



## DualChoice

### Changes to 2024 IEHP DualChoice (HMO D-SNP) Formulary Updated 10/01/2024

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.

| <b>Affected Drugs</b><br><b>BRAND Drug Name</b><br><i>Generic Drug</i><br><br><b>Dosage/ Requirements/Limits</b> | <b>Effective Date<br/>of Change</b> | <b>Type of Change</b> | <b>Reason for<br/>Change</b> | <b>Alternative<br/>Drug *</b> | <b>Applies to</b>          |
|--|-------------------------------------|-----------------------|------------------------------|-------------------------------|----------------------------|
| ACTHAR SELFJECT 80 UNIT/ML<br>SUBCUTANEOUS PEN INJECTOR  | 10/01/2024                          | Addition<br>Add PA    | --                           | --                            | All<br>Medicare<br>Members |
| ACTHAR SELFJECT 40 UNIT/0.5 ML<br>SUBCUTANEOUS PEN INJECTOR  | 10/01/2024                          | Addition<br>Add PA    | --                           | --                            | All<br>Medicare<br>Members |

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|---|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| DRIZALMA SPRINKLE 20 MG<br>CAPSULE,DELAYED RELEASE  | 10/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| DRIZALMA SPRINKLE 30 MG<br>CAPSULE,DELAYED RELEASE  | 10/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| DRIZALMA SPRINKLE 40 MG<br>CAPSULE,DELAYED RELEASE  | 10/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| DRIZALMA SPRINKLE 60 MG<br>CAPSULE,DELAYED RELEASE  | 10/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| Torpenz 10 mg tablet  | 10/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |

| <b>Affected Drugs</b><br><b>BRAND Drug Name</b><br><i>Generic Drug</i><br><b>Dosage/ Requirements/Limits</b> | <b>Effective Date of Change</b> | <b>Type of Change</b>                                      | <b>Reason for Change</b> | <b>Alternative Drug *</b> | <b>Applies to</b>    |
|--|---------------------------------|--|--------------------------|---------------------------|----------------------|
| Torpenz 2.5 mg tablet  | 10/01/2024                      | Addition<br>Add Quantity Limit<br>Add PA (New Starts Only) | --                       | --                        | All Medicare Members |
| Torpenz 5 mg tablet  | 10/01/2024                      | Addition<br>Add Quantity Limit<br>Add PA (New Starts Only) | --                       | --                        | All Medicare Members |
| Torpenz 7.5 mg tablet  | 10/01/2024                      | Addition<br>Add Quantity Limit<br>Add PA (New Starts Only) | --                       | --                        | All Medicare Members |
| Glutamine (sickle cell) 5 gram oral powder packet  | 10/01/2024                      | Addition<br>Add Quantity Limit<br>Add PA                   | --                       | --                        | All Medicare Members |
| Ivabradine 5 mg tablet   | 10/01/2024                      | Addition<br>Add Quantity Limit<br>Add PA                   | --                       | --                        | All Medicare Members |
| Ivabradine 7.5 mg tablet   | 10/01/2024                      | Addition<br>Add Quantity Limit<br>Add PA                   | --                       | --                        | All Medicare Members |

| <b>Affected Drugs<br/>BRAND Drug Name<br/>Generic Drug<br/><br/>Dosage/ Requirements/Limits</b> | <b>Effective Date<br/>of Change</b> | <b>Type of Change</b>   | <b>Reason for<br/>Change</b> | <b>Alternative<br/>Drug *</b> | <b>Applies to</b>          |
|---|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| Tridacaine II 5 % topical patch   | 10/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA                      | --                           | --                            | All<br>Medicare<br>Members |
| Naloxone 0.4 mg/ml injection syringe<br>(Prefilled syringe)                                     | 10/01/2024                          | Addition  | --                           | --                            | All<br>Medicare<br>Members |
| ENTRESTO SPRINKLE 15 MG-16 MG<br>ORAL PELLETT   | 10/01/2024                          | Addition<br>Add Quantity Limit                                | --                           | --                            | All<br>Medicare<br>Members |
| ENTRESTO SPRINKLE 6 MG-6 MG ORAL<br>PELLET  | 10/01/2024                          | Addition<br>Add Quantity Limit                                | --                           | --                            | All<br>Medicare<br>Members |
| OGSIVEO 100 MG TABLET   | 09/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| OGSIVEO 150 MG TABLET   | 09/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |

