



**Changes to
2020 IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan)
Formulary
Updated 07/01/2020**

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) may revise (adding or removing drugs) the Formulary during the year based on new clinical evidence and availability of products in the market. All the changes are reviewed and approved by a selected group of Physicians and Pharmacists that are currently in practice.

If IEHP DualChoice removes a Covered Part D drug or makes any changes in the IEHP DualChoice Formulary, IEHP DualChoice will post the changes on our website and notify affected Members at least thirty (30) calendar days prior to the effective date of the change made on the IEHP DualChoice Formulary. However, if the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market we will immediately remove the drug from our formulary. In addition, a generic drug works the same as a brand-name drug and usually 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
<i>Insulin lispro (U-100) 100 unit/mL subcutaneous half-unit pen</i>	7/1/2020	Addition	---	---	All Medicare Members
<i>Diazoxide 50 mg/mL oral suspension</i>	7/1/2020	Addition	---	---	All Medicare Members
<i>Pyrimethamine 25 mg tablet</i>	7/1/2020	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
KOSELUGO 10 MG CAPSULE	7/1/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
KOSELUGO 25 MG CAPSULE	7/1/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
PEMAZYRE 13.5 MG TABLET	7/1/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
PEMAZYRE 4.5 MG TABLET	7/1/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
PEMAZYRE 9 MG TABLET	7/1/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
<i>Insulin lispro protamine-lispro 100 unit/mL (75-25) subcutaneous pen</i>	7/1/2020	Addition	---	---	All Medicare Members
PROMACTA 25 MG ORAL POWDER PACKET	7/1/2020	Addition Add PA	---	---	All Medicare Members
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	7/1/2020	Addition	---	---	All Medicare Members
PROGLYCEM 50 MG/ML ORAL SUSPENSION	7/1/2020	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
DARAPRIM 25 MG TABLET	7/1/2020	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
CAPLYTA 42 MG CAPSULE	06/01/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
IBRANCE 100 MG TABLET	06/01/2020	Addition Add PA (New Starts Only)	---	---	All Medicare Members
IBRANCE 125 MG TABLET	06/01/2020	Addition Add PA (New Starts Only)	---	---	All Medicare Members
IBRANCE 75 MG TABLET	06/01/2020	Addition Add PA (New Starts Only)	---	---	All Medicare Members
<i>Everolimus (immunosuppressive) 0.25 mg tablet</i>	06/01/2020	Addition Add PA (BvD) Add Quantity Limit	---	---	All Medicare Members
<i>Everolimus (immunosuppressive) 0.5 mg tablet</i>	06/01/2020	Addition Add PA (BvD) Add Quantity Limit	---	---	All Medicare Members
<i>Everolimus (immunosuppressive) 0.75 mg tablet</i>	06/01/2020	Addition Add PA (BvD) Add Quantity Limit	---	---	All Medicare Members
<i>Sotalol AF 160 mg tablet</i>	06/01/2020	Addition	---	---	All Medicare Members
<i>Sotalol AF 80 mg tablet</i>	06/01/2020	Addition	---	---	All Medicare Members
ZORTRESS 0.25 MG TABLET	06/01/2020	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
ZORTRESS 0.5 MG TABLET	06/01/2020	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
ZORTRESS 0.75 MG TABLET	06/01/2020	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	05/01/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	05/01/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	05/01/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
VALTOCO 10 MG/SPRAY (0.1 ML) NASAL SPRAY	05/01/2020	Addition	---	---	All Medicare Members
VALTOCO 20 MG/2 SPRAY (10MG/0.1ML X2) NASAL SPRAY	05/01/2020	Addition	---	---	All Medicare Members
VALTOCO 5 MG/SPRAY (0.1 ML) NASAL SPRAY	05/01/2020	Addition	---	---	All Medicare Members
VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY	05/01/2020	Addition	---	---	All Medicare Members
TAZVERIK 200 MG TABLET	05/01/2020	Addition Add PA (New Starts Only) 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
AYVAKIT 100 MG TABLET	04/01/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
AYVAKIT 200 MG TABLET	04/01/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
AYVAKIT 300 MG TABLET	04/01/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
<i>Diazepam 12.5 mg-15 mg-17.5 mg-20 mg rectal kit</i>	04/01/2020	Addition	---	---	All Medicare Members
<i>Diazepam 2.5 mg rectal kit</i>	04/01/2020	Addition	---	---	All Medicare Members
<i>Diazepam 5 mg-7.5 mg-10 mg rectal kit</i>	04/01/2020	Addition	---	---	All Medicare Members
