



DualChoice

Changes to 2023 IEHP DualChoice (HMO D-SNP) Formulary Updated 02/01/2023

IEHP DualChoice (HMO D-SNP) may change the formulary (add or remove drugs on the approved drug list) during the year based on new clinical data and the number of products on the market. All the changes are reviewed and approved by a group of Doctors and Pharmacists who are in practice.

If IEHP DualChoice removes a Covered Part D drug or makes any changes to the drug list, we will post the changes on our website. We will also let our affected Members know at least thirty (30) calendar days before the effective date of change. But, if the Food and Drug Administration (FDA) deems a drug on our list to be unsafe, or if the drug's manufacturer removes the drug from the market, then we will remove the drug from our drug list right away. You should know, a generic drug works the same as a brand-name drug and often 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 <i>Generic Drug</i> Dosage/ Requirements/Limits	Effective Date of Change	Type of Change	Reason for Change	Alternative Drug *	Applies to
CAPLYTA 10.5 MG CAPSULE	02/01/2023	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
CAPLYTA 21 MG CAPSULE	02/01/2023	Addition	--	--	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
		Add Quantity Limit Add PA (New Starts Only)			
<i>Fingolimod 0.5 mg capsule</i>	02/01/2023	Addition Add PA	--	--	All Medicare Members
<i>Icosapent ethyl 500 mg capsule</i>	02/01/2023	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
JYNNEOS(PF)(NATIONAL STOCKPILE) 0.5X TO 3.95X 10EXP8/0.5ML SUBCUT SUSP	02/01/2023	Addition	--	--	All Medicare Members
<i>Lenalidomide 2.5 mg capsule</i>	02/01/2023	Addition Add PA (New Starts Only)	--	--	All Medicare Members
<i>Lenalidomide 20 mg capsule</i>	02/01/2023	Addition Add PA (New Starts Only)	--	--	All Medicare Members
<i>Methocarbamol 1000 mg tablet</i>	02/01/2023	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
ORKAMBI 75 MG-94 MG GRANULES IN PACKET	02/01/2023	Addition Add PA (New Starts Only)	--	--	All Medicare Members
RELYVRIO 3 GRAM-1 GRAM POWDER PACKET	02/01/2023	Addition	--	--	All Medicare Members
<i>Roflumilast 0.5 mg tablet</i>	02/01/2023	Addition Add PA	--	--	All Medicare Members
<i>Tazarotene 0.05 % topical gel</i>	02/01/2023	Addition Add PA	--	--	All Medicare Members
<i>Tazarotene 0.1 % topical gel</i>	02/01/2023	Addition Add PA	--	--	All Medicare Members
<i>Norethindrone-e.estradiol-iron 1mg-20 (24)/75 mg (4) capsule</i>	02/01/2023	Addition	--	--	All Medicare Members
<i>Merzee 1 mg-20 mcg (24)/75 mg (4) capsule</i>	02/01/2023	Addition	--	--	All Medicare Members
<i>Esomeprazole magnesium 20 mg capsule</i>	02/01/2023	Addition	--	--	All Medicare Members
<i>Dabigatran etexilate 150 mg capsule</i>	02/01/2023	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Dabigatran etexilate 75 mg capsule</i>	02/01/2023	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>Finzala 1 mg-20 mcg (24)/75 mg (4) chewable tablet</i>	02/01/2023	Addition	--	--	All Medicare Members
<i>Mesalamine ER 0.375 gram capsule, extended release 24 hr</i>	02/01/2023	Addition	--	--	All Medicare Members
<i>Mesalamine ER 500 mg capsule, extended release</i>	02/01/2023	Addition	--	--	All Medicare Members
<i>Norethindrone-eth. Estradiol-iron 1-20 (5)/1- 30(7)/1mg-35mcg (9) tablet</i>	02/01/2023	Addition	--	--	All Medicare Members
