# Changes to
# 2026 IEHP DualChoice (HMO D-SNP)
# Formulary
## Updated 08/01/2026

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**<br>**BRAND Drug Name**<br>***Generic* Drug**<br><br>**Dosage/Requirements/Limits** | **Effective Date of Change** | **Type of Change** | **Reason for Change** | **Alternative Drug *** | **Applies to** |
|---|---|---|---|---|---|
| cladribine 10 mg (10 pack) oral tablet | 08/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| cladribine 10 mg (4 pack) oral tablet | 08/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| cladribine 10 mg (5 pack) oral tablet | 08/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| cladribine 10 mg (6 pack) oral tablet | 08/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| cladribine 10 mg (7 pack) oral tablet | 08/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| cladribine 10 mg (8 pack) oral tablet | 08/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| cladribine 10 mg (9 pack) oral tablet | 08/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| Idvynso 100 mg-0.25 mg tablet | 08/01/2026 | Addition<br><br>Add Quantity Limit | -- | -- | All Medicare Members |

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|---|---|---|---|---|---|
| ipratropium bromide 17 mcg/actuation HFA aerosol inhaler | 08/01/2026 | Addition<br><br>Add Quantity Limit | -- | -- | All Medicare Members |
| Jakafi XR 11 mg tablet,extended release | 08/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Jakafi XR 22 mg tablet,extended release | 08/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Jakafi XR 33 mg tablet,extended release | 08/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Jakafi XR 44 mg tablet,extended release | 08/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Jakafi XR 55 mg tablet,extended release | 08/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| rilpivirine HCl 25 mg tablet | 08/01/2026 | Addition | -- | -- | All Medicare Members |

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|---|---|---|---|---|---|
| tacrolimus XL 0.5 mg capsule,extended release 24 hr | 08/01/2026 | Addition<br><br>Add PA (BvD) | -- | -- | All Medicare Members |
| tacrolimus XL 1 mg capsule,extended release 24 hr | 08/01/2026 | Addition<br><br>Add PA (BvD) | -- | -- | All Medicare Members |
| tacrolimus XL 5 mg capsule,extended release 24 hr | 08/01/2026 | Addition<br><br>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 |
| 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 |

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| 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 |
| 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 |

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| 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 |
| 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 |

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| 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 |
| 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 |

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| 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<br><br>Add Quantity Limit | -- | -- | All Medicare Members |
| dapagliflozin 5 mg-metformin ER 500 mg tablet,ext rel 24hr | 07/01/2026 | Addition<br><br>Add Quantity Limit | -- | -- | All Medicare Members |
| Komzifti 200 mg capsule | 07/01/2026 | Addition<br><br>Add Quantity Limit<br>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 |
| nintedanib 100 mg capsule | 07/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA | -- | -- | All Medicare Members |

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|---|---|---|---|---|---|
| nintedanib 150 mg capsule | 07/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA | -- | -- | All Medicare Members |
| Ozempic 1.5 mg tablet | 07/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA | -- | -- | All Medicare Members |
| Ozempic 4 mg tablet | 07/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA | -- | -- | All Medicare Members |
| Ozempic 9 mg tablet | 07/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA | -- | -- | All Medicare Members |
| 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 |

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| 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<br>Add Quantity Limit | -- | -- | All Medicare Members |
| brivaracetam 10 mg/mL oral solution | 06/01/2026 | Addition<br>Add Quantity Limit | -- | -- | All Medicare Members |
| brivaracetam 100 mg tablet | 06/01/2026 | Addition<br>Add Quantity Limit | -- | -- | All Medicare Members |
| brivaracetam 25 mg tablet | 06/01/2026 | Addition<br>Add Quantity Limit | -- | -- | All Medicare Members |
| brivaracetam 50 mg tablet | 06/01/2026 | Addition<br>Add Quantity Limit | -- | -- | All Medicare Members |
| brivaracetam 75 mg tablet | 06/01/2026 | Addition<br>Add Quantity Limit | -- | -- | All Medicare Members |
| dapagliflozin 10 mg-metformin ER 1,000 mg tablet,ext rel 24hr | 06/01/2026 | Addition<br>Add Quantity Limit | -- | -- | All Medicare Members |

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|---|---|---|---|---|---|
| dapagliflozin 5 mg-metformin ER 1,000 mg tablet, ext rel 24hr | 06/01/2026 | Addition<br><br>Add Quantity Limit | -- | -- | All Medicare Members |
| Jascayd 18 mg tablet | 06/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA | -- | -- | All Medicare Members |
| Jascayd 9 mg tablet | 06/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA | -- | -- | All Medicare Members |
| Yutrepia 106 mcg capsule with inhalation device | 06/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| Yutrepia 26.5 mcg capsule with inhalation device | 06/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| Yutrepia 53 mcg capsule with inhalation device | 06/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| Yutrepia 79.5 mcg capsule with inhalation device | 06/01/2026 | Addition<br><br>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 |

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| 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 |
| 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 |

