

### We heal and inspire the human spirit.

**To:** IEHP DualChoice (HMO-DSNP) Providers

**From:** Provider Relations **Date:** December 4, 2025

Subject: REMINDER: 2026 Changes to DSNP Benefits: How You Can Assist Members

Medicare benefits are changing for ALL health plans on January 1, 2026. We want you to be prepared to share with members what will remain the same and what will change.

#### What is Staying the Same?

- ✓ Optimal Care
- ✓ Care team continuity
- ✓ No cost for doctor visits, medical care and/or hospital stays
- ✓ No Medicare Plan B premium
- ✓ Over-the-Counter (OTC) benefits
  - \$60 every three months for non-prescription medications and health and wellness supplements
- ✓ Full Dental Care

- ✓ Members no longer eligible for Medi-Cal remain eligible with IEHP for three months, to allow time to regain Medi-Cal eligibility.
  - During this "deeming" period, members will still receive Medicare Part C benefits but may be responsible for cost-sharing and Medi-Cal-only services.
- ✓ One routine Vision exam each year + \$350 for contact lenses/eyeglass frames
  - No limit for lenses based on medical Necessity

#### What is Changing?

- ✓ Medicare no longer offers:
  - o Utilities allowance
  - o Healthy meals
- ✓ Authorizations timelines:
  - Authorization decisions within 72 hours for expedited (i.e., urgent) requests and seven calendar days for standard (i.e., non-urgent) requests for medical items and services.

2026 Drug Benefit Tier Levels					
Drug Tier	Cost	Description			
Tier 1	\$0	Preferred Generic			
Tier 2	Based on the type of extra help a member receives from Medicare	Generic			
Tier 3		Preferred Brand			
Tier 4		Non-preferred Drug			
Tier 5		Specialty			
Tier 6	\$0	Select Care Drugs			

- ✓ The biggest change for ALL Medicare members nationwide will be co-pays for their prescriptions. The graph above reflects IEHP's updates only.
- ✓ See attached DSNP Formulary Cheat Sheet

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#### **How Can You Help Members?**

- 1. Remind members that remaining with IEHP means they continue to see the same Providers, receive excellent customer service and access to IEHP Wellness Centers.
- 2. **Prescribe a 100-day supply** instead of a one-month supply for their maintenance medications.
  - a. The member will pay the same amount for the 100-day supply and save a trip to the pharmacy.
  - b. Remind the member to **use SortPak** pharmacy for a 100-day, delivered prescription. New prescriptions may be sent to SortPak electronically by using NCPDP/NABP: 0524733 or by faxing to 877-475-2382.
- 3. **Prescribe generic drugs** for the member instead of brand-name drugs, which tend to be cheaper and work just as well.
- 4. When possible, **prescribe a combination drug** instead of two or more separate medications.

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email Provider Services@iehp.org

All IEHP communications can be found at: <a href="www.providerservices.iehp.org">www.providerservices.iehp.org</a> > News and Updates > Notices



## **DSNP Formulary Cheat Sheet**

### **Non-Formulary to Formulary Alternatives**

Drug Name	2026 Formulary Alternative	Used For
Admelog Solostar & Humalog Kwikpen & insulin	Fiasp Flextouch, Insulin aspart Flexpen,	
lispro Kwikpen	Novolog Flexpen ( <b>B</b> )	
Admelog vial & Humalog vial	Fiasp/ Fiasp penfill, Insulin aspart vial/ penfill, Novolog/ Novolog penfill ( <b>B</b> )	
Basaglar Kwikpen & Semglee (yfgn) pen	Insulin glargine-yfgn pen, Lantus Solostar ( <b>B</b> )	
Tresiba Flextouch	Toujeo Max Solostar (B)	
Humalog mix 75-25 vial	Insulin aspart protamine mix 70-30 vial, Novolog mix 70-30 vial ( <b>B</b> )	D. I.
Humulin 70-30 & insulin lispro protamine Kwikpen	Insulin aspart protamine mix 70-30 pen, Novolog Mix 70-30 Flexpen ( <b>B</b> )	Diabetes
Humulin 70/30 vial & Humulin N pen/ vial & Humulin R vial	Novolin 70/30 vial, Novolin N pen/ vial, Novolin R vial ( <b>B</b> )	
Invokamet tablet & Segluromet tablet	Synjardy (\$0)	
Invokamet XR tablet	Synjardy XR, Xigduo XR (\$0)	
Invokana & Steglatro	Farxiga, Jardiance (\$0)	
Steglujan	Glyxambi (\$0)	
One Touch Meter and Test Strips	Freestyle, Contour Meters and Test Strips (\$0)	
Evenity syringe	Stoboclo, Tymlos (B)	
Prolia syringe	Stoboclo (B)	Bone Health
Praluent pen	Repatha Sureclick (B)	Heart Medicine
Fluticasone propionate Diskus & Pulmicort Flexhaler & Qvar Redihaler	Arnuity Ellipta ( <b>B</b> )	
Fluticasone-salmeterol inhalation powder	Advair HFA ( <b>B</b> )	Inhalers
Incruse Ellipta	Spiriva Respimat, Atrovent HFA ( <b>B</b> )	
Aimovig Autoinjector	Emgality, Nurtec ODT, Qulipta (B)	Migraine
Taltz autoinjector	Tremfya autoinjector, Cosentyx Sensoready, Cosentyx Unoready pen (B)	Skin
Taltz syringe	Tremfya or Cosentyx syringe ( <b>B</b> )	SKIII
Epogen, Procrit	Retacrit (B)	Anemia