<i>Dexamethasone 0.5 mg/5 ml solution</i>	02/01/2023	Addition	--	--	All Medicare Members
<i>Sodium chloride 0.9% irrigation solution</i>	02/01/2023	Addition	--	--	All Medicare Members
COSENTYX 75 MG/0.5 ML SUBCUTANEOUS SYRINGE	02/01/2023	Addition Add PA	--	--	All Medicare Members
COSENTYX PEN (2 PENS) 150 MG/ML SUBCUTANEOUS PEN	02/01/2023	Addition Add PA	--	--	All Medicare Members
COSENTYX (2 SYRINGES) 150 MG/ML SUBCUTANEOUS SYRINGE	02/01/2023	Addition Add PA	--	--	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
CALQUENCE (ACALABRUTINIB MALEATE) 100 MG TABLET	02/01/2023	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
HYFTOR 0.2 % TOPICAL GEL	02/01/2023	Addition	--	--	All Medicare Members
IMBRUVICA 140 MG TABLET	02/01/2023	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
IMBRUVICA 280 MG TABLET	02/01/2023	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
IMBRUVICA 70 MG/ML SUSPENSION	02/01/2023	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
PHEBURANE 483 MG/GRAM GRANULES	02/01/2023	Addition	--	--	All Medicare Members
<i>Venlafaxine besylate ER 112.5 mg tablet, extended release 24 hr</i>	02/01/2023	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
SKYRIZI ON-BODY 360 MG/2.4 SUBCUTANEOUS INJECTION	02/01/2023	Addition Add PA	--	--	All Medicare Members
TRITOCIN 0.05% OINTMENT	02/01/2023	Addition	--	--	All Medicare Members
DESCOVY 120 MG-15 MG TABLET	02/01/2023	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Pirfenidone 534 mg tablet</i>	02/01/2023	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
ZONISADE 100 MG/5 ML SUSPENSION	02/01/2023	Addition	--	--	All Medicare Members
<i>Insulin pen needle</i>	02/01/2023	Remove Quantity Limit	--	--	All Medicare Members
<i>Insulin syringe (disp) u-100 0.3 ml</i>	02/01/2023	Remove Quantity Limit	--	--	All Medicare Members
<i>Insulin syringe (disp) u-100 1 ml</i>	02/01/2023	Remove Quantity Limit	--	--	All Medicare Members
<i>Needles, insulin disp., safety</i>	02/01/2023	Remove Quantity Limit	--	--	All Medicare Members
<i>Insulin syringe (disp) u-100 1/2 ml</i>	02/01/2023	Remove Quantity Limit	--	--	All Medicare Members
ORKAMBI 100 MG-125 MG GRANULE PACKET	02/01/2023	Remove 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
ORKAMBI 100 MG-125 MG TABLET	02/01/2023	Remove Quantity Limit	--	--	All Medicare Members
ORKAMBI 150 MG-188 MG GRANULE PACKET	02/01/2023	Remove Quantity Limit	--	--	All Medicare Members
ORKAMBI 200 MG-125 MG TABLET	02/01/2023	Remove Quantity Limit	--	--	All Medicare Members
ZEMAIRA 1000 MG INTRAVENEOUS VIAL	02/01/2023	Remove PA (BvD)	--	--	All Medicare Members
XCOPRI 50-100 MG PAK	02/01/2023	Remove PA	--	--	All Medicare Members
XCOPRI 12.5-25 MG PAK	02/01/2023	Remove PA	--	--	All Medicare Members
XCOPRI 150-200 MG PAK	02/01/2023	Remove PA	--	--	All Medicare Members
XCOPRI 250 MG/DAY PACK	02/01/2023	Remove PA	--	--	All Medicare Members
XCOPRI 100 MG TABLET	02/01/2023	Remove PA	--	--	All Medicare Members
XCOPRI 150 MG TABLET	02/01/2023	Remove PA	--	--	All Medicare Members
XCOPRI 350 MG DAILY DOSE PACK	02/01/2023	Remove PA	--	--	All Medicare Members
XCOPRI 200 MG TABLET	02/01/2023	Remove PA Increase Quantity Limit	--	--	All Medicare Members
XCOPRI 50 MG TABLET	02/01/2023	Remove 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
