



DualChoice
Changes to

**2019 IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan)
Formulary
Updated 04/01/2019**

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>Alyq 20 mg tablet</i> | 04/01/2019 | Addition Add PA Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Albendazole 200 mg tablet</i> | 04/01/2019 | 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 |
|--|---------------------------------|--|--------------------------|---|----------------------|
| SYMPAZAN 5 MG ORAL FILM | 04/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| SYMPAZAN 20 MG ORAL FILM | 04/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| SYMPAZAN 10 MG ORAL FILM | 04/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| PROMACTA 12.5 MG ORAL POWDER PACKET | 04/01/2019 | Addition Add PA | --- | --- | All Medicare Members |
| <i>Tri-vylibra Lo 0.18/0.215/0.25 mg-25 mcg tablet</i> | 04/01/2019 | Addition | --- | --- | All Medicare Members |
| <i>Nevirapine 50 mg/5 ml oral suspension</i> | 04/01/2019 | Addition Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Pimecrolimus 1 % topical cream</i> | 04/01/2019 | Addition Add PA | --- | --- | All Medicare Members |
| ALBENZA 200 MG TABLET | 04/01/2019 | 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 |
|---|---|-----------------------|------------------------------|---|----------------------|
| ELIDEL 1 % TOPICAL CREAM | 04/01/2019 | Brand Deletion | Generic Drug Available | Use Generic formulation or other products in the same therapeutic category on the formulary | All Medicare Members |
| ADCIRCA 20 MG TABLET | 04/01/2019 | Brand Deletion | Generic Drug Available | Use Generic formulation or other products in the same therapeutic category on the formulary | All Medicare Members |
| VIRAMUNE 50 MG/5 ML ORAL SUSPENSION | 04/01/2019 | Brand Deletion | Generic Drug Available | Use Generic formulation or other products in the same therapeutic category on the formulary | All Medicare Members |
| <i>Epinephrine 0.3 mg/0.3 ml injection, auto-injector</i> | 03/01/2019 | Addition | --- | --- | All Medicare Members |
| <i>IBU 600 mg tablet</i> | 03/01/2019 | Addition | --- | --- | All Medicare Members |
| <i>IBU 800 mg tablet</i> | 03/01/2019 | Addition | --- | --- | All Medicare Members |
| RETACRIT 10,000 UNIT/ML INJECTION SOLUTION | 03/01/2019 | Addition Add PA | --- | --- | All Medicare Members |
| RETACRIT 2,000 UNIT/ML INJECTION SOLUTION | 03/01/2019 | Addition Add PA | --- | --- | All Medicare Members |
| RETACRIT 3,000 UNIT/ML INJECTION SOLUTION | 03/01/2019 | Addition Add PA | --- | --- | 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 |
|---|---|--|------------------------------|---------------------------|----------------------------|
| RETACRIT 4,000 UNIT/ML INJECTION SOLUTION | 03/01/2019 | Addition Add PA | --- | --- | All Medicare Members |
| RETACRIT 40,000 UNIT/ML INJECTION SOLUTION | 03/01/2019 | Addition Add PA | --- | --- | All Medicare Members |
| <i>Hailey 24 Fe 1 mg-20 mcg (24)/75 mg (4) tablet</i> | 03/01/2019 | Addition | --- | --- | All Medicare Members |
| <i>Tri-Estarylla (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet</i> | 03/01/2019 | Addition | --- | --- | All Medicare Members |
| XOSPATA 40 MG TABLET | 03/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| DAURISMO 100 MG TABLET | 03/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| DAURISMO 25 MG TABLET | 03/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| VITRAKVI 100 MG CAPSULE | 03/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| VITRAKVI 20 MG/ML ORAL SOLUTION | 03/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| VITRAKVI 25 MG CAPSULE | 03/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Mesalamine 1,000 mg rectal suppository</i> | 03/01/2019 | 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 |
|---|---|--|------------------------------|---|----------------------------|
| UDENYCA 6 MG/0.6 ML SUBCUTANEOUS SYRINGE | 03/01/2019 | Addition Add PA | --- | --- | All Medicare Members |
| <i>Potassium chloride 20 meq oral packet</i> | 03/01/2019 | Addition | --- | --- | All Medicare Members |
| <i>Sumatriptan 6 mg/0.5 ml subcutaneous syringe</i> | 03/01/2019 | Addition Add Quantity Limit | --- | --- | All Medicare Members |