# **IE** HP

### **Preferred Generic Conversion**

Drug Name	Formulary Alternative	Drug Name	Formulary Alternative
Bone Health		Migraine	
Risedronate tablet	Alendronate tablet (\$0)	Botox	Rizatriptan, sumatriptan (G)
Heart Medicine		Pain	
Fenofibric acid capsule	Fenofibrate tablet / nano-crystallized tablet / micronized capsule ( <b>G</b> )	Belbuca	Buprenorphine sublingual tablet or patch ( <b>G</b> )
Kapspargo Sprinkle	Metoprolol succinate ER tablet (\$0)	Butrans	Buprenorphine patch ( <b>G</b> )
Mexiletine HCl capsule	Amiodarone tablet, Pacerone tablet (G)	Journavx tablet	Tramadol tablet ( <b>\$0</b> ), Hydrocodone-acetaminophen tablet ( <b>G</b> )
Eye Medicine		Savella tablet	Duloxetine Hcl DR capsule ( <b>G</b> )
Alphagan drops	Brimonidine drops ( <b>G</b> )	Skin	
Cequa	Cyclosporine dropperette ( <b>G</b> )	Zoryve	Calcipotriene cream/ ointment, Tacrolimus ointment ( <b>G</b> )
Restasis multidose drops	Cyclosporine eye emulsion ( <b>G</b> )	Urinary	
Inhalers		Gemtesa & Botox	Solifenacin tablet (\$0), Tolterodine tablet/ capsule ( <b>G</b> )
Advair Diskus	Fluticasone-salmeterol Diskus, Wixela inhub ( <b>G</b> )	Miscellaneous	
Dulera	Budesonide-formoterol HFA (G)	Envarsus XR tablet (organ transplant rejection)	Tacrolimus capsule ( <b>G</b> )
Fluticasone propionate Diskus & Pulmicort Flexhaler & Qvar Redihaler	Arnuity Ellipta ( <b>B</b> ), Fluticasone propionate HFA ( <b>G</b> )	Ibsrela(constipation)	Lubiprostone (G)
Fluticasone-salmeterol inhalation powder	Fluticasone-salmeterol Diskus ( <b>G</b> ), Wixela Inhub ( <b>G</b> )	Lupkynis capsule (lupus)	Cyclosporine caupsule, Tacrolimus capsule ( <b>G</b> )

IE HP	Preferred Generic Conversion			
Drug Name	Formulary Alternative	Drug Name	Formulary Alternative	
Inhalers				
Incruse Ellipta	Tiotropium capsule with device ( <b>G</b> )	Relistor(constipation from opioid use)	Lubiprostone (G)	
Levalbuterol HFA & ProAir Respiclick & Ventolin HFA	Albuterol sulfate HFA (G)	Synthroid (thyroid disease)	Levothyroxine tablet (\$0)	
Spiriva Handihaler	Tiotropium inhalation powder (G)	Vyvanse (ADHD)	Dextroamphetamine-amphetamine tablet or ER capsule ( <b>G</b> )	
Symbicort	Budesonide-formoterol HFA (G)	Xhance (sinus infection)	Fluticasone propionate nasal spray (\$0)	
<b>G</b> = Generic cost				

 $\mathbf{B} = \mathbf{Brand} \ \mathbf{cost}$ 

**\$0** = No copay