



DualChoice

**Changes to
2025 IEHP DualChoice (HMO D-SNP)
Formulary
Updated 07/01/2025**

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 |
|--|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| LUTRATE DEPOT (3 MONTH) 22.5 MG IM SUSPENSION | 07/01/2025 | Addition 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 |
|--|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| PAXLOVID 150 MG(6)-100 MG(5) TABLETS IN A DOSE PACK(SEVERE RENAL DOSE) | 07/01/2025 | Addition | -- | -- | All Medicare Members |
| Abirtega 250 mg tablet | 06/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Auranofin 3 mg capsule | 06/01/2025 | Addition | -- | -- | All Medicare Members |
| Clindamycin 150 mg/mL injection solution | 06/01/2025 | Addition | -- | -- | All Medicare Members |
| Clindamycin 150 mg/mL injection solution (4 ml) | 06/01/2025 | Addition | -- | -- | All Medicare Members |
| EULEXIN 125 MG CAPSULE | 06/01/2025 | Addition Add PA (New Starts Only) | -- | -- | All Medicare Members |
| GOMEKLI 1 MG CAPSULE | 06/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |

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|--|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| GOMEKLI 1 MG TABLET FOR ORAL SUSPENSION | 06/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| GOMEKLI 2 MG CAPSULE | 06/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| LEUKERAN 2 MG TABLET | 06/01/2025 | Addition | -- | -- | All Medicare Members |
| Mercaptopurine 20 mg/mL oral suspension | 06/01/2025 | Addition Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Metformin 750 mg tablet | 06/01/2025 | Addition Add Quantity Limit | -- | -- | All Medicare Members |
| NATACYN 5 % EYE DROPS,SUSPENSION | 06/01/2025 | Addition | -- | -- | All Medicare Members |

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|--|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| OPIPZA 10 MG ORAL FILM | 06/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| OPIPZA 2 MG ORAL FILM | 06/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| OPIPZA 5 MG ORAL FILM | 06/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| RALDESY 10 MG/ML ORAL SOLUTION | 06/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| REVUFORJ 25 MG TABLET | 06/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |

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|--|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| ROMVIMZA 14 MG CAPSULE | 06/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| ROMVIMZA 20 MG CAPSULE | 06/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| ROMVIMZA 30 MG CAPSULE | 06/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| TABLOID 40 MG TABLET | 06/01/2025 | Addition Add PA (New Starts Only) | -- | -- | All Medicare Members |
| VIMKUNYA 40 MCG/0.8 ML INTRAMUSCULAR SYRINGE | 06/01/2025 | Addition | -- | -- | All Medicare Members |
| XPOVIO 40 MG/WEEK (10 MG X 4) TABLET | 06/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |

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|--|-------------------------------------|--|------------------------------|-------------------------------|----------------------------|
| Isosorbide mononitrate 10 mg tablet | 05/01/2025 | Addition | -- | -- | All Medicare Members |
| Isosorbide mononitrate 20 mg tablet | 05/01/2025 | Addition | -- | -- | All Medicare Members |
| VIVOTIF 2 BILLION UNIT CAPSULE,DELAYED RELEASE | 05/01/2025 | Addition | -- | -- | All Medicare Members |
| AUSTEDO XR 12 MG TABLET,EXTENDED RELEASE | 05/01/2025 | Addition Add Quantity Limit Add PA | -- | -- | All Medicare Members |
| AUSTEDO XR 18 MG TABLET,EXTENDED RELEASE | 05/01/2025 | Addition Add Quantity Limit Add PA | -- | -- | All Medicare Members |
| AUSTEDO XR 24 MG TABLET,EXTENDED RELEASE | 05/01/2025 | Addition Add Quantity Limit Add PA | -- | -- | All Medicare Members |
| AUSTEDO XR 30 MG TABLET,EXTENDED RELEASE | 05/01/2025 | Addition Add Quantity Limit Add PA | -- | -- | All Medicare Members |

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|--|-------------------------------------|--|------------------------------|-------------------------------|----------------------------|
| AUSTEDO XR 36 MG TABLET,EXTENDED RELEASE | 05/01/2025 | Addition Add Quantity Limit Add PA | -- | -- | All Medicare Members |
| AUSTEDO XR 42 MG TABLET,EXTENDED RELEASE | 05/01/2025 | Addition Add Quantity Limit Add PA | -- | -- | All Medicare Members |
| AUSTEDO XR 48 MG TABLET,EXTENDED RELEASE | 05/01/2025 | Addition Add Quantity Limit Add PA | -- | -- | All Medicare Members |
| AUSTEDO XR 6 MG TABLET,EXTENDED RELEASE | 05/01/2025 | Addition Add Quantity Limit Add PA | -- | -- | All Medicare Members |
| AUSTEDO XR TITRATION (WEEK 1-4) 12- 18-24-30 MG TABLET, ER 24HR DOSE PK | 05/01/2025 | Addition Add PA | -- | -- | All Medicare Members |
| AUSTEDO XR TITRATION KIT(WEEK 1-4) 6 MG-12 MG-24 MG TABLET,ER DOSEPACK | 05/01/2025 | Addition Add PA | -- | -- | All Medicare Members |
| VELTASSA 1 GRAM ORAL POWDER PACKET | 05/01/2025 | Addition | -- | -- | All Medicare Members |