| <b>Affected Drugs</b><br><b>BRAND Drug Name</b><br><i>Generic Drug</i><br><b>Dosage/ Requirements/Limits</b> | <b>Effective Date of Change</b> | <b>Type of Change</b>                                      | <b>Reason for Change</b> | <b>Alternative Drug *</b> | <b>Applies to</b>    |
|--|---------------------------------|--|--------------------------|---------------------------|----------------------|
| OJEMDA 25 MG/ML ORAL SUSPENSION  | 09/01/2024                      | Addition<br>Add Quantity Limit<br>Add PA (New Starts Only) | --                       | --                        | All Medicare Members |
| OJEMDA 500 MG/WEEK (100 MG X 5) TABLET   | 09/01/2024                      | Addition<br>Add Quantity Limit<br>Add PA (New Starts Only) | --                       | --                        | All Medicare Members |
| SCEMBLIX 100 MG TABLET   | 09/01/2024                      | Addition<br>Add Quantity Limit<br>Add PA (New Starts Only) | --                       | --                        | All Medicare Members |
| LIBERVANT 10 MG BUCCAL FILM  | 08/01/2024                      | Addition<br>Add PA (New Starts Only)                       | --                       | --                        | All Medicare Members |
| LIBERVANT 12.5 MG BUCCAL FILM  | 08/01/2024                      | Addition<br>Add PA (New Starts Only)                       | --                       | --                        | All Medicare Members |
| LIBERVANT 15 MG BUCCAL FILM  | 08/01/2024                      | Addition<br>Add PA (New Starts Only)                       | --                       | --                        | All Medicare Members |

| <b>Affected Drugs<br/>BRAND Drug Name<br/>Generic Drug<br/><br/>Dosage/ Requirements/Limits</b> | <b>Effective Date<br/>of Change</b> | <b>Type of Change</b>                    | <b>Reason for<br/>Change</b> | <b>Alternative<br/>Drug *</b> | <b>Applies to</b>          |
|---|-------------------------------------|--|------------------------------|-------------------------------|----------------------------|
| LIBERVANT 5 MG BUCCAL FILM  | 08/01/2024                          | Addition<br>Add PA (New Starts<br>Only)  | --                           | --                            | All<br>Medicare<br>Members |
| LIBERVANT 7.5 MG BUCCAL FILM  | 08/01/2024                          | Addition<br>Add PA (New Starts<br>Only)  | --                           | --                            | All<br>Medicare<br>Members |
| INGREZZA SPRINKLE 40 MG CAPSULE   | 08/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA | --                           | --                            | All<br>Medicare<br>Members |
| INGREZZA SPRINKLE 60 MG CAPSULE   | 08/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA | --                           | --                            | All<br>Medicare<br>Members |
| INGREZZA SPRINKLE 80 MG CAPSULE   | 08/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA | --                           | --                            | All<br>Medicare<br>Members |
| Varenicline 1 mg tablet (56 pack)   | 08/01/2024                          | Addition                                 | --                           | --                            | All<br>Medicare<br>Members |
| Baclofen 5 mg tablet  | 07/01/2024                          | Addition                                 | --                           | --                            | All<br>Medicare<br>Members |

