



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: 10
FORMULARY ID: 25225

2025 FORMULARY UPDATE AS OF April 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	1	
PROMETHAZINE HCL 25 MG/ML INJECTION SOLUTION	PROMETHAZINE HCL 25 MG/ML INJECTION SOLUTION	ADDITION	1/1/2025	1	
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 % 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	1	
SEVELAMER CARBONATE 2.4 G ORAL POWD PACK	SEVELAMER CARBONATE 2.4 G ORAL POWDER PACK	UPDATE	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
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	1	Add PA

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

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
NORETHINDRONE-E.ESTRADIOL-IRON 1MG-20(21) ORAL TABLET	FEIRZA 1MG-20(21) ORAL TABLET	ADDITION	3/1/2025	1	
LEVETIRACETAM 250 MG ORAL TABLET FOR SUSPENSION	LEVETIRACETAM 250 MG ORAL TABLET FOR SUSPENSION	UPDATE	3/1/2025	1	Removed Step Therapy
GOMEKLI 1 MG ORAL CAPSULE	MIRDAMETINIB 1 MG ORAL CAPSULE	ADDITION	3/1/2025	1	Add PA, Quantity Limit
GOMEKLI 2 MG ORAL CAPSULE	MIRDAMETINIB 2 MG ORAL CAPSULE	ADDITION	3/1/2025	1	Add PA, Quantity Limit
GOMEKLI 1 MG ORAL TABLET FOR SUSPENSION	MIRDAMETINIB 1 MG ORAL TABLET FOR SUSPENSION	ADDITION	3/1/2025	1	Add PA, Quantity Limit
RYBELSUS 1.5 MG ORAL TABLET	SEMAGLUTIDE 1.5 MG ORAL TABLET	ADDITION	3/1/2025	1	Add PA, Quantity Limit
RYBELSUS 4 MG ORAL TABLET	SEMAGLUTIDE 4 MG ORAL TABLET	ADDITION	3/1/2025	1	Add PA, Quantity Limit
RYBELSUS 9 MG ORAL TABLET	SEMAGLUTIDE 9 MG ORAL TABLET	ADDITION	3/1/2025	1	Add PA, Quantity Limit
ONAPGO 98 MG/20ML SUBCUTANEOUS CARTRIDGE	APOMORPHINE HCL 98 MG/20ML SUBCUTANEOUS CARTRIDGE	ADDITION	3/1/2025	1	Add PA, Quantity Limit
VIMKUNYA 40 MCG/0.8 IM SYRINGE	CHIKUNGUNYA VACCINE, RECOMB/PF 40 MCG/0.8 IM SYRINGE	ADDITION	3/8/2025	1	
MERCAPTOPYRINE 2000 MG/100 ML ORAL SUSPENSION	MERCAPTOPYRINE 2000 MG/100 ML ORAL SUSPENSION	ADDITION	3/15/2025	1	

