



Medicare Part D 2025 Formulary Changes - Imperial Senior Value (HMO C-SNP)

Imperial Health Plan of California, Inc. (HMO) (HMO SNP) may add or remove drugs from our formulary during the year. If we remove a drug from our formulary, add prior authorization, quantity limits and/or step therapy restrictions or move a drug to a higher cost-sharing tier, we will notify affected members in writing of the change at least 30 days before the date that the change becomes effective. However, if the U.S. Food and Drug Administration (FDA) determines 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 drug formulary and notify affected members retrospectively in writing. The table below outlines changes made to our formulary throughout 2025.

VERSION: 7
FORMULARY ID: 25222

2025 FORMULARY UPDATE AS OF January 1, 2025:

Formulary additions, reductions in preferred or tiered cost-sharing status, or removal of Utilization Management to an existing formulary drug.

Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
EXKIVITY 40 MG CAPSULES	MOBOCERTINIB SUCCINATE 40 MG ORAL CAPSULES	DELETION	1/1/2025	5	
PROMETHAZINE HCL 25 MG/ML SOLUTION	PROMETHAZINE HCL 25 MG/ML INJECTION SOLUTION	ADDITION	1/1/2025	2	
SODIUM FLUORIDE SENSITIVE 1.1 %-5 % PASTE	SODIUM FLUORIDE/POTASSIUM NIT 1.1 %-5 % PASTE	ADDITION	1/1/2025	1	
SODIUM FLUORIDE 0.2 % SOLUTION	FLUORIDE (SODIUM) 0.2 % SOLUTION	ADDITION	1/1/2025	1	
DENTAGEL 1.1 % GEL	FLUORIDE (SODIUM) 1.1 % GEL	ADDITION	1/1/2025	1	
SF 5000 PLUS 1.1 % CREAM	FLUORIDE (SODIUM) 1.1 % CREAM	ADDITION	1/1/2025	1	
DENTA 5000 PLUS 1.1 % CREAM	FLUORIDE (SODIUM) 1.1 % CREAM	ADDITION	1/1/2025	1	

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