

Medicare Part D 2026 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: 10
FORMULARY ID: 26350

2026 FORMULARY UPDATE AS OF April 1, 2026:

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
SODIUM POLYSTYRENE SULFONATE 15 G/60 ML ORAL SUSP	SODIUM POLYSTYRENE SULFONATE 15 G/60 ML ORAL SUSP	ADDITION	2/1/2026	2	
CEFIXIME 400 MG ORAL TABLET	CEFIXIME 400 MG ORAL TABLET	ADDITION	2/1/2026	4	
XPOVIO 80 MG/WEEK ORAL TABLET	SELINEXOR 80 MG/WEEK ORAL TABLET	ADDITION	2/1/2026	5	Add PA and Quantity Limit
RYBREVANT FASPRO 1600-20000 SUBCUTANE. VIAL	AMIVANTAMAB-HYALURONIDASE-LPUJ 1600-20000 SUBCUTANE. VIAL	ADDITION	2/1/2026	5	Add PA
RYBREVANT FASPRO 2240-28000 SUBCUTANE. VIAL	AMIVANTAMAB-HYALURONIDASE-LPUJ 2240-28000 SUBCUTANE. VIAL	ADDITION	2/1/2026	5	Add PA
VRAYLAR 0.5 MG ORAL CAPS	CARIPRAZINE HCL 0.5 MG ORAL CAPS	ADDITION	2/1/2026	5	Add Quantity Limit and Step Therapy
VRAYLAR 0.75 MG ORAL CAPS	CARIPRAZINE HCL 0.75 MG ORAL CAPS	ADDITION	2/1/2026	5	Add Quantity Limit and Step Therapy

PERAMPANEL 0.5 MG/ML ORAL ORAL SUSP	PERAMPANEL 0.5 MG/ML ORAL ORAL SUSP	ADDITION	2/1/2026	5	Add Quantity Limit and Step Therapy
DEXTROSE IN WATER 0.05 INTRAVEN. IV SOLN	DEXTROSE 5 % IN WATER 0.05 INTRAVEN. IV SOLN	ADDITION	2/1/2026	2	
SODIUM CHLORIDE 0.009 INTRAVEN. IV SOLN	0.9 % SODIUM CHLORIDE 0.009 INTRAVEN. IV SOLN	ADDITION	2/1/2026	2	
VRAYLAR 0.5 MG ORAL CAPSULE	CARIPRAZINE HCL 0.5 MG ORAL CAPSULE	ADDITION	2/1/2026	5	Add Quantity Limit and Step Therapy
VRAYLAR 0.75 MG ORAL CAPSULE	CARIPRAZINE HCL 0.75 MG ORAL CAPSULE	ADDITION	2/1/2026	5	Add Quantity Limit and Step Therapy
SODIUM POLYSTYRENE SULFONATE 15 GM/60ML COMBINATION SUSP	SODIUM POLYSTYRENE SULFONATE 15 GM/60ML COMBINATION SUSP	ADDITION	2/1/2026	2	
TRULANCE 3 MG ORAL TABS	PLECANATIDE 3 MG ORAL TABS	ADDITION	2/1/2026	3	
SHINGRIX 50 MCG/0.5 INTRAMUSC. SYRINGE	VARICELLA-ZOSTER GE/AS01B/PF 50 MCG/0.5 INTRAMUSC. SYRINGE	ADDITION	2/1/2026	3	Add Quantity Limit
METOPROLOL TARTRATE 37.5 MG ORAL TABLET	METOPROLOL TARTRATE 37.5 MG ORAL TABLET	ADDITION	2/1/2026	1	
METOPROLOL TARTRATE 75 MG ORAL TABLET	METOPROLOL TARTRATE 75 MG ORAL TABLET	ADDITION	2/1/2026	1	
TRULANCE 3 MG ORAL TABS	PLECANATIDE 3 MG ORAL TABS	ADDITION	2/1/2026	3	
PREMARIN 0.3 MG ORAL TABLET	ESTROGENS, CONJUGATED 0.3 MG ORAL TABLET	DELETION	2/1/2026		
PREMARIN 0.45MG ORAL TABLET	ESTROGENS, CONJUGATED 0.45MG ORAL TABLET	DELETION	2/1/2026		
PREMARIN 0.625 MG ORAL TABLET	ESTROGENS, CONJUGATED 0.625 MG ORAL TABLET	DELETION	2/1/2026		
PREMARIN 0.9 MG ORAL TABLET	ESTROGENS, CONJUGATED 0.9 MG ORAL TABLET	DELETION	2/1/2026		
PREMARIN 1.25 MG ORAL TABLET	ESTROGENS, CONJUGATED 1.25 MG ORAL TABLET	DELETION	2/1/2026		
DIFICID 200 MG ORAL TABS	FIDAXOMICIN 200 MG ORAL TABS	DELETION	2/1/2026		

