



DualChoice

Changes to 2025 IEHP DualChoice (HMO D-SNP) Formulary

Updated 06/01/2025

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
Abirtega 250 mg tablet	06/01/2025	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
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
GOMEKLI 1 MG TABLET FOR ORAL SUSPENSION	06/01/2025	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
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
OPIPZA 10 MG ORAL FILM	06/01/2025	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
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
ROMVIMZA 14 MG CAPSULE	06/01/2025	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
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
Isosorbide mononitrate 10 mg tablet	05/01/2025	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
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
AUSTEDO XR 36 MG TABLET,EXTENDED RELEASE	05/01/2025	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
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
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

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
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
IMKELDI 80 MG/ML ORAL SOLUTION	03/01/2025	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
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
COBENFY 100 MG-20 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 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 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 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

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
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

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
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.