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|---|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| Baclofen 15 mg tablet   | 07/01/2024                          | Addition                                | --                           | --                            | All<br>Medicare<br>Members |
| XCOPRI 25 MG TABLET   | 07/01/2024                          | Addition<br>Add Quantity Limit          | --                           | --                            | All<br>Medicare<br>Members |
| JYLAMVO 2 MG/ML ORAL SOLUTION   | 07/01/2024                          | Addition<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| Nitroglycerin 0.4 % (w/w) rectal ointment   | 06/01/2024                          | Addition                                | --                           | --                            | All<br>Medicare<br>Members |
| Theophylline ER 100 mg tablet,extended<br>release,12 hr   | 06/01/2024                          | Addition                                | --                           | --                            | All<br>Medicare<br>Members |
| Theophylline ER 200 mg tablet,extended<br>release,12 hr   | 06/01/2024                          | Addition                                | --                           | --                            | All<br>Medicare<br>Members |
| Clindamycin 1 % topical gel   | 06/01/2024                          | Addition                                | --                           | --                            | All<br>Medicare<br>Members |
| BRUKINSA 80 MG CAPSULE  | 06/01/2024                          | Increase Quantity<br>Limit              | --                           | --                            | All<br>Medicare<br>Members |

| <b>Affected Drugs<br/>BRAND Drug Name<br/>Generic Drug<br/><br/>Dosage/ Requirements/Limits</b> | <b>Effective Date<br/>of Change</b> | <b>Type of Change</b>   | <b>Reason for<br/>Change</b> | <b>Alternative<br/>Drug *</b> | <b>Applies to</b>          |
|---|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| EDURANT 25 MG TABLET  | 06/01/2024                          | Increase Quantity<br>Limit  | --                           | --                            | All<br>Medicare<br>Members |
| OXERVATE 0.002 % EYE DROPS  | 06/01/2024                          | Increase Quantity<br>Limit  | --                           | --                            | All<br>Medicare<br>Members |
| RELYVRIO 3 GRAM-1 GRAM ORAL<br>POWDER PACKET  | 06/01/2024                          | Deletion  | Market<br>withdrawal         | Riluzole                      | All<br>Medicare<br>Members |
| IXCHIQ 1,000 TCID50/0.5 ML<br>INTRAMUSCULAR SOLUTION  | 05/01/2024                          | Addition  | --                           | --                            | All<br>Medicare<br>Members |
| MOTPOLY XR 100 MG<br>CAPSULE,EXTENDED RELEASE   | 05/01/2024                          | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| MOTPOLY XR 150 MG<br>CAPSULE,EXTENDED RELEASE   | 05/01/2024                          | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| MOTPOLY XR 200 MG<br>CAPSULE,EXTENDED RELEASE   | 05/01/2024                          | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |



| <b>Affected Drugs<br/>BRAND Drug Name<br/>Generic Drug<br/><br/>Dosage/ Requirements/Limits</b> | <b>Effective Date<br/>of Change</b> | <b>Type of Change</b>   | <b>Reason for<br/>Change</b> | <b>Alternative<br/>Drug *</b> | <b>Applies to</b>          |
|---|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| ROZLYTREK 50 MG ORAL PELLETS IN<br>PACKET   | 05/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| XOLAIR 300 MG/2 ML SUBCUTANEOUS<br>SYRINGE  | 05/01/2024                          | Addition<br>Add PA  | --                           | --                            | All<br>Medicare<br>Members |
| XOLAIR 150 MG/ML SUBCUTANEOUS<br>AUTO-INJECTOR  | 05/01/2024                          | Addition<br>Add PA  | --                           | --                            | All<br>Medicare<br>Members |
| XOLAIR 75 MG/0.5 ML SUBCUTANEOUS<br>AUTO-INJECTOR   | 05/01/2024                          | Addition<br>Add PA  | --                           | --                            | All<br>Medicare<br>Members |
| XOLAIR 300 MG/2 ML SUBCUTANEOUS<br>AUTO-INJECTOR  | 05/01/2024                          | Addition<br>Add PA  | --                           | --                            | All<br>Medicare<br>Members |
| Mifepristone 300 mg tablet  | 05/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA                      | --                           | --                            | All<br>Medicare<br>Members |
| Dabigatran etexilate 110 mg capsule   | 05/01/2024                          | Addition<br>Add Quantity Limit                                | --                           | --                            | All<br>Medicare<br>Members |
| OZEMPIC 1 MG/DOSE (4 MG/3 ML)<br>SUBCUTANEOUS PEN INJECTOR                                      | 05/01/2024                          | Add PA (New Starts<br>Only)                                   | --                           | --                            | All<br>Medicare<br>Members |