ABIRATERONE ACETATE 250 MG ORAL TABLET	ABIRTEGA 250 MG ORAL TABLET	ADDITION	3/15/2025	1	Add PA, Quantity Limit
ROMVIMZA 14 MG ORAL CAPSULE	VIMSELTINIB 14 MG ORAL CAPSULE	ADDITION	3/15/2025	1	Add PA, Quantity Limit
ROMVIMZA 20 MG ORAL CAPSULE	VIMSELTINIB 20 MG ORAL CAPSULE	ADDITION	3/15/2025	1	Add PA, Quantity Limit
ROMVIMZA 30 MG ORAL CAPSULE	VIMSELTINIB 30 MG ORAL CAPSULE	ADDITION	3/15/2025	1	Add PA, Quantity Limit
RALDESY 10 MG/ML ORAL SOLUTION	TRAZODONE HCL 10 MG/ML ORAL SOLUTION	ADDITION	3/15/2025	1	Add PA, Quantity Limit
VIVOTIF ORAL CAPSULE DELAYED RELEASE 2 BILLION UNIT	THPHOID VACCINE ORAL CAPSULE DELAYED RELEASE 2 BILLION UNIT	ADDITION	3/15/2025	1	
DABIGATRAN ETEXILATE MESYLATE 110 MG ORAL CAPSULE	DABIGATRAN ETEXILATE 110 MG ORAL CAPSULE	ADDITION	3/22/2025	1	Add Quantity Limit
DABIGATRAN ETEXILATE MESYLATE 150 MG ORAL CAPSULE	DABIGATRAN ETEXILATE 150 MG ORAL CAPSULE	ADDITION	3/22/2025	1	Add Quantity Limit
DABIGATRAN ETEXILATE MESYLATE 75 MG ORAL CAPSULE	DABIGATRAN ETEXILATE 75 MG ORAL CAPSULE	ADDITION	3/22/2025	1	Add Quantity Limit
XPOVIO (40 MG ONCE WEEKLY) 10 MG ORAL TABLET THERAPY PACK	SELINEXOR 10 MG ORAL TABLET THERAPY PACK	ADDITION	3/22/2025	1	Add PA, Quantity Limit
IVERMECTIN 6 MG ORAL TABLET	IVERMECTIN 6 MG ORAL TABLET	ADDITION	3/29/2025	1	
REVUFORJ 25 MG ORAL TABLET	REVUMENIB CITRATE 25 MG ORAL TABLET	ADDITION	3/29/2025	1	Add PA, Quantity Limit
SELARSDI 130MG/26ML IV VIAL	USTEKINUMAB-AEKN 130MG/26ML IV VIAL	ADDITION	3/29/2025	1	Add PA
MESNA 400 MG ORAL TABLET	MESNEX 400 MG ORAL TABLET	DELETION	4/1/2025		
SELARSDI 45MG/0.5ML SUBCUTANEOUS SYRINGE	USTEKINUMAB-AEKN 45MG/0.5ML SUBCUTANEOUS SYRINGE	ADDITION	4/1/2025	1	Add PA
CYLTEZO(CF) 40MG/0.8ML	ADALIMUMAB-ADBM 40MG/0.8ML SUBCUTANEOUS SYRINGE KIT	ADDITION	4/1/2025	1	Add PA

SUBCUTANEOUS SYRINGE KIT					
CYLTEZO(CF) PEN CROHN'S-UC-HS 40MG/0.8ML SUBCUTANEOUS PEN INJECTOR KIT	ADALIMUMAB-ADB 40MG/0.8ML SUBCUTANEOUS PEN INJECTOR KIT	ADDITION	4/1/2025	1	Add PA
CYLTEZO(CF) PEN PSORIASIS-UV 40MG/0.8ML SUBCUTANEOUS PEN INJECTOR KIT	ADALIMUMAB-ADB 40MG/0.8ML SUBCUTANEOUS PEN INJECTOR KIT	ADDITION	4/1/2025	1	Add PA
CYLTEZO(CF) PEN 40MG/0.8ML SUBCUTANEOUS PEN INJECTOR KIT	ADALIMUMAB-ADB 40MG/0.8ML SUBCUTANEOUS PEN INJECTOR KIT	ADDITION	4/1/2025	1	Add PA
CYLTEZO(CF) PEN 10MG/0.2ML SUBCUTANEOUS SYRINGE KIT	ADALIMUMAB-ADB 10MG/0.2ML SUBCUTANEOUS SYRINGE KIT	ADDITION	4/1/2025	1	Add PA
CYLTEZO(CF) PEN 20MG/0.4ML SUBCUTANEOUS SYRINGE KIT	ADALIMUMAB-ADB 20MG/0.4ML SUBCUTANEOUS SYRINGE KIT	ADDITION	4/1/2025	1	Add PA
CYLTEZO(CF) PEN 40MG/0.4ML SUBCUTANEOUS SYRINGE KIT	ADALIMUMAB-ADB 40MG/0.4ML SUBCUTANEOUS SYRINGE KIT	ADDITION	4/1/2025	1	Add PA
CYLTEZO(CF) PEN PSORIASIS-UV 40MG/0.4ML SUBCUTANEOUS PEN INJECTOR KIT	ADALIMUMAB-ADB 40MG/0.4ML SUBCUTANEOUS PEN INJECTOR KIT	ADDITION	4/1/2025	1	Add PA
CYLTEZO(CF) PEN 40MG/0.4ML SUBCUTANEOUS PEN INJECTOR KIT	ADALIMUMAB-ADB 40MG/0.4ML SUBCUTANEOUS PEN INJECTOR KIT	ADDITION	4/1/2025	1	Add PA
CYLTEZO(CF) PEN CROHN'S-UC-HS 40MG/0.4ML SUBCUTANEOUS PEN INJECTOR KIT	ADALIMUMAB-ADB 40MG/0.4ML SUBCUTANEOUS PEN INJECTOR KIT	ADDITION	4/1/2025	1	Add PA
TYENNE AUTOINJECTOR 162 MG/0.9 SUBCUTANEOUS PEN INJECTOR	TOCILIZUMAB-AAZG 162 MG/0.9 SUBCUTANEOUS PEN INJECTOR	ADDITION	4/1/2025	1	Add PA
TYENNE 162 MG/0.9 SUBCUTANEOUS SYRINGE	TOCILIZUMAB-AAZG 162 MG/0.9 SUBCUTANEOUS SYRINGE	ADDITION	4/1/2025	1	Add PA
TYENNE 80 MG/4 ML IV VIAL	TOCILIZUMAB-AAZG 80 MG/4 ML IV VIAL	ADDITION	4/1/2025	1	Add PA
TYENNE 200 MG/10 ML IV VIAL	TOCILIZUMAB-AAZG 200 MG/10 ML IV VIAL	ADDITION	4/1/2025	1	Add PA

