



DualChoice

Changes to 2024 IEHP DualChoice (HMO D-SNP) Formulary Updated 12/01/2024

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
Dasatinib 100 mg tablet	12/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	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
Dasatinib 140 mg tablet	12/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Dasatinib 20 mg tablet	12/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Dasatinib 50 mg tablet	12/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Dasatinib 70 mg tablet	12/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Dasatinib 80 mg tablet	12/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	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
LAZCLUZE 240 MG TABLET	12/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
LAZCLUZE 80 MG TABLET	12/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Methocarbamol 1,000 mg tablet	12/01/2024	Addition Add PA	--	--	All Medicare Members
Oxcarbazepine ER 150 mg tablet,extended release 24 hr	12/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Oxcarbazepine ER 300 mg tablet,extended release 24 hr	12/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Oxcarbazepine ER 600 mg tablet,extended release 24 hr	12/01/2024	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
RINVOQ LQ 1 MG/ML ORAL SOLUTION	12/01/2024	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
Tazarotene 0.05 % topical cream	12/01/2024	Addition Add PA	--	--	All Medicare Members
VORANIGO 10 MG TABLET	12/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
VORANIGO 40 MG TABLET	12/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
OXBRYTA 300 MG TABLET	12/01/2024	Deletion	Market withdrawal	L-glutamine	All Medicare Members
OXBRYTA 300 MG TABLET FOR ORAL SUSPENSION	12/01/2024	Deletion	Market withdrawal	L-glutamine	All Medicare Members
OXBRYTA 500 MG TABLET	12/01/2024	Deletion	Market withdrawal	L-glutamine	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
GaviLyte-N 420 gram oral solution	11/01/2024	Addition	--	--	All Medicare Members
MRESVIA (PF) 50 MCG/0.5 ML INTRAMUSCULAR SYRINGE	11/01/2024	Addition	--	--	All Medicare Members
OJEMDA 400 MG/WEEK (100 MG X 4) TABLET	11/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
OJEMDA 600 MG/WEEK (100 MG X 6) TABLET	11/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
OTEZLA 20 MG TABLET	11/01/2024	Addition Add PA	--	--	All Medicare Members
OTEZLA STARTER 10 MG (4)-20 MG (51) TABLETS IN A DOSE PACK	11/01/2024	Addition Add PA	--	--	All Medicare Members
RETEVMO 120 MG TABLET	11/01/2024	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
RETEVMO 160 MG TABLET	11/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
RETEVMO 40 MG TABLET	11/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
RETEVMO 80 MG TABLET	11/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
SANCUSO 3.1 MG/24 HOUR TRANSDERMAL PATCH	11/01/2024	Addition	--	--	All Medicare Members
TALTZ SYRINGE 20 MG/0.25 ML SUBCUTANEOUS SYRINGE	11/01/2024	Addition Add PA	--	--	All Medicare Members
TALTZ SYRINGE 40 MG/0.5 ML SUBCUTANEOUS SYRINGE	11/01/2024	Addition Add PA	--	--	All Medicare Members
VAXCHORA VACCINE 4X10EXP8 TO 2X10EXP9 CF UNIT ORAL SUSPENSION	11/01/2024	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
VIGAFYDE 100 MG/ML ORAL SOLUTION	11/01/2024	Addition	--	--	All Medicare Members
ACTHAR SELFJECT 80 UNIT/ML SUBCUTANEOUS PEN INJECTOR	10/01/2024	Addition Add PA	--	--	All Medicare Members
ACTHAR SELFJECT 40 UNIT/0.5 ML SUBCUTANEOUS PEN INJECTOR	10/01/2024	Addition Add PA	--	--	All Medicare Members
DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE	10/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE	10/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE	10/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	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
DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE	10/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Torpenz 10 mg tablet	10/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Torpenz 2.5 mg tablet	10/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Torpenz 5 mg tablet	10/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Torpenz 7.5 mg tablet	10/01/2024	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
Glutamine (sickle cell) 5 gram oral powder packet	10/01/2024	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
Ivabradine 5 mg tablet	10/01/2024	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
Ivabradine 7.5 mg tablet	10/01/2024	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
Tridacaine II 5 % topical patch	10/01/2024	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
Naloxone 0.4 mg/ml injection syringe (Prefilled syringe)	10/01/2024	Addition	--	--	All Medicare Members
ENTRESTO SPRINKLE 15 MG-16 MG ORAL PELLETT	10/01/2024	Addition Add Quantity Limit	--	--	All Medicare Members
ENTRESTO SPRINKLE 6 MG-6 MG ORAL PELLET	10/01/2024	Addition Add Quantity Limit	--	--	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
OGSIVEO 100 MG TABLET	09/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