| <b>Affected Drugs<br/>BRAND Drug Name<br/>Generic Drug<br/><br/>Dosage/ Requirements/Limits</b> | <b>Effective Date<br/>of Change</b> | <b>Type of Change</b>                       | <b>Reason for<br/>Change</b> | <b>Alternative<br/>Drug *</b> | <b>Applies to</b>          |
|---|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| OZEMPIC 2 MG/DOSE (8 MG/3 ML)<br>SUBCUTANEOUS PEN INJECTOR                                      | 05/01/2024                          | Add PA (New Starts<br>Only)                 | --                           | --                            | All<br>Medicare<br>Members |
| OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3<br>ML) SUBCUTANEOUS PEN INJECTOR                              | 05/01/2024                          | Add PA (New Starts<br>Only)                 | --                           | --                            | All<br>Medicare<br>Members |
| TRULICITY 0.75 MG/0.5 ML<br>SUBCUTANEOUS PEN INJECTOR   | 05/01/2024                          | Add PA (New Starts<br>Only)                 | --                           | --                            | All<br>Medicare<br>Members |
| TRULICITY 1.5 MG/0.5 ML<br>SUBCUTANEOUS PEN INJECTOR  | 05/01/2024                          | Add PA (New Starts<br>Only)                 | --                           | --                            | All<br>Medicare<br>Members |
| TRULICITY 3 MG/0.5 ML<br>SUBCUTANEOUS PEN INJECTOR  | 05/01/2024                          | Add PA (New Starts<br>Only)                 | --                           | --                            | All<br>Medicare<br>Members |
| TRULICITY 4.5 MG/0.5 ML<br>SUBCUTANEOUS PEN INJECTOR  | 05/01/2024                          | Add PA (New Starts<br>Only)                 | --                           | --                            | All<br>Medicare<br>Members |
| VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3<br>ML) SUBCUTANEOUS PEN INJECTOR                           | 05/01/2024                          | Add PA (New Starts<br>Only)                 | --                           | --                            | All<br>Medicare<br>Members |
| BOSULIF 100 MG CAPSULE  | 04/01/2024                          | Addition<br><br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |

| <b>Affected Drugs<br/>BRAND Drug Name<br/>Generic Drug<br/><br/>Dosage/ Requirements/Limits</b> | <b>Effective Date<br/>of Change</b> | <b>Type of Change</b>   | <b>Reason for<br/>Change</b> | <b>Alternative<br/>Drug *</b> | <b>Applies to</b>          |
|---|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| BOSULIF 50 MG CAPSULE   | 04/01/2024                          | Addition<br>Add PA (New Starts<br>Only)                       | --                           | --                            | All<br>Medicare<br>Members |
| XALKORI 150 MG ORAL PELLETS   | 04/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| XALKORI 20 MG ORAL PELLETS  | 04/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| XALKORI 50 MG ORAL PELLETS  | 04/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| IWILFIN 192 MG TABLET   | 04/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| SYNJARDY XR 10 MG-1,000 MG TABLET,<br>EXTENDED RELEASE  | 04/01/2024                          | Addition  | --                           | --                            | All<br>Medicare<br>Members |