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| 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 |
| 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<br><br>Add PA | -- | -- | All Medicare Members |
| adalimumab-aaty 40 mg/0.4 mL subcutaneous auto-injector kit | 05/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| adalimumab-aaty 40 mg/0.4 mL subcutaneous syringe kit | 05/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| adalimumab-aaty 80 mg/0.8 mL subcutaneous auto-injector kit | 05/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| adalimumab-aaty(CF) autoinj Crohn-UC-HS Start 80 mg/0.8 mL subcut kit | 05/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |

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|---|---|---|---|---|---|
| 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<br><br>Add PA | -- | -- | All Medicare Members |
| Hadlima PushTouch 40 mg/0.8 mL subcutaneous auto-injector | 05/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| Hadlima(CF) 40 mg/0.4 mL subcutaneous syringe | 05/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| Hadlima(CF) PushTouch 40 mg/0.4 mL subcutaneous auto-injector | 05/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| levetiracetam 250 mg tablet for oral suspension | 05/01/2026 | Addition<br><br>Add Step Therapy | -- | -- | All Medicare Members |
| levetiracetam 500 mg tablet for oral suspension | 05/01/2026 | Addition<br><br>Add Step Therapy | -- | -- | All Medicare Members |
| nilotinib HCl 150 mg capsule | 05/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |

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|---|---|---|---|---|---|
| nilotinib HCl 200 mg capsule | 05/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| nilotinib HCl 50 mg capsule | 05/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| pomalidomide 1 mg capsule | 05/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| pomalidomide 2 mg capsule | 05/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| pomalidomide 3 mg capsule | 05/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| pomalidomide 4 mg capsule | 05/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| tobramycin 0.3 %-lotepred 0.5 % eye drops,suspension | 05/01/2026 | Addition | -- | -- | All Medicare Members |

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| Xpovio 80 mg/week (80 mg x 1) tablet | 05/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| 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 |
| sevelamer carbonate 800 mg tablet | 04/01/2026 | Addition | -- | -- | All Medicare Members |

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|---|---|---|---|---|---|
| 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<br><br>Add Quantity Limit<br>Add Step Therapy | -- | -- | All Medicare Members |
| sodium polystyrene sulfonate 15 gram/60 mL oral suspension | 04/01/2026 | Addition | -- | -- | All Medicare Members |
| Shingrix (PF) 50 mcg/0.5 mL intramuscular syringe | 04/01/2026 | Addition<br><br>Add Quantity Limit | -- | -- | All Medicare Members |
| Hyrnuo 10 mg tablet | 04/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |

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| Vraylar 0.5 mg capsule | 04/01/2026 | Addition<br><br>Add Quantity Limit<br>Add Step Therapy | -- | -- | All Medicare Members |
| Vraylar 0.75 mg capsule | 04/01/2026 | Addition<br><br>Add Quantity Limit<br>Add Step Therapy | -- | -- | All Medicare Members |
| Exxua 18.2 mg (32 tabs) tablet, ER 24 hr dose pack | 04/01/2026 | Addition<br><br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| calcium acetate(phosphate binders) 667 mg capsule | 04/01/2026 | Addition | -- | -- | All Medicare Members |
| 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<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |

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| Ensacove 25 mg capsule | 03/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Koselugo 5 mg sprinkle capsule | 03/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Koselugo 7.5 mg sprinkle capsule | 03/01/2026 | Addition<br><br>Add Quantity Limit<br>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<br><br>Add PA | -- | -- | All Medicare Members |
| Subvenite 10 mg/mL oral suspension | 03/01/2026 | Addition<br><br>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 |

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| ustekinumab-aauz 45 mg/0.5 mL subcutaneous syringe | 03/01/2026 | Addition<br><br>Add PA | -- | -- | All Medicare Members |
| ustekinumab-aauz 90 mg/mL subcutaneous syringe | 03/01/2026 | Addition<br><br>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 |

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| 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 |
| 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 |

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| 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<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Cimzia Starter Kit 400 mg/2 mL (200 mg/mL x2) subcutaneous syringe kit | 02/01/2026 | Addition<br><br>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 |

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|---|---|---|---|---|---|
| Exxua 18.2 mg tablet,extended release | 02/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Exxua 36.3 mg tablet,extended release | 02/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Exxua 54.5 mg tablet,extended release | 02/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| Exxua 72.6 mg tablet,extended release | 02/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| fidaxomicin 200 mg tablet | 02/01/2026 | Addition<br><br>Add Quantity Limit | -- | -- | All Medicare Members |
| Inluriyo 200 mg tablet | 02/01/2026 | Addition<br><br>Add Quantity Limit<br>Add PA (New Starts Only) | -- | -- | All Medicare Members |
| lomustine 10 mg capsule | 02/01/2026 | Addition | -- | -- | All Medicare Members |

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| 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<br><br>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<br><br>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<br><br>Add Quantity Limit<br>Add PA | -- | -- | All Medicare Members |

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| 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 |
| 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 |

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| 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 |
| 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 |

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| 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 |
| 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.*