Esbriet 267 mg tablet	04/01/2020	Addition Add PA Add Quantity Limit	---	---	All Medicare Members
<i>Penicillamine 250 mg tablet</i>	04/01/2020	Addition	---	---	All Medicare Members
<i>Tramadol 100 mg tablet</i>	04/01/2020	Addition Add Quantity Limit	---	---	All Medicare Members
<i>Triamcinolone acetonide 0.05 % topical ointment</i>	04/01/2020	Addition	---	---	All Medicare Members
XELJANZ XR 22 MG TABLET,EXTENDED RELEASE	04/01/2020	Addition Add PA 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
DEPEN 250 MG TABLET	04/01/2020	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
OXERVATE 0.002 % EYE DROPS	03/01/2020	Addition Add PA Add Quantity Limit	---	---	All Medicare Members
OXBRYTA 500 MG TABLET	03/01/2020	Addition Add PA Add Quantity Limit	---	---	All Medicare Members
BRUKINSA 80 MG CAPSULE	03/01/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
<i>Everolimus (antineoplastic) 2.5 mg tablet</i>	03/01/2020	Addition Add Quantity Limit	---	---	All Medicare Members
<i>Everolimus (antineoplastic) 5 mg tablet</i>	03/01/2020	Addition Add Quantity Limit	---	---	All Medicare Members
<i>Everolimus (antineoplastic) 7.5 mg tablet</i>	03/01/2020	Addition Add Quantity Limit	---	---	All Medicare Members
<i>Travoprost 0.004 % eye drops</i>	03/01/2020	Addition	---	---	All Medicare Members
<i>Pentamidine 300 mg solution for injection</i>	03/01/2020	Addition	---	---	All Medicare Members
<i>Pentamidine 300 mg solution for inhalation</i>	03/01/2020	Addition Add PA (BvD)	---	---	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
EXJADE 125 MG DISPERSIBLE TABLET	03/01/2020	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
EXJADE 250 MG DISPERSIBLE TABLET	03/01/2020	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
EXJADE 500 MG DISPERSIBLE TABLET	03/01/2020	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
AFINITOR 2.5 MG TABLET	03/01/2020	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
AFINITOR 5 MG TABLET	03/01/2020	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
AFINITOR 7.5 MG TABLET	03/01/2020	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
PENTAM 300 MG SOLUTION FOR INJECTION	03/01/2020	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same	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
				therapeutic category on the formulary	
NEBUPENT 300 MG SOLUTION FOR INHALATION	03/01/2020	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
TRAVATAN Z 0.004 % EYE DROPS	03/01/2020	Brand Deletion	Generic Drug Available	Use Generic formulation or other products in the same therapeutic category on the formulary	All Medicare Members
ZIEXTENZO 6 MG/0.6 ML SUBCUTANEOUS SYRINGE	02/01/2020	Addition Add PA	---	---	All Medicare Members
<i>Ciprofloxacin 0.3 %-Fluocinolone 0.025 % (0.25 Ml) Ear Solution</i>	02/01/2020	Addition	---	---	All Medicare Members
ROZLYTREK 100 MG CAPSULE	02/01/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
ROZLYTREK 200 MG CAPSULE	02/01/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
NAYZILAM 5 MG/SPRAY (0.1 ML) NASAL SPRAY	02/01/2020	Addition Add PA (New Starts Only)	---	---	All Medicare Members
<i>Posaconazole 100 Mg Tablet,Delayed Release</i>	02/01/2020	Addition Add PA	---	---	All Medicare Members
DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE	02/01/2020	Addition Add PA (New Starts Only) 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
DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE	02/01/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE	02/01/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members
DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE	02/01/2020	Addition Add PA (New Starts Only) Add Quantity Limit	---	---	All Medicare Members

*Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only your physician can determine if the alternate here is appropriate for you given the individualized nature of the drug therapy. Please consult your physician as to whether this is an appropriate drug for you. This is not a complete list of all formulary alternatives covered by IEHP DualChoice for the drug you selected.

Generally, IEHP DualChoice will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's or prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescriber's or prescribing physician's supporting statement.

If you have any questions, you can call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am – 8pm (PST), 7 days a week, including holidays. TTY/TDD users should call 1-800-718-4347.

IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) is a Health Plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.