Changes to
2026 IEHP DualChoice (HMO D-SNP)
Formulary
Updated 11/01/2026

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** ***Generic* Drug** **Dosage/Requirements/Limits**	**Effective Date of Change**	**Type of Change**	**Reason for Change**	**Alternative Drug ***	**Applies to**
amoxicillin 200 mg-potassium clavulanate 28.5 mg chewable tablet	11/01/2026	Addition	--	--	All Medicare Members
amoxicillin 400 mg-potassium clavulanate 57 mg chewable tablet	11/01/2026	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**
Besremi Pen 500 mcg/0.5 mL subcutaneous pen injector	11/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Eliquis 0.5 mg tablet for oral suspension	11/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
Eliquis 1.5 mg (0.5 mg x 3) tablet for oral suspension	11/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
Eliquis 2 mg (0.5 mg x 4) tablet for oral suspension	11/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
Eliquis Sprinkle 0.15 mg capsule	11/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
Jideytro 100 mg tablet	11/01/2026	Addition Add PA (New Starts Only)	--	--	All Medicare Members
Jideytro 25 mg tablet	11/01/2026	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
rifapentine 150 mg tablet	11/01/2026	Addition	--	--	All Medicare Members
sitagliptin phos 100 mg-metformin ER 1,000 mg tablet,extend rel 24h mp	11/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
sitagliptin phos 50 mg-metformin ER 1,000 mg tablet,extend rel 24h mp	11/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
sitagliptin phos 50 mg-metformin ER 500 mg tablet,extended rel 24h mp	11/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
Zenbexus 0.75 mg capsule	11/01/2026	Addition Add PA (New Starts Only)	--	--	All Medicare Members
Zenbexus 1 mg capsule	11/01/2026	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**
Priftin 150 mg tablet	11/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Janumet XR 100 mg-1,000 mg tablet,extended release	11/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Janumet XR 50 mg-1,000 mg tablet,extended release	11/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Janumet XR 50 mg-500 mg tablet,extended release	11/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Cimzia 400 mg/2 mL (200 mg/mL x 2) subcutaneous syringe kit	10/01/2026	Addition Add PA	--	--	All Medicare Members
Skyrizi 55 mg/0.37 mL subcutaneous syringe	10/01/2026	Addition 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
Yulithira 10 mg tablet	10/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Yulithira 2.5 mg tablet	10/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Yulithira 5 mg tablet	10/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Yulithira 7.5 mg tablet	10/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
duloxetine 20 mg capsule,delayed release	10/01/2026	Increase Quantity Limit	--	--	All Medicare Members
duloxetine 30 mg capsule,delayed release	10/01/2026	Increase 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**
bosutinib 400 mg tablet	09/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Breztri Aerosphere 160mcg-18mcg-4.8mcg/actuation HFA aerosol inhaler	09/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
Fanapt Titration Pack B 1 mg (6)-2 mg (2)-6 mg (2)-8 mg (2) tablets	09/01/2026	Addition Add Step Therapy	--	--	All Medicare Members
Fanapt Titration Pack C 1 mg (4)-2 mg (2)-6 mg (2) tablets	09/01/2026	Addition Add Step Therapy	--	--	All Medicare Members
Lifyorli 125mg/day(100 mg x1-25mg x1) capsule	09/01/2026	Addition Add PA (New Starts Only)	--	--	All Medicare Members
Lifyorli 125mg/day(100 mg x3-25mg x3) capsule	09/01/2026	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**
Lifyorli 125mg/day(100 mg x9-25mg x9) capsule	09/01/2026	Addition Add PA (New Starts Only)	--	--	All Medicare Members
Lifyorli 150mg/day(100 mg x1-25mg x2) capsule	09/01/2026	Addition Add PA (New Starts Only)	--	--	All Medicare Members
Lifyorli 150mg/day(100 mg x3-25mg x6) capsule	09/01/2026	Addition Add PA (New Starts Only)	--	--	All Medicare Members
Lifyorli 150mg/day(100 mg x9-25mg x18) capsule	09/01/2026	Addition Add PA (New Starts Only)	--	--	All Medicare Members
macitentan 10 mg tablet	09/01/2026	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
sitagliptin phosphate 100 mg tablet	09/01/2026	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