		Increase Quantity Limit			
<i>Vancomycin 125 mg capsule</i>	02/01/2023	Increase Quantity Limit	--	--	All Medicare Members
<i>Vancomycin 250 mg capsule</i>	02/01/2023	Increase Quantity Limit	--	--	All Medicare Members
XGEVA 120 MG/1.7 ML (70 MG/ML) SUBCUTANEOUS SOLUTION	02/01/2023	Increase Quantity Limit Change PA to PA (New Starts Only)	--	--	All Medicare Members
LUPRON DEPOT 11.25 MG SYRINGEKIT	02/01/2023	Change PA to PA (New Starts Only)	--	--	All Medicare Members
LUPRON DEPOT 22.5 MG SYRINGEKIT	02/01/2023	Change PA to PA (New Starts Only)	--	--	All Medicare Members
LUPRON DEPOT 3.75 MG SYRINGEKIT	02/01/2023	Change PA to PA (New Starts Only)	--	--	All Medicare Members
LUPRON DEPOT 30 MG SYRINGEKIT	02/01/2023	Change PA to PA (New Starts Only)	--	--	All Medicare Members
LUPRON DEPOT 45 MG SYRINGEKIT	02/01/2023	Change PA to PA (New Starts Only)	--	--	All Medicare Members
LUPRON DEPOT 7.5 MG SYRINGEKIT	02/01/2023	Change PA to PA (New Starts Only)	--	--	All Medicare Members
ELIGARD 22.5 MG SUBCUTANEOUS SYRINGE	02/01/2023	Change PA to PA (New Starts Only)	--	--	All Medicare Members
ELIGARD 30 MG SUBCUTANEOUS SYRINGE	02/01/2023	Change PA to 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
ELIGARD 45 MG SUBCUTANEOUS SYRINGE	02/01/2023	Change PA to PA (New Starts Only)	--	--	All Medicare Members
ELIGARD 7.5 MG SUBCUTANEOUS SYRINGE	02/01/2023	Change PA to PA (New Starts Only)	--	--	All Medicare Members
FLEBOGAMMA DIF 10% INTRAVENEOUS VIAL	02/01/2023	Change PA to PA (BvD)	--	--	All Medicare Members
GAMMAGARD LIQUID 10% INJECTION VIAL	02/01/2023	Change PA to PA (BvD)	--	--	All Medicare Members
GAMUNEX-C 1 G/10 ML INJECTION VIAL	02/01/2023	Change PA to PA (BvD)	--	--	All Medicare Members
NUTRILIPID 20% INTRAVENEOUS EMULSION	02/01/2023	Change PA to PA (BvD)	--	--	All Medicare Members
INTRALIPID 30 % IINTRAVENEOUS EMULSION	02/01/2023	Change PA to PA (BvD)	--	--	All Medicare Members

*Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as non-approved drugs. Only your Doctor can decide if the alternate here is right for you, given how the drug works. Please ask your Doctor if the drug is right for you. This is not a full list of alternative drugs covered by IEHP DualChoice for the drug you selected.

In most cases, IEHP DualChoice will only allow you to use a non-approved drug if the alternative drug, or the lower-tiered drug, would be worse at treating your condition. Or, if it would cause you to have adverse medical effects or cause you harm.

If you think you should be able to use a drug that is not on our list or is restricted, you can contact us and ask for an appeal. **When you ask for an appeal, you should have a statement from your Doctor that supports your ask.** We must then decide whether you can use the drug or not use it, within 72 hours of getting your Doctor's or prescriber's statement. You can ask for an expedited (fast)

appeal if you or your Doctor thinks your health could be harmed by waiting. If your expedited (fast) appeal is granted, we must decide no later than 24 hours after we get your Doctor's or prescriber's statement.

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

IEHP DualChoice (HMO D-SNP) is a HMO plan with a Medicare contract. Enrollment in IEHP DualChoice (HMO D-SNP) depends on contract renewal.