



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: 9
FORMULARY ID: 25222

2025 FORMULARY UPDATE AS OF March 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 ORAL CAPSULES	MOBOCERTINIB SUCCINATE 40 MG ORAL CAPSULES	DELETION	1/1/2025	5	
PROMETHAZINE HCL 25 MG/ML INJECTION SOLUTION	PROMETHAZINE HCL 25 MG/ML INJECTION SOLUTION	ADDITION	1/1/2025	2	
SODIUM FLUORIDE SENSITIVE 1.1 %-5 % DENTAL PASTE	SODIUM FLUORIDE/POTASSIUM NIT 1.1 %-5 % ORAL PASTE	ADDITION	1/1/2025	1	
SODIUM FLUORIDE 0.2 % DENTAL SOLUTION	FLUORIDE (SODIUM) 0.2 % ORAL SOLUTION	ADDITION	1/1/2025	1	
DENTAGEL 1.1 % DENTAL GEL	FLUORIDE (SODIUM) 1.1 % GEL	ADDITION	1/1/2025	1	
SF 5000 PLUS 1.1 % DENTAL CREAM	FLUORIDE (SODIUM) 1.1 % CREAM	ADDITION	1/1/2025	1	
DENTA 5000 PLUS 1.1 % DENTAL CREAM	FLUORIDE (SODIUM) 1.1 % CREAM	ADDITION	1/1/2025	1	

SEVELAMER CARBONATE 0.8 G ORAL POWD PACK	SEVELAMER CARBONATE 0.8 G ORAL POWDER PACK	UPDATE	1/1/2025	2	
SEVELAMER CARBONATE 2.4 G ORAL POWD PACK	SEVELAMER CARBONATE 2.4 G ORAL POWDER PACK	UPDATE	1/1/2025	2	

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
FENOFIBRATE 160 MG ORAL TABLET	FENOFIBRATE 160 MG ORAL TABLET	UPDATE	1/1/2025	1	
BUDESONIDE 2 MG RECTAL FOAM/APPL	BUDESONIDE 2 MG RECTAL FOAM/APPL	UPDATE	1/1/2025		Removed Step Therapy
SPRYCEL 100 MG ORAL TABLET	DASATINIB 100 MG ORAL TABLET	DELETION	2/1/2025		
SPRYCEL 140 MG ORAL TABLET	DASATINIB 140 MG ORAL TABLET	DELETION	2/1/2025		
SPRYCEL 20 MG ORAL TABLET	DASATINIB 20 MG ORAL TABLET	DELETION	2/1/2025		
SPRYCEL 50 MG ORAL TABLET	DASATINIB 50 MG ORAL TABLET	DELETION	2/1/2025		
SPRYCEL 70 MG ORAL TABLET	DASATINIB 70 MG ORAL TABLET	DELETION	2/1/2025		
SPRYCEL 80 MG ORAL TABLET	DASATINIB 80 MG ORAL TABLET	DELETION	2/1/2025		
DATROWAY 100 MG IV VIAL	DATOPOTAMAB DERUXTECAN-DLNK 100 MG IV VIAL	ADDITION	2/1/2025	5	Add PA

LEVETIRACETAM 250 MG TABLET FOR SUSPENSION	LEVETIRACETAM 250 MG TABLET FOR SUSPENSION	ADDITION	2/1/2025	5	Add Step Therapy
NIKTIMVO 22 MG/.44 ML IV VIAL, 9 MG/0.18 ML IV VIAL	AXATILIMAB-CSFR 22 MG/.44 ML IV VIAL, 9 MG/0.18 ML IV VIAL	ADDITION	2/8/2025	5	Add PA
PHENYTEK 200 MG, 300 MG ORAL CAPSULE	PHENYTOIN SODIUM EXTENDED 200 MG, 300 MG ORAL CAPSULE	ADDITION	2/8/2025	4	
ELAHERE 100MG/20ML IV VIAL	MIRVETUXIMAB SORAVTANSINE-GYNX 100MG/20ML IV VIAL	ADDITION	2/8/2025	5	Add PA
DEXTROSE 5 % AND 0.9 % NACL IV SOLUTION	GLUCOSE 5%-0.9% NACL IV SOLUTION	ADDITION	2/8/2025	2	
GRISEOFULVIN ULTRAMICROSIZED 165 MG ORAL TABLET	GRISEOFULVIN ULTRAMICROSIZED 165 MG ORAL TABLET	ADDITION	2/15/2025	4	
VELTASSA 1 G ORAL POWDER PACK	PATIRROMER CALCIUM SORBITEX 1 G ORAL POWDER PACK	ADDITION	2/22/2025	3	
NORETHINDRONE-E.ESTRADIOL-IRON 1.5-30(21) ORAL TABLET	FEIRZA 1.5-30(21) ORAL TABLET	ADDITION	2/22/2025	2	
ULTRA-FINE INSULIN SYRINGE 31GX15/64" DISPOSABLE SYRINGES	SYRGE-NDL,INS 0.3 ML HALF MARK 31GX15/64" DISPOSABLE SYRINGES	ADDITION	2/22/2025	2	Add Step Therapy
ULTRA-FINE PEN NEEDLE 29 G X1/2" DISPOSABLE NEEDLES	PEN NEEDLE, DIABETIC 29 G X1/2" DISPOSABLE NEEDLES	ADDITION	2/22/2025	2	Add Step Therapy
ETHYNODIOL D-ETHINYL ESTRADIOL 1 MG-50MCG ORAL TABLET	VALTYA 1 MG-50MCG ORAL TABLET	ADDITION	2/22/2025	2	

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