sitagliptin phosphate 25 mg tablet	09/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
sitagliptin phosphate 50 mg tablet	09/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
sitagliptin phosphate 50 mg-metformin 1,000 mg tablet	09/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
sitagliptin phosphate 50 mg-metformin 500 mg tablet	09/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
tofacitinib 1 mg/mL oral solution	09/01/2026	Addition Add PA	--	--	All Medicare Members
tofacitinib 10 mg tablet	09/01/2026	Addition Add PA	--	--	All Medicare Members
tofacitinib 5 mg tablet	09/01/2026	Addition 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**
tofacitinib ER 11 mg tablet,extended release 24 hr	09/01/2026	Addition Add PA	--	--	All Medicare Members
tofacitinib ER 22 mg tablet,extended release 24 hr	09/01/2026	Addition Add PA	--	--	All Medicare Members
Tyblume 0.1 mg-20 mcg chewable tablet	09/01/2026	Addition	--	--	All Medicare Members
Bosulif 400 mg tablet	09/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Janumet 50 mg-1,000 mg tablet	09/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Janumet 50 mg-500 mg tablet	09/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Januvia 100 mg tablet	09/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Januvia 25 mg tablet	09/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Januvia 50 mg tablet	09/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Opsumit 10 mg tablet	09/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Xeljanz 1 mg/mL oral solution	09/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Xeljanz 10 mg tablet	09/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Xeljanz 5 mg tablet	09/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Xeljanz XR 11 mg tablet,extended release	09/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Xeljanz XR 22 mg tablet,extended release	09/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
cladribine 10 mg (10 pack) oral tablet	08/01/2026	Addition Add PA	--	--	All Medicare Members
cladribine 10 mg (4 pack) oral tablet	08/01/2026	Addition Add PA	--	--	All Medicare Members
cladribine 10 mg (5 pack) oral tablet	08/01/2026	Addition Add PA	--	--	All Medicare Members
cladribine 10 mg (6 pack) oral tablet	08/01/2026	Addition 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
cladribine 10 mg (7 pack) oral tablet	08/01/2026	Addition Add PA	--	--	All Medicare Members
cladribine 10 mg (8 pack) oral tablet	08/01/2026	Addition Add PA	--	--	All Medicare Members
cladribine 10 mg (9 pack) oral tablet	08/01/2026	Addition Add PA	--	--	All Medicare Members
Idvynso 100 mg-0.25 mg tablet	08/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
ipratropium bromide 17 mcg/actuation HFA aerosol inhaler	08/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
Jakafi XR 11 mg tablet,extended release	08/01/2026	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**
Jakafi XR 22 mg tablet,extended release	08/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Jakafi XR 33 mg tablet,extended release	08/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Jakafi XR 44 mg tablet,extended release	08/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Jakafi XR 55 mg tablet,extended release	08/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
rilpivirine HCl 25 mg tablet	08/01/2026	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**
tacrolimus XL 0.5 mg capsule,extended release 24 hr	08/01/2026	Addition Add PA (BvD)	--	--	All Medicare Members
tacrolimus XL 1 mg capsule,extended release 24 hr	08/01/2026	Addition Add PA (BvD)	--	--	All Medicare Members
tacrolimus XL 5 mg capsule,extended release 24 hr	08/01/2026	Addition Add PA (BvD)	--	--	All Medicare Members