OGSIVEO 150 MG TABLET	09/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
OJEMDA 25 MG/ML ORAL SUSPENSION	09/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
OJEMDA 500 MG/WEEK (100 MG X 5) TABLET	09/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
SCEMBLIX 100 MG TABLET	09/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	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
LIBERVANT 10 MG BUCCAL FILM	08/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
LIBERVANT 12.5 MG BUCCAL FILM	08/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
LIBERVANT 15 MG BUCCAL FILM	08/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
LIBERVANT 5 MG BUCCAL FILM	08/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
LIBERVANT 7.5 MG BUCCAL FILM	08/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
INGREZZA SPRINKLE 40 MG CAPSULE	08/01/2024	Addition Add Quantity Limit 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
INGREZZA SPRINKLE 60 MG CAPSULE	08/01/2024	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
INGREZZA SPRINKLE 80 MG CAPSULE	08/01/2024	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
Varenicline 1 mg tablet (56 pack)	08/01/2024	Addition	--	--	All Medicare Members
Baclofen 5 mg tablet	07/01/2024	Addition	--	--	All Medicare Members
Baclofen 15 mg tablet	07/01/2024	Addition	--	--	All Medicare Members
XCOPRI 25 MG TABLET	07/01/2024	Addition Add Quantity Limit	--	--	All Medicare Members
JYLAMVO 2 MG/ML ORAL SOLUTION	07/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
Nitroglycerin 0.4 % (w/w) rectal ointment	06/01/2024	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
Theophylline ER 100 mg tablet,extended release,12 hr	06/01/2024	Addition	--	--	All Medicare Members
Theophylline ER 200 mg tablet,extended release,12 hr	06/01/2024	Addition	--	--	All Medicare Members
Clindamycin 1 % topical gel	06/01/2024	Addition	--	--	All Medicare Members
BRUKINSA 80 MG CAPSULE	06/01/2024	Increase Quantity Limit	--	--	All Medicare Members
EDURANT 25 MG TABLET	06/01/2024	Increase Quantity Limit	--	--	All Medicare Members
OXERVATE 0.002 % EYE DROPS	06/01/2024	Increase Quantity Limit	--	--	All Medicare Members
RELYVRIO 3 GRAM-1 GRAM ORAL POWDER PACKET	06/01/2024	Deletion	Market withdrawal	Riluzole	All Medicare Members
IXCHIQ 1,000 TCID50/0.5 ML INTRAMUSCULAR SOLUTION	05/01/2024	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
MOTPOLY XR 100 MG CAPSULE,EXTENDED RELEASE	05/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
MOTPOLY XR 150 MG CAPSULE,EXTENDED RELEASE	05/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
MOTPOLY XR 200 MG CAPSULE,EXTENDED RELEASE	05/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
ROZLYTREK 50 MG ORAL PELLETS IN PACKET	05/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
XOLAIR 300 MG/2 ML SUBCUTANEOUS SYRINGE	05/01/2024	Addition Add PA	--	--	All Medicare Members
XOLAIR 150 MG/ML SUBCUTANEOUS AUTO-INJECTOR	05/01/2024	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
XOLAIR 75 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR	05/01/2024	Addition Add PA	--	--	All Medicare Members
XOLAIR 300 MG/2 ML SUBCUTANEOUS AUTO-INJECTOR	05/01/2024	Addition Add PA	--	--	All Medicare Members
Mifepristone 300 mg tablet	05/01/2024	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
Dabigatran etexilate 110 mg capsule	05/01/2024	Addition Add Quantity Limit	--	--	All Medicare Members
OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	05/01/2024	Add PA (New Starts Only)	--	--	All Medicare Members
OZEMPIC 2 MG/DOSE (8 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	05/01/2024	Add PA (New Starts Only)	--	--	All Medicare Members
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	05/01/2024	Add PA (New Starts Only)	--	--	All Medicare Members
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	05/01/2024	Add PA (New Starts Only)	--	--	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
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	05/01/2024	Add PA (New Starts Only)	--	--	All Medicare Members
TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	05/01/2024	Add PA (New Starts Only)	--	--	All Medicare Members
TRULICITY 4.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	05/01/2024	Add PA (New Starts Only)	--	--	All Medicare Members
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	05/01/2024	Add PA (New Starts Only)	--	--	All Medicare Members
BOSULIF 100 MG CAPSULE	04/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
BOSULIF 50 MG CAPSULE	04/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
XALKORI 150 MG ORAL PELLETS	04/01/2024	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
XALKORI 20 MG ORAL PELLETS	04/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
XALKORI 50 MG ORAL PELLETS	04/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
IWILFIN 192 MG TABLET	04/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE	04/01/2024	Addition	--	--	All Medicare Members
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE	04/01/2024	Addition	--	--	All Medicare Members
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE	04/01/2024	Addition	--	--	All Medicare Members