| <b>Affected Drugs<br/>BRAND Drug Name<br/>Generic Drug<br/><br/>Dosage/ Requirements/Limits</b> | <b>Effective Date<br/>of Change</b> | <b>Type of Change</b>                   | <b>Reason for<br/>Change</b> | <b>Alternative<br/>Drug *</b> | <b>Applies to</b>          |
|---|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| SYNJARDY XR 12.5 MG-1,000 MG<br>TABLET, EXTENDED RELEASE  | 04/01/2024                          | Addition                                | --                           | --                            | All<br>Medicare<br>Members |
| SYNJARDY XR 25 MG-1,000 MG TABLET,<br>EXTENDED RELEASE  | 04/01/2024                          | Addition                                | --                           | --                            | All<br>Medicare<br>Members |
| SYNJARDY XR 5 MG-1,000 MG TABLET,<br>EXTENDED RELEASE   | 04/01/2024                          | Addition                                | --                           | --                            | All<br>Medicare<br>Members |
| Sodium,potassium,mag sulfates 17.5 gram-<br>3.13 gram-1.6 gram oral soln                        | 04/01/2024                          | Addition                                | --                           | --                            | All<br>Medicare<br>Members |
| PENBRAYA (PF) 5 MCG-120 MCG/0.5 ML<br>INTRAMUSCULAR KIT   | 04/01/2024                          | Addition                                | --                           | --                            | All<br>Medicare<br>Members |
| Risperidone microspheres ER 12.5 mg/2 mL<br>intramuscular susp,ext release                      | 04/01/2024                          | Addition<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| Risperidone microspheres ER 25 mg/2 mL<br>intramuscular susp,ext release                        | 04/01/2024                          | Addition<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| Risperidone microspheres ER 37.5 mg/2 mL<br>intramuscular susp,ext release                      | 04/01/2024                          | Addition<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |

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|---|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| Risperidone microspheres ER 50 mg/2 mL<br>intramuscular susp,ext release                        | 04/01/2024                          | Addition<br>Add PA (New Starts<br>Only)                       | --                           | --                            | All<br>Medicare<br>Members |
| AKEEGA 100 MG-500- MG TABLET  | 03/01/2024                          | Addition<br>Add PA (New Starts<br>Only)                       | --                           | --                            | All<br>Medicare<br>Members |
| AKEEGA 50 MG-500 MG TABLET  | 03/01/2024                          | Addition<br>Add PA (New Starts<br>Only)                       | --                           | --                            | All<br>Medicare<br>Members |
| ZENPEP 60,000-189,600-252,600 UNIT<br>CAPSULE,DELAYED RELEASE                                   | 03/01/2024                          | Addition  | --                           | --                            | All<br>Medicare<br>Members |
| KALYDECO 5.8 MG ORAL GRANULES IN<br>PACKET  | 03/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA                      | --                           | --                            | All<br>Medicare<br>Members |
| OGSIVEO 50 MG TABLET  | 03/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |

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|---|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| AUGTYRO 40 MG CAPSULE   | 03/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| <i>Vigpoder 500 mg oral powder packet</i>   | 03/01/2024                          | Addition  | --                           | --                            | All<br>Medicare<br>Members |
| BALVERSA 3 MG TABLET  | 03/01/2024                          | Increase Quantity<br>Limit                                    | --                           | --                            | All<br>Medicare<br>Members |
| BREO ELLIPTA 50 MCG-25 MCG/DOSE<br>POWDER FOR INHALATION  | 02/01/2024                          | Addition<br>Add Quantity Limit                                | --                           | --                            | All<br>Medicare<br>Members |
| <i>Breynga 80 mcg-4.5 mcg inhalation/actuation<br/>HFA aerosol inhaler</i>                      | 02/01/2024                          | Addition<br>Add Quantity Limit                                | --                           | --                            | All<br>Medicare<br>Members |
| <i>Breynga 160 mcg-4.5mcg inhalation/actuation<br/>HFA aerosol inhaler</i>                      | 02/01/2024                          | Addition<br>Add Quantity Limit                                | --                           | --                            | All<br>Medicare<br>Members |
| <i>EnilloRing 0.12 mg-0.015 mg/24 hr vaginal<br/>ring</i>                                       | 02/01/2024                          | Addition  | --                           | --                            | All<br>Medicare<br>Members |

