



Medicare Part D 2025 Formulary Changes - Imperial Giveback (HMO)

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: 8
FORMULARY ID: 25225

2025 FORMULARY UPDATE AS OF February 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 | 1 | |
| PROMETHAZINE HCL 25 MG/ML SOLUTION | PROMETHAZINE HCL 25 MG/ML INJECTION SOLUTION | ADDITION | 1/1/2025 | 1 | |
| 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 | |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 |
|-------------------|---------------------|-----------------------|--------------------------|------|------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |