



DualChoice

Changes to 2025 IEHP DualChoice (HMO D-SNP) Formulary Updated 02/01/2025

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
AUGTYRO 160 MG CAPSULE	02/01/2025	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
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
Dasatinib 140 mg tablet	02/01/2025	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
		Add PA (New Starts Only)			
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

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
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
Oxcarbazepine ER 150 mg tablet,extended release 24 hr	02/01/2025	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
		Add PA (New Starts Only)			
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
RINVOQ LQ 1 MG/ML ORAL SOLUTION	02/01/2025	Addition Add Quantity Limit 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
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
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.