Astagraf XL 0.5 mg capsule,extended release	08/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Astagraf XL 1 mg capsule,extended release	08/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Astagraf XL 5 mg capsule,extended release	08/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Atrovent HFA 17 mcg/actuation aerosol inhaler	08/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Edurant 25 mg tablet	08/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Mavenclad (10 tablet pack) 10 mg tablet	08/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Mavenclad (4 tablet pack) 10 mg tablet	08/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Mavenclad (5 tablet pack) 10 mg tablet	08/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Mavenclad (6 tablet pack) 10 mg tablet	08/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Mavenclad (7 tablet pack) 10 mg tablet	08/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Mavenclad (8 tablet pack) 10 mg tablet	08/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Mavenclad (9 tablet pack) 10 mg tablet	08/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Tridacaine II 5 % topical patch	08/01/2026	Deletion	Obsolete	Lidocaine 5% topical patch	All Medicare Members
dapagliflozin 10 mg-metformin ER 500 mg tablet, ext rel 24hr	07/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
dapagliflozin 5 mg-metformin ER 500 mg tablet,ext rel 24hr	07/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
Komzifti 200 mg capsule	07/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
levonorgestrel 0.1 mg-ethinyl estradiol 0.02 mg (21)/iron (7) tablet	07/01/2026	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
nintedanib 100 mg capsule	07/01/2026	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
nintedanib 150 mg capsule	07/01/2026	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
Ozempic 1.5 mg tablet	07/01/2026	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
Ozempic 4 mg tablet	07/01/2026	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
Ozempic 9 mg tablet	07/01/2026	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**
Farxiga 10 mg tablet	07/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Farxiga 5 mg tablet	07/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Tazverik 200 mg tablet	05/23/2026	Deletion	Market withdrawal	--	All Medicare Members
brivaracetam 10 mg tablet	06/01/2026	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
brivaracetam 10 mg/mL oral solution	06/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
brivaracetam 100 mg tablet	06/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
brivaracetam 25 mg tablet	06/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
brivaracetam 50 mg tablet	06/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
brivaracetam 75 mg tablet	06/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
dapagliflozin 10 mg-metformin ER 1,000 mg tablet,ext rel 24hr	06/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
dapagliflozin 5 mg-metformin ER 1,000 mg tablet, ext rel 24hr	06/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
Jascayd 18 mg tablet	06/01/2026	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
Jascayd 9 mg tablet	06/01/2026	Addition Add Quantity Limit Add PA	--	--	All Medicare Members
Yutrepia 106 mcg capsule with inhalation device	06/01/2026	Addition Add PA	--	--	All Medicare Members
Yutrepia 26.5 mcg capsule with inhalation device	06/01/2026	Addition Add PA	--	--	All Medicare Members
Yutrepia 53 mcg capsule with inhalation device	06/01/2026	Addition Add PA	--	--	All Medicare Members
Yutrepia 79.5 mcg capsule with inhalation device	06/01/2026	Addition Add PA	--	--	All Medicare Members
Briviact 10 mg tablet	06/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Briviact 10 mg/mL oral solution	06/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Briviact 100 mg tablet	06/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Briviact 25 mg tablet	06/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Briviact 50 mg tablet	06/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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
Briviact 75 mg tablet	06/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
adalimumab-aaty 20 mg/0.2 mL subcutaneous syringe kit	05/01/2026	Addition Add PA	--	--	All Medicare Members
adalimumab-aaty 40 mg/0.4 mL subcutaneous auto-injector kit	05/01/2026	Addition Add PA	--	--	All Medicare Members
adalimumab-aaty 40 mg/0.4 mL subcutaneous syringe kit	05/01/2026	Addition Add PA	--	--	All Medicare Members
adalimumab-aaty 80 mg/0.8 mL subcutaneous auto-injector kit	05/01/2026	Addition Add PA	--	--	All Medicare Members
adalimumab-aaty(CF) autoinj Crohn-UC-HS Start 80 mg/0.8 mL subcut kit	05/01/2026	Addition 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
cefixime 400 mg tablet	05/01/2026	Addition	--	--	All Medicare Members