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|--|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| Fluoxetine 40 mg capsule | 05/01/2025 | Increase Quantity Limit | -- | -- | All Medicare Members |
| Carbamazepine 200 mg chewable tablet | 04/01/2025 | Addition | -- | -- | All Medicare Members |
| Mesna 400 mg tablet | 04/01/2025 | Addition | -- | -- | All Medicare Members |
| Timolol 0.5 % eye drops | 04/01/2025 | Addition | -- | -- | All Medicare Members |
| Topiramate 50 mg sprinkle capsule | 04/01/2025 | Addition | -- | -- | All Medicare Members |
| DANZITEN 71 MG TABLET | 03/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| DANZITEN 95 MG TABLET | 03/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |

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| IMKELDI 80 MG/ML ORAL SOLUTION | 03/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| REVUFORJ 110 MG TABLET | 03/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| REVUFORJ 160 MG TABLET | 03/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| PHENYTEK 200 MG CAPSULE | 03/01/2025 | Addition | -- | -- | All Medicare Members |
| PHENYTEK 300 MG CAPSULE | 03/01/2025 | Addition | -- | -- | All Medicare Members |
| AUGTYRO 160 MG CAPSULE | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |

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| COBENFY 100 MG-20 MG CAPSULE | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| COBENFY 125 MG-30 MG CAPSULE | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| COBENFY 50 MG-20 MG CAPSULE | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| COBENFY STARTER PACK 50 MG-20 MG/100 MG-20 MG CAPSULES IN A DOSE PACK | 02/01/2025 | Addition Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Dasatinib 100 mg tablet | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |

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| Dasatinib 140 mg tablet | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Dasatinib 20 mg tablet | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Dasatinib 50 mg tablet | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Dasatinib 70 mg tablet | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Dasatinib 80 mg tablet | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Gallifrey 5 mg tablet | 02/01/2025 | Addition | -- | -- | All Medicare Members |

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|--|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| ITOVEBI 3 MG TABLET | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| ITOVEBI 9 MG TABLET | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| LAZCLUZE 240 MG TABLET | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| LAZCLUZE 80 MG TABLET | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| LUMAKRAS 240 MG TABLET | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |

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| Oxcarbazepine ER 150 mg tablet,extended release 24 hr | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Oxcarbazepine ER 300 mg tablet,extended release 24 hr | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Oxcarbazepine ER 600 mg tablet,extended release 24 hr | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Quinapril 10 mg-hydrochlorothiazide 12.5 mg tablet | 02/01/2025 | Addition Add Quantity Limit | -- | -- | All Medicare Members |
| Quinapril 20 mg-hydrochlorothiazide 12.5 mg tablet | 02/01/2025 | Addition Add Quantity Limit | -- | -- | All Medicare Members |
| Quinapril 20 mg-hydrochlorothiazide 25 mg tablet | 02/01/2025 | Addition Add Quantity Limit | -- | -- | All Medicare Members |

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|--|-------------------------------------|---|------------------------------|-------------------------------|----------------------------|
| RINVOQ LQ 1 MG/ML ORAL SOLUTION | 02/01/2025 | Addition Add Quantity Limit Add PA | -- | -- | All Medicare Members |
| Tazarotene 0.05 % topical cream | 02/01/2025 | Addition Add PA | -- | -- | All Medicare Members |
| VORANIGO 10 MG TABLET | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| VORANIGO 40 MG TABLET | 02/01/2025 | Addition Add Quantity Limit Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Mometasone 50 mcg/actuation nasal spray | 02/01/2025 | Addition | -- | -- | All Medicare Members |
| OXBRYTA 300 MG TABLET | 02/01/2025 | Deletion | Market withdrawal | L-glutamine | All Medicare Members |
| OXBRYTA 300 MG TABLET FOR ORAL SUSPENSION | 02/01/2025 | 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 |
|--|-----------------------------|----------------|----------------------|-----------------------|----------------------------|
| OXBRYTA 500 MG TABLET | 02/01/2025 | Deletion | Market withdrawal | L-glutamine | 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.