| FIRVANQ 25 MG/ML ORAL SOLUTION | 03/01/2019 | Addition Add PA Add Quantity Limit | --- | --- | All Medicare Members |
| FIRVANQ 50 MG/ML ORAL SOLUTION | 03/01/2019 | Addition Add PA Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Hydroxyzine hcl 10 mg tablet</i> | 03/01/2019 | Addition Add PA | --- | --- | All Medicare Members |
| <i>Hydroxyzine hcl 25 mg tablet</i> | 03/01/2019 | Addition Add PA | --- | --- | All Medicare Members |
| <i>Hydroxyzine hcl 50 mg tablet</i> | 03/01/2019 | Addition Add PA | --- | --- | All Medicare Members |
| CANASA 1, 000 MG RECTAL SUPPOSITORY | 03/01/2019 | Brand Deletion | Generic Drug Available | Use Generic formulation or other products in the same therapeutic category on the formulary | All Medicare Members |
| <i>Abiraterone 250 mg tablet</i> | 02/01/2019 | Addition Add PA (New Starts Only) 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 |
|---|---|--|------------------------------|---------------------------|----------------------------|
| ARIKAYCE 590 MG/8.4 ML SUSPENSION FOR INHALATION VIA NEBULIZATION | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| MEKTOVI 15 MG TABLET | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| EPIDIOLEX 100 MG/ML ORAL SOLUTION | 02/01/2019 | Addition Add PA (New Starts Only) | --- | --- | All Medicare Members |
| <i>Clobazam 10 mg tablet</i> | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Clobazam 2.5 mg/ml oral suspension</i> | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Clobazam 20 mg tablet</i> | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET | 02/01/2019 | Addition Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Colesevelam 3.75 gram oral powder packet</i> | 02/01/2019 | Addition | --- | --- | All Medicare Members |
| VIZIMPRO 15 MG TABLET | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| VIZIMPRO 30 MG TABLET | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| VIZIMPRO 45 MG TABLET | 02/01/2019 | Addition Add PA (New Starts Only) 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>Dalfampridine er 10 mg tablet, extended release, 12 hr</i> | 02/01/2019 | Addition Add PA (New Starts Only) | --- | --- | All Medicare Members |
| <i>Cyred 0.15 mg-0.03 mg tablet</i> | 02/01/2019 | Addition | --- | --- | All Medicare Members |
| <i>Cyred eq 0.15 mg-0.03 mg tablet</i> | 02/01/2019 | Addition | --- | --- | All Medicare Members |
| PIFELTRO 100 MG TABLET | 02/01/2019 | Addition Add Quantity Limit | --- | --- | All Medicare Members |
| DELSTRIGO 100 MG-300 MG-300 MG TABLET | 02/01/2019 | Addition Add Quantity Limit | --- | --- | All Medicare Members |
| COPIKTRA 15 MG CAPSULE | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| COPIKTRA 25 MG CAPSULE | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| BRAFTOVI 50 MG CAPSULE | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| BRAFTOVI 75 MG CAPSULE | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Ertapenem Igram solution for injection</i> | 02/01/2019 | Addition Add PA | --- | --- | All Medicare Members |
| ZORTRESS 1 MG TABLET | 02/01/2019 | Addition Add PA (BvD) | --- | --- | All Medicare Members |

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|---|---|--|------------------------------|---------------------------|----------------------------|
| <i>Itraconazole 10 mg/ml oral solution</i> | 02/01/2019 | Addition Add PA | --- | --- | All Medicare Members |
| ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| TIBSOVO 250 MG TABLET | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| TAKHZYRO 300 MG/2 ML (150 MG/ML) SUBCUTANEOUS SOLUTION | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Ledipasvir 90 mg-sofosbuvir 400 mg tablet</i> | 02/01/2019 | Addition Add PA Add Quantity Limit | --- | --- | All Medicare Members |
| LENVIMA 12 MG/DAY (4 MG X 3) CAPSULE | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| LENVIMA 4 MG CAPSULE | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| LORBRENA 100 MG TABLET | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| LORBRENA 25 MG TABLET | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Molindone 10 mg tablet</i> | 02/01/2019 | Addition Add PA (New Starts Only) 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>Molindone 25 mg tablet</i> | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Molindone 5 mg tablet</i> | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Morphine er 40 mg capsule, extended release pellets</i> | 02/01/2019 | Addition Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Nafcillin 2 gram solution for injection</i> | 02/01/2019 | Addition | --- | --- | All Medicare Members |