ceftaroline fosamil 400 mg intravenous solution	05/01/2026	Addition	--	--	All Medicare Members
ceftaroline fosamil 600 mg intravenous solution	05/01/2026	Addition	--	--	All Medicare Members
Hadlima 40 mg/0.8 mL subcutaneous syringe	05/01/2026	Addition Add PA	--	--	All Medicare Members
Hadlima PushTouch 40 mg/0.8 mL subcutaneous auto-injector	05/01/2026	Addition Add PA	--	--	All Medicare Members
Hadlima(CF) 40 mg/0.4 mL subcutaneous syringe	05/01/2026	Addition Add PA	--	--	All Medicare Members
Hadlima(CF) PushTouch 40 mg/0.4 mL subcutaneous auto-injector	05/01/2026	Addition Add PA	--	--	All Medicare Members
levetiracetam 250 mg tablet for oral suspension	05/01/2026	Addition Add Step Therapy	--	--	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**
levetiracetam 500 mg tablet for oral suspension	05/01/2026	Addition Add Step Therapy	--	--	All Medicare Members
nilotinib HCl 150 mg capsule	05/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
nilotinib HCl 200 mg capsule	05/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
nilotinib HCl 50 mg capsule	05/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
pomalidomide 1 mg capsule	05/01/2026	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
pomalidomide 2 mg capsule	05/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
pomalidomide 3 mg capsule	05/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
pomalidomide 4 mg capsule	05/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
tobramycin 0.3 %-lotepred 0.5 % eye drops,suspension	05/01/2026	Addition	--	--	All Medicare Members
Xpovio 80 mg/week (80 mg x 1) tablet	05/01/2026	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**
Teflaro 400 mg intravenous solution	05/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Teflaro 600 mg intravenous solution	05/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
sevelamer carbonate 2.4 gram oral powder packet	04/01/2026	Addition	--	--	All Medicare Members
sevelamer carbonate 0.8 gram oral powder packet	04/01/2026	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
sevelamer carbonate 800 mg tablet	04/01/2026	Addition	--	--	All Medicare Members
sevelamer HCl 400 mg tablet	04/01/2026	Addition	--	--	All Medicare Members
sevelamer HCl 800 mg tablet	04/01/2026	Addition	--	--	All Medicare Members
Hailey Fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) tablet	04/01/2026	Addition	--	--	All Medicare Members
calcium acetate(phosphate binders) 667 mg tablet	04/01/2026	Addition	--	--	All Medicare Members
Viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet	04/01/2026	Addition	--	--	All Medicare Members
perampanel 0.5 mg/mL oral suspension	04/01/2026	Addition Add Quantity Limit Add Step Therapy	--	--	All Medicare Members
sodium polystyrene sulfonate 15 gram/60 mL oral suspension	04/01/2026	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**
Shingrix (PF) 50 mcg/0.5 mL intramuscular syringe	04/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
Hyrnuo 10 mg tablet	04/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Vraylar 0.5 mg capsule	04/01/2026	Addition Add Quantity Limit Add Step Therapy	--	--	All Medicare Members
Vraylar 0.75 mg capsule	04/01/2026	Addition Add Quantity Limit Add Step Therapy	--	--	All Medicare Members
Exxua 18.2 mg (32 tabs) tablet, ER 24 hr dose pack	04/01/2026	Addition Add PA (New Starts Only)	--	--	All Medicare Members
calcium acetate(phosphate binders) 667 mg capsule	04/01/2026	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
Fycompa 0.5 mg/mL oral suspension	04/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Ensacove 100 mg capsule	03/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Ensacove 25 mg capsule	03/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Koselugo 5 mg sprinkle capsule	03/01/2026	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
Koselugo 7.5 mg sprinkle capsule	03/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Prezcobix 675 mg-150 mg tablet	03/01/2026	Addition	--	--	All Medicare Members
Selarsdi 45 mg/0.5 mL subcutaneous solution	03/01/2026	Addition Add PA	--	--	All Medicare Members
Subvenite 10 mg/mL oral suspension	03/01/2026	Addition Add PA (New Starts Only)	--	--	All Medicare Members
metoprolol tartrate 37.5 mg tablet	03/01/2026	Addition	--	--	All Medicare Members