| <b>Affected Drugs</b><br><b>BRAND Drug Name</b><br><i>Generic Drug</i><br><br><b>Dosage/ Requirements/Limits</b> | <b>Effective Date of Change</b> | <b>Type of Change</b>                                      | <b>Reason for Change</b> | <b>Alternative Drug *</b> | <b>Applies to</b>    |
|--|---------------------------------|--|--------------------------|---------------------------|----------------------|
| FRUZAQLA 1 MG CAPSULE  | 02/01/2024                      | Addition<br>Add Quantity Limit<br>Add PA (New Starts Only) | --                       | --                        | All Medicare Members |
| FRUZAQLA 5 MG CAPSULE  | 02/01/2024                      | Addition<br>Add Quantity Limit<br>Add PA (New Starts Only) | --                       | --                        | All Medicare Members |
| <i>Kourzeq 0.1 % dental paste</i>  | 02/01/2024                      | Addition   | --                       | --                        | All Medicare Members |
| LAGEVRIO 200 MG CAPSULE (EUA)  | 02/01/2024                      | Addition   | --                       | --                        | All Medicare Members |
| OJJAARA 100 MG TABLET  | 02/01/2024                      | Addition<br>Add Quantity Limit<br>Add PA (New Starts Only) | --                       | --                        | All Medicare Members |
| OJJAARA 150 MG TABLET  | 02/01/2024                      | Addition<br>Add Quantity Limit<br>Add PA (New Starts Only) | --                       | --                        | All Medicare Members |

| <b>Affected Drugs<br/>BRAND Drug Name<br/>Generic Drug<br/><br/>Dosage/ Requirements/Limits</b> | <b>Effective Date<br/>of Change</b> | <b>Type of Change</b>   | <b>Reason for<br/>Change</b> | <b>Alternative<br/>Drug *</b> | <b>Applies to</b>          |
|---|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| OJJAARA 200 MG TABLET   | 02/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| PAXLOVID 300 MG (150 MG X 2)-100 MG<br>TABLETS IN A DOSE PACK                                   | 02/01/2024                          | Addition  | --                           | --                            | All<br>Medicare<br>Members |
| PAXLOVID 150 MG-100 MG TABLETS IN<br>A DOSE PACK (RENAL DOSE)                                   | 02/01/2024                          | Addition  | --                           | --                            | All<br>Medicare<br>Members |
| TRUQAP 160 MG TABLET  | 02/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| TRUQAP 200 MG TABLET  | 02/01/2024                          | Addition<br>Add Quantity Limit<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| <i>Turqoz (28) 0.3 mg-30 mcg tablet</i>   | 02/01/2024                          | Addition  | --                           | --                            | All<br>Medicare<br>Members |



