCG/ML INTRAMUSCULAR SUSPENSION	08/01/2022	Addition Add PA (BvD)	--	--	All Medicare Members
RINVOQ 30 MG TABLET,EXTENDED RELEASE	05/01/2022	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
<i>Citalopram 30 mg capsule</i>	05/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Digoxin 62.5 mcg (0.0625 mg) tablet</i>	05/01/2022	Addition	--	--	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
<i>Maraviroc 150 mg tablet</i>	05/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
TALZENNA 0.5 MG CAPSULE	05/01/2022	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
TALZENNA 0.75 MG CAPSULE	05/01/2022	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
SELZENTRY 150 MG TABLET	05/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
LANOXIN 62.5 MCG (0.0625 MG) TABLET	05/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
				the formulary	
BIKTARVY 30 MG-120 MG-15 MG TABLET	04/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
TICOVAC 2.4 MCG/0.5 ML INTRAMUSCULAR SYRINGE	03/01/2022	Addition	--	--	All Medicare Members
BESREMI 500 MCG/ML SUBCUTANEOUS SYRINGE	03/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
SCSEMBLIX 20 MG TABLET	03/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
SCSEMBLIX 40 MG TABLET	03/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
<i>Everolimus (immunosuppressive) 1 mg tablet</i>	03/01/2022	Addition Add PA (BvD)	--	--	All Medicare Members
<i>Hydroxychloroquine 100 mg tablet</i>	03/01/2022	Addition	--	--	All Medicare Members
<i>Hydroxychloroquine 300 mg tablet</i>	03/01/2022	Addition	--	--	All Medicare Members
<i>Hydroxychloroquine 400 mg tablet</i>	03/01/2022	Addition	--	--	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
EXKIVITY 40 MG CAPSULE	03/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
<i>Naloxone 4 mg/actuation nasal spray</i>	03/01/2022	Addition	--	--	All Medicare Members
EPRONTIA 25 MG/ML ORAL SOLUTION	03/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
OXBRYTA 300 MG TABLET FOR ORAL SUSPENSION	03/01/2022	Addition Add PA Add Quantity Limit	--	--	All Medicare Members
RESTASIS MULTIDOSE 0.05 % EYE DROPS	03/01/2022	Addition Add PA	--	--	All Medicare Members
ZORTRESS 1 MG TABLET	03/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
COSENTYX 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	02/01/2022	Addition	--	--	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
		Add PA			
<i>Dextroamphetamine 15 mg tablet</i>	02/01/2022	Addition	--	--	All Medicare Members
<i>Dextroamphetamine 30 mg tablet</i>	02/01/2022	Addition	--	--	All Medicare Members
<i>Diclofenac potassium 25 mg tablet</i>	02/01/2022	Addition	--	--	All Medicare Members
PANRETIN 0.1 % TOPICAL GEL	02/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
TRUSELTIQ 100 MG/DAY (100 MG X 1) CAPSULE	02/01/2022	Addition Add PA (New Starts Only) Add Quantity Limit	--	--	All Medicare Members
TRUSELTIQ 125MG/DAY(100 MG X1-25MG X1) CAPSULE	02/01/2022	Addition Add PA (New Starts Only) Add Quantity Limit	--	--	All Medicare Members
TRUSELTIQ 50 MG/DAY (25 MG X 2) CAPSULE	02/01/2022	Addition Add PA (New Starts Only) Add Quantity Limit	--	--	All Medicare Members
TRUSELTIQ 75 MG/DAY (25 MG X 3) CAPSULE	02/01/2022	Addition	--	--	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
		Add PA (New Starts Only) Add Quantity Limit			
WELIREG 40 MG TABLET	02/01/2022	Addition Add PA (New Starts Only) Add Quantity Limit	--	--	All Medicare Members
INVEGA HAFYERA 1,092 MG/3.5 ML INTRAMUSCULAR SYRINGE	02/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
INVEGA HAFYERA 1,560 MG/5 ML INTRAMUSCULAR SYRINGE	02/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
LYBALVI 10-10 MG TABLET	02/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
LYBALVI 15-10 MG TABLET	02/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
LYBALVI 20-10 MG TABLET	02/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members
LYBALVI 5-10 MG TABLET	02/01/2022	Addition Add Quantity Limit	--	--	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
PENTACEL (PF) 15 LF-48 MCG-62 DU-10 MCG/0.5 ML INTRAMUSCULAR KIT	02/01/2022	Addition	--	--	All Medicare Members
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE	02/01/2022	Addition Add PA Add Quantity Limit	--	--	All Medicare Members
<i>Azathioprine 100 mg oral tablet</i>	02/01/2022	Addition Add PA (BvD)	--	--	All Medicare Members
<i>Azathioprine 75 mg oral tablet</i>	02/01/2022	Addition Add PA (BvD)	--	--	All Medicare Members
<i>Dextroamphetamine sulfate 20 mg oral tablet</i>	02/01/2022	Addition	--	--	All Medicare Members
<i>Everolimus (antineoplastic) 10 mg tablet</i>	02/01/2022	Addition Add PA (New Starts Only) Add Quantity Limit	--	--	All Medicare Members
<i>Everolimus 3 mg tablet for oral suspension</i>	02/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
<i>Everolimus 5 mg tablet for oral suspension</i>	02/01/2022	Addition Add PA (New Starts Only)	--	--	All Medicare Members
<i>Paroxetine hcl 10 mg/5 ml susp</i>	02/01/2022	Addition	--	--	All Medicare Members

Affected Drugs BRAND Drug Name Generic Drug Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
		Add Quantity Limit			
PAXIL 10 MG/5 ML ORAL SUSPENSION	02/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
AFINITOR DISPERZ 3 MG TABLET FOR ORAL SUSPENSION	02/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
AFINITOR DISPERZ 5 MG TABLET FOR ORAL SUSPENSION	02/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members

Affected Drugs BRAND Drug Name <i>Generic Drug</i> Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
AFINITOR 10 MG TABLET	02/01/2022	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members

*Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only your physician can determine if the alternate here is appropriate for you given the individualized nature of the drug therapy. Please consult your physician as to whether this is an appropriate drug for you. This is not a complete list of all formulary alternatives covered by IEHP DualChoice for the drug you selected.

Generally, IEHP DualChoice will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

If you have any questions, you can call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am – 8pm (PST), 7 days a week, including holidays. TTY/TDD users should call 1-800-718-4347.

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) is a Health Plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.