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	04/01/2024	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
Sodium,potassium,mag sulfates 17.5 gram- 3.13 gram-1.6 gram oral soln	04/01/2024	Addition	--	--	All Medicare Members
PENBRAYA (PF) 5 MCG-120 MCG/0.5 ML INTRAMUSCULAR KIT	04/01/2024	Addition	--	--	All Medicare Members
Risperidone microspheres ER 12.5 mg/2 mL intramuscular susp,ext release	04/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
Risperidone microspheres ER 25 mg/2 mL intramuscular susp,ext release	04/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
Risperidone microspheres ER 37.5 mg/2 mL intramuscular susp,ext release	04/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
Risperidone microspheres ER 50 mg/2 mL intramuscular susp,ext release	04/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
AKEEGA 100 MG-500- MG TABLET	03/01/2024	Addition 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
AKEEGA 50 MG-500 MG TABLET	03/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
ZENPEP 60,000-189,600-252,600 UNIT CAPSULE,DELAYED RELEASE	03/01/2024	Addition	--	--	All Medicare Members
KALYDECO 5.8 MG ORAL GRANULES IN PACKET	03/01/2024	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
OGSIVEO 50 MG TABLET	03/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
AUGTYRO 40 MG CAPSULE	03/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
<i>Vigpoder 500 mg oral powder packet</i>	03/01/2024	Addition	--	--	All Medicare Members
BALVERSA 3 MG TABLET	03/01/2024	Increase Quantity Limit	--	--	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
BREO ELLIPTA 50 MCG-25 MCG/DOSE POWDER FOR INHALATION	02/01/2024	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Breyndra 80 mcg-4.5 mcg inhalation/actuation HFA aerosol inhaler</i>	02/01/2024	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Breyndra 160 mcg-4.5mcg inhalation/actuation HFA aerosol inhaler</i>	02/01/2024	Addition Add Quantity Limit	--	--	All Medicare Members
<i>EnilloRing 0.12 mg-0.015 mg/24 hr vaginal ring</i>	02/01/2024	Addition	--	--	All Medicare Members
FRUZAQLA 1 MG CAPSULE	02/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
FRUZAQLA 5 MG CAPSULE	02/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
<i>Kourzeq 0.1 % dental paste</i>	02/01/2024	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
LAGEVRIO 200 MG CAPSULE (EUA)	02/01/2024	Addition	--	--	All Medicare Members
OJJAARA 100 MG TABLET	02/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
OJJAARA 150 MG TABLET	02/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
OJJAARA 200 MG TABLET	02/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLETS IN A DOSE PACK	02/01/2024	Addition	--	--	All Medicare Members
PAXLOVID 150 MG-100 MG TABLETS IN A DOSE PACK (RENAL DOSE)	02/01/2024	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
TRUQAP 160 MG TABLET	02/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
TRUQAP 200 MG TABLET	02/01/2024	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
<i>Turqoz (28) 0.3 mg-30 mcg tablet</i>	02/01/2024	Addition	--	--	All Medicare Members
VANFLYTA 17.7 MG TABLET	02/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
VANFLYTA 26.5 MG TABLET	02/01/2024	Addition Add PA (New Starts Only)	--	--	All Medicare Members
ZURZUVAE 20 MG CAPSULE	02/01/2024	Addition Add Quantity Limit	--	--	All Medicare Members
ZURZUVAE 25 MG CAPSULE	02/01/2024	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
ZURZUVAE 30 MG CAPSULE	02/01/2024	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Brimonidine 0.1 % eye drops</i>	02/01/2024	Addition	--	--	All Medicare Members
<i>Fluticasone propionate 50 mcg/actuation blister powder for inhalation</i>	02/01/2024	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Fluticasone propionate 100 mcg/actuation blister powder for inhalation</i>	02/01/2024	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Fluticasone propionate 250 mcg/actuation blister powder for inhalation</i>	02/01/2024	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Glipizide 2.5 mg tablet</i>	02/01/2024	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Lithium citrate 8 mEq/5 mL oral solution</i>	02/01/2024	Addition	--	--	All Medicare Members
<i>Pazopanib 200 mg tablet</i>	02/01/2024	Addition 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>Clindamycin 600 mg/4 mL intravenous solution</i>	02/01/2024	Addition	--	--	All Medicare Members
<i>Clindamycin 150 mg/mL injection solution (6 ml)</i>	02/01/2024	Addition	--	--	All Medicare Members
<i>Budesonide-formoterol fumarate 80-4.5 mcg inhalation/actuation aerosol inhaler</i>	02/01/2024	Addition Add Quantity Limit	--	--	All Medicare Members
<i>Budesonide-formoterol fumarate 160-4.5mcg inhalation/actuation aerosol inhaler</i>	02/01/2024	Addition Add Quantity Limit	--	--	All Medicare Members
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	02/01/2024	Increase Quantity Limit	--	--	All Medicare Members
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	02/01/2024	Increase Quantity Limit	--	--	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.