| <i>Nafcillin 2 gram intravenous solution</i> | 02/01/2019 | Addition | --- | --- | All Medicare Members |
| <i>Nafcillin 2 gram/100 ml in dextrose (iso- osmotic) intravenous piggyback</i> | 02/01/2019 | Addition | --- | --- | All Medicare Members |
| NUPLAZID 10 MG TABLET | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| NUPLAZID 34 MG CAPSULE | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| XARELTO 2.5 MG TABLET | 02/01/2019 | Addition Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Sofosbuvir 400 mg-velpatasvir 100 mg tablet</i> | 02/01/2019 | Addition Add PA Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Sotalol 120 mg tablet</i> | 02/01/2019 | 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 |
|---|---|--|------------------------------|---|----------------------------|
| TALZENNA 0.25 MG CAPSULE | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| TALZENNA 1 MG CAPSULE | 02/01/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| <i>Testosterone 20.25 mg/1.25 gram (1.62 %) transdermal gel pump</i> | 02/01/2019 | Addition Add PA | --- | --- | All Medicare Members |
| <i>Vancomycin 250 mg intravenous solution</i> | 02/01/2019 | Addition Add PA (BvD) | --- | --- | All Medicare Members |
| <i>Vancomycin 750 mg intravenous solution</i> | 02/01/2019 | Addition Add PA (BvD) | --- | --- | All Medicare Members |
| <i>Clindamycin 150 mg/ml injection solution</i> | 02/01/2019 | Addition | --- | --- | All Medicare Members |
| <i>Clindamycin 300 mg/2 ml intravenous solution</i> | 02/01/2019 | Addition | --- | --- | All Medicare Members |
| <i>Clindamycin 900 mg/6 ml intravenous solution</i> | 02/01/2019 | Addition | --- | --- | All Medicare Members |
| ZYTIGA 250 MG TABLET | 02/01/2019 | Brand Deletion | Generic Drug Available | Use Generic formulation or other products in the same therapeutic category on the formulary | All Medicare Members |
| ONFI 10 MG TABLET | 02/01/2019 | 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 |
|---|---|-----------------------|------------------------------|---|----------------------|
| ONFI 2.5 MG/ML ORAL SUSPENSION | 02/01/2019 | Brand Deletion | Generic Drug Available | Use Generic formulation or other products in the same therapeutic category on the formulary | All Medicare Members |
| ONFI 20 MG TABLET | 02/01/2019 | Brand Deletion | Generic Drug Available | Use Generic formulation or other products in the same therapeutic category on the formulary | All Medicare Members |
| AMPYRA 10 MG TABLET, EXTENDED RELEASE | 02/01/2019 | Brand Deletion | Generic Drug Available | Use Generic formulation or other products in the same therapeutic category on the formulary | All Medicare Members |
| INVANZ 1 GRAM SOLUTION FOR INJECTION | 02/01/2019 | Brand Deletion | Generic Drug Available | Use Generic formulation or other products in the same therapeutic category on the formulary | All Medicare Members |
| INVANZ 1 GRAM INTRAVENOUS SOLUTION | 02/01/2019 | Brand Deletion | Generic Drug Available | Use Generic formulation or other products in the same therapeutic category on the formulary | All Medicare Members |
| SPORANOX 10 MG/ML ORAL SOLUTION | 02/01/2019 | Brand Deletion | Generic Drug Available | Use Generic formulation or other products in the same therapeutic category on the formulary | All Medicare Members |
| ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP | 02/01/2019 | Brand Deletion | Generic Drug Available | Use Generic formulation or other products in the same | 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 |
|--|--------------------------------|--|----------------------|--|----------------------------|
| | | | | therapeutic category on the formulary | |
| LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE | 01/30/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | All Medicare Members |
| LENVIMA 8 MG/DAY (4 MG X 2) CAPSULE | 01/30/2019 | Addition Add PA (New Starts Only) Add Quantity Limit | --- | --- | 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.