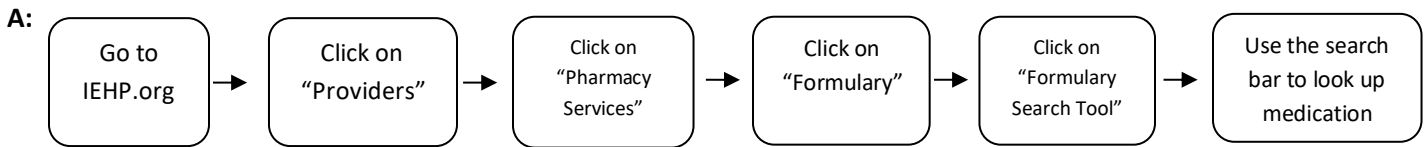


Q: How do I access the List of Covered drugs for DualChoice (HMO D-SNP)?



Q: Does the Drug List ever change for DualChoice (HMO D-SNP)?

A: Yes. Throughout the year, IEHP may add or remove drugs from its DualChoice Drug List. Generally speaking, the Drug List only changes if a drug that works as well and is more cost effective than others on the Drug List arrives on the market or if we learn that one of the drugs is not safe

Q: What does B vs. D mean?

A: This is a drug that has a special Prior Authorization requirement. The drug being requested may be covered under Medicare Part B or Medicare Part D. This depends on many factors and the physician may need to give more details about the use and setting of the drug being requested. For additional information, please go to:

https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovcontra/downloads/partsbdcoveragesummarytable_041806.pdf

Q: What does quantity limit mean?

A: For certain drugs, IEHP DualChoice limits the amount of the drug that will be covered at one time. It is the maximum amount of a prescription drug the Member can receive from the pharmacy in a period. This may be in addition to a standard one-month or three-month supply.

Q: What does Step Therapy mean?

A: In some cases, IEHP DualChoice requires the Member to try the most cost-effective and safest drug first to treat the Member's medical condition. If the initial therapy fails, IEHP will cover the second drug for the condition. For example, either Drug A or Drug B may treat the Member's medical condition. If Drug A is tried and does not work for the Member, IEHP DualChoice will then cover Drug B. IEHP DualChoice may not cover Drug B unless the Member tries Drug A first.