metoprolol tartrate 75 mg tablet	03/01/2026	Addition	--	--	All Medicare Members
ustekinumab-aauz 45 mg/0.5 mL subcutaneous syringe	03/01/2026	Addition 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**
ustekinumab-aauz 90 mg/mL subcutaneous syringe	03/01/2026	Addition Add PA	--	--	All Medicare Members
ustekinumab 45 mg/0.5 mL subcutaneous solution	03/01/2026	Brand Deletion	Biosimilar Available	Use Biosimilar formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Stelara 45 mg/0.5 mL subcutaneous solution	03/01/2026	Brand Deletion	Biosimilar Available	Use Biosimilar formulation or other products in the same therapeutic category on the formulary	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**
Stelara 45 mg/0.5 mL subcutaneous syringe	03/01/2026	Brand Deletion	Biosimilar Available	Use Biosimilar formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Stelara 90 mg/mL subcutaneous syringe	03/01/2026	Brand Deletion	Biosimilar Available	Use Biosimilar formulation or other products in the same therapeutic category on the formulary	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**
ustekinumab 45 mg/0.5 mL subcutaneous syringe	03/01/2026	Brand Deletion	Biosimilar Available	Use Biosimilar formulation or other products in the same therapeutic category on the formulary	All Medicare Members
ustekinumab 90 mg/mL subcutaneous syringe	03/01/2026	Brand Deletion	Biosimilar Available	Use Biosimilar formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Brukinsa 160 mg tablet	02/01/2026	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
Cimzia Starter Kit 400 mg/2 mL (200 mg/mL x2) subcutaneous syringe kit	02/01/2026	Addition Add PA	--	--	All Medicare Members
conjugated estrogens 0.3 mg tablet	02/01/2026	Addition	--	--	All Medicare Members
conjugated estrogens 0.45 mg tablet	02/01/2026	Addition	--	--	All Medicare Members
conjugated estrogens 0.625 mg tablet	02/01/2026	Addition	--	--	All Medicare Members
conjugated estrogens 0.9 mg tablet	02/01/2026	Addition	--	--	All Medicare Members
conjugated estrogens 1.25 mg tablet	02/01/2026	Addition	--	--	All Medicare Members
Exxua 18.2 mg tablet,extended release	02/01/2026	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
Exxua 36.3 mg tablet,extended release	02/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Exxua 54.5 mg tablet,extended release	02/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
Exxua 72.6 mg tablet,extended release	02/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
fidaxomicin 200 mg tablet	02/01/2026	Addition Add Quantity Limit	--	--	All Medicare Members
Inluriyo 200 mg tablet	02/01/2026	Addition Add Quantity Limit Add PA (New Starts Only)	--	--	All Medicare Members
lomustine 10 mg capsule	02/01/2026	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
lomustine 100 mg capsule	02/01/2026	Addition	--	--	All Medicare Members
lomustine 40 mg capsule	02/01/2026	Addition	--	--	All Medicare Members
Luizza 1 mg-20 mcg tablet	02/01/2026	Addition	--	--	All Medicare Members
Luizza 1.5 mg-30 mcg tablet	02/01/2026	Addition	--	--	All Medicare Members
Otezla XR 75 mg tablet,extended release	02/01/2026	Addition Add PA	--	--	All Medicare Members
Otezla XR Initiation 10 mg-20 mg-30 mg tablet and 75 mg tablet,ER pack	02/01/2026	Addition Add PA	--	--	All Medicare Members
Valtya 1 mg-35 mcg tablet	02/01/2026	Addition	--	--	All Medicare Members
Tridacaine II 5 % topical patch	02/01/2026	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**
DIFICID 200 MG TABLET	02/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Gleostine 10 mg capsule	02/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Gleostine 100 mg capsule	02/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Gleostine 40 mg capsule	02/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Premarin 0.3 mg tablet	02/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Premarin 0.45 mg tablet	02/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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**
Premarin 0.625 mg tablet	02/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
Premarin 0.9 mg tablet	02/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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
Premarin 1.25 mg tablet	02/01/2026	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	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.