| <b>Affected Drugs<br/>BRAND Drug Name<br/>Generic Drug<br/><br/>Dosage/ Requirements/Limits</b> | <b>Effective Date<br/>of Change</b> | <b>Type of Change</b>                   | <b>Reason for<br/>Change</b> | <b>Alternative<br/>Drug *</b> | <b>Applies to</b>          |
|---|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| VANFLYTA 17.7 MG TABLET   | 02/01/2024                          | Addition<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| VANFLYTA 26.5 MG TABLET   | 02/01/2024                          | Addition<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| ZURZUVAE 20 MG CAPSULE  | 02/01/2024                          | Addition<br>Add Quantity Limit          | --                           | --                            | All<br>Medicare<br>Members |
| ZURZUVAE 25 MG CAPSULE  | 02/01/2024                          | Addition<br>Add Quantity Limit          | --                           | --                            | All<br>Medicare<br>Members |
| ZURZUVAE 30 MG CAPSULE  | 02/01/2024                          | Addition<br>Add Quantity Limit          | --                           | --                            | All<br>Medicare<br>Members |
| <i>Brimonidine 0.1 % eye drops</i>  | 02/01/2024                          | Addition                                | --                           | --                            | All<br>Medicare<br>Members |
| <i>Fluticasone propionate 50 mcg/actuation<br/>blister powder for inhalation</i>                | 02/01/2024                          | Addition<br>Add Quantity Limit          | --                           | --                            | All<br>Medicare<br>Members |
| <i>Fluticasone propionate 100 mcg/actuation<br/>blister powder for inhalation</i>               | 02/01/2024                          | Addition<br>Add Quantity Limit          | --                           | --                            | All<br>Medicare<br>Members |

| <b>Affected Drugs<br/>BRAND Drug Name<br/>Generic Drug<br/><br/>Dosage/ Requirements/Limits</b> | <b>Effective Date<br/>of Change</b> | <b>Type of Change</b>                   | <b>Reason for<br/>Change</b> | <b>Alternative<br/>Drug *</b> | <b>Applies to</b>          |
|---|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| <i>Fluticasone propionate 250 mcg/actuation<br/>blister powder for inhalation</i>               | 02/01/2024                          | Addition<br>Add Quantity Limit          | --                           | --                            | All<br>Medicare<br>Members |
| <i>Glipizide 2.5 mg tablet</i>  | 02/01/2024                          | Addition<br>Add Quantity Limit          | --                           | --                            | All<br>Medicare<br>Members |
| <i>Lithium citrate 8 mEq/5 mL oral solution</i>   | 02/01/2024                          | Addition                                | --                           | --                            | All<br>Medicare<br>Members |
| <i>Pazopanib 200 mg tablet</i>  | 02/01/2024                          | Addition<br>Add PA (New Starts<br>Only) | --                           | --                            | All<br>Medicare<br>Members |
| <i>Clindamycin 600 mg/4 mL intravenous<br/>solution</i>   | 02/01/2024                          | Addition                                | --                           | --                            | All<br>Medicare<br>Members |
| <i>Clindamycin 150 mg/mL injection solution (6<br/>ml)</i>                                      | 02/01/2024                          | Addition                                | --                           | --                            | All<br>Medicare<br>Members |
| <i>Budesonide-formoterol fumarate 80-4.5 mcg<br/>inhalation/actuation aerosol inhaler</i>       | 02/01/2024                          | Addition<br>Add Quantity Limit          | --                           | --                            | All<br>Medicare<br>Members |
| <i>Budesonide-formoterol fumarate 160-4.5mcg<br/>inhalation/actuation aerosol inhaler</i>       | 02/01/2024                          | Addition<br>Add Quantity Limit          | --                           | --                            | All<br>Medicare<br>Members |

| <b>Affected Drugs</b><br><b>BRAND Drug Name</b><br><i>Generic Drug</i><br><br><b>Dosage/ Requirements/Limits</b> | <b>Effective Date of Change</b> | <b>Type of Change</b>      | <b>Reason for Change</b> | <b>Alternative Drug *</b> | <b>Applies to</b>          |
|--|---------------------------------|----------------------------|--------------------------|---------------------------|----------------------------|
| SYMBICORT 160 MCG-4.5<br>MCG/ACTUATION HFA AEROSOL<br>INHALER  | 02/01/2024                      | Increase Quantity<br>Limit | --                       | --                        | All<br>Medicare<br>Members |
| SYMBICORT 80 MCG-4.5<br>MCG/ACTUATION HFA AEROSOL<br>INHALER   | 02/01/2024                      | Increase Quantity<br>Limit | --                       | --                        | All<br>Medicare<br>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.*