TYENNE 400 MG/20 ML IV VIAL	TOCILIZUMAB-AAZG 400 MG/20 ML IV VIAL	ADDITION	4/1/2025	1	Add PA
YUFLYMA(CF) AUTOINJECTOR 80MG/0.8ML SUBCUTANEOUS AUTOINJECTOR KIT	ADALIMUMAB-AATY 80MG/0.8ML SUBCUTANEOUS AUTOINJECTOR KIT	ADDITION	4/1/2025	1	Add PA
YUFLYMA(CF) AI CROHN'S-UC-HS 80MG/0.8ML SUBCUTANEOUS AUTOINJECTOR KIT	ADALIMUMAB-AATY 80MG/0.8ML SUBCUTANEOUS AUTOINJECTOR KIT	ADDITION	4/1/2025	1	Add PA
YUFLYMA(CF) 20MG/0.2ML SUBCUTANEOUS SYRINGE KIT	ADALIMUMAB-ADBM 20MG/0.2ML SUBCUTANEOUS SYRINGE KIT	ADDITION	4/1/2025	1	Add PA
YUFLYMA(CF) 40MG/0.4 ML SUBCUTANEOUS SYRINGE KIT	ADALIMUMAB-ADBM 40MG/0.4ML SUBCUTANEOUS SYRINGE KIT	ADDITION	4/1/2025	1	Add PA
YUFLYMA(CF) AUTOINJECTOR 40MG/0.4ML SUBCUTANEOUS AUTOINJECTOR KIT	ADALIMUMAB-AATY 40MG/0.4ML SUBCUTANEOUS AUTOINJECTOR KIT	ADDITION	4/1/2025	1	Add PA
YESINTEK 45MG/0.5ML SUBCUTANEOUS SYRINGE	USTEKINUMAB-KFCE 45MG/0.5ML SUBCUTANEOUS SYRINGE	ADDITION	4/1/2025	1	Add PA
YESINTEK 45MG/0.5ML SUBCUTANEOUS VIAL	USTEKINUMAB-KFCE 45MG/0.5ML SUBCUTANEOUS VIAL	ADDITION	4/1/2025	1	Add PA
YESINTEK 90MG/ML SUBCUTANEOUS SYRINGE	USTEKINUMAB-KFCE 90MG/ML SUBCUTANEOUS SYRINGE	ADDITION	4/1/2025	1	Add PA
YESINTEK 130MG/26ML IV VIAL	USTEKINUMAB-KFCE 130MG/26ML IV VIAL	ADDITION	4/1/2025	1	Add PA
TRUSELTIQ 100 MG/DAY ORAL CAPSULE	INFIGRATINIB PHOSPHATE 100 MG/DAY ORAL CAPSULE	DELETION	4/1/2025		
TRUSELTIQ 125 MG/DAY ORAL CAPSULE	INFIGRATINIB PHOSPHATE 125 MG/DAY ORAL CAPSULE	DELETION	4/1/2025		
TRUSELTIQ 50 MG/DAY ORAL CAPSULE	INFIGRATINIB PHOSPHATE 50 MG/DAY ORAL CAPSULE	DELETION	4/1/2025		
TRUSELTIQ 75 MG/DAY ORAL CAPSULE	INFIGRATINIB PHOSPHATE 75 MG/DAY ORAL CAPSULE	DELETION	4/1/2025		

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