GLEOSTINE 10 MG ORAL CAPSULE	LOMUSTINE 10 MG ORAL CAPSULE	DELETION	2/1/2026		
GLEOSTINE 100 MG ORAL CAPSULE	LOMUSTINE 100 MG ORAL CAPSULE	DELETION	2/1/2026		
GLEOSTINE 40 MG ORAL CAPSULE	LOMUSTINE 40 MG ORAL CAPSULE	DELETION	2/1/2026		
SODIUM POLYSTYRENE SULFONATE 15 G/60 ML ORAL ORAL SUSP	SODIUM POLYSTYRENE SULFONATE 15 G/60 ML ORAL ORAL SUSP	ADDITION	2/1/2026	2	
DEXTROSE IN WATER 0.05 INTRAVEN. IV SOLN	DEXTROSE 5 % IN WATER 0.05 INTRAVEN. IV SOLN	ADDITION	2/1/2026	2	
SODIUM CHLORIDE 0.009 INTRAVEN. IV SOLN	0.9 % SODIUM CHLORIDE 0.009 INTRAVEN. IV SOLN	ADDITION	2/1/2026	2	
OPDIVO QVANTIG 300MG-5000 SUBCUTANE. VIAL	NIVOLUMAB-HYALURONIDASE-NVHY 300MG-5000 SUBCUTANE. VIAL	ADDITION	2/1/2026	5	
SHINGRIX 50 MCG/0.5ML INTRAMUSCULAR SUSY	ZOSTER VACCINE RECOMBINANT ADJUVANTED 50 MCG/0.5ML INTRAMUSCULAR SUSY	ADDITION	2/1/2026	3	
KISQALI 200 MG/DAY ORAL TABLET	RIBOCICLIB SUCCINATE 200 MG/DAY ORAL TABLET	ADDITION	2/1/2026	5	Add PA and Quantity Limit
ALBUTEROL SULFATE HFA 90 MCG INHALATION HFA AER AD	ALBUTEROL SULFATE 90 MCG INHALATION HFA AER AD	ADDITION	2/1/2026	2	
LEVETIRACETAM 500 MG ORAL TAB SUSP	LEVETIRACETAM 500 MG ORAL TAB SUSP	ADDITION	3/1/2026	4	Add Step Therapy
LUNSUMIO VELO 45 MG/ML SUBCUTANE. VIAL	MOSUNETUZUMAB-AXGB 45 MG/ML SUBCUTANE. VIAL	ADDITION	3/1/2026	5	Add PA
LUNSUMIO VELO 5 MG/0.5ML SUBCUTANE. VIAL	MOSUNETUZUMAB-AXGB 5 MG/0.5ML SUBCUTANE. VIAL	ADDITION	3/1/2026	5	Add PA
LEVETIRACETAM 500 MG ORAL TAB SUSP	LEVETIRACETAM 500 MG ORAL TAB SUSP	ADDITION	3/1/2026	4	Add Step Therapy
LEVETIRACETAM 100 MG/ML ORAL SOLUTION	LEVETIRACETAM 100 MG/ML ORAL SOLUTION	DELETION	3/1/2026		
STIOLTO RESPIMAT 2.5-2.5MCG INHALATION MIST INHAL	TIOTROPIUM BR/OLODATEROL HCL 2.5-2.5MCG INHALATION MIST INHAL	ADDITION	3/1/2026	3	Add Quantity Limit
KOMZIFTI 200 MG ORAL CAPSULE	ZIFTOMENIB 200 MG ORAL CAPSULE	ADDITION	3/1/2026	5	Add PA and Quantity Limit

CEFTAROLINE FOSAMIL 400 MG INTRAVEN. VIAL	CEFTAROLINE FOSAMIL ACETATE 400 MG INTRAVEN. VIAL	ADDITION	3/1/2026	5	
CEFTAROLINE FOSAMIL 600 MG INTRAVEN. VIAL	CEFTAROLINE FOSAMIL ACETATE 600 MG INTRAVEN. VIAL	ADDITION	3/1/2026	5	
DICLOFENAC SODIUM 1 % EXTERNAL GEL	DICLOFENAC SODIUM (TOPICAL) 1 % EXTERNAL GEL	DELETION	3/1/2026		
RYBREVANT FASPRO 2400-30000 SUBCUTANE. VIAL	AMIVANTAMAB-HYALURONIDASE-LPUJ 2400-30000 SUBCUTANE. VIAL	ADDITION	3/1/2026	5	Add PA
RYBREVANT FASPRO 3520-44000 SUBCUTANE. VIAL	AMIVANTAMAB-HYALURONIDASE-LPUJ 3520-44000 SUBCUTANE. VIAL	ADDITION	3/1/2026	5	Add PA
POMALIDOMIDE 1 MG ORAL CAPSULE	POMALIDOMIDE 1 MG ORAL CAPSULE	ADDITION	3/1/2026	5	Add PA and Quantity Limit
POMALIDOMIDE 2 MG ORAL CAPSULE	POMALIDOMIDE 2 MG ORAL CAPSULE	ADDITION	3/1/2026	5	Add PA and Quantity Limit
POMALIDOMIDE 3 MG ORAL CAPSULE	POMALIDOMIDE 3 MG ORAL CAPSULE	ADDITION	3/1/2026	5	Add PA and Quantity Limit
POMALIDOMIDE 4 MG ORAL CAPSULE	POMALIDOMIDE 4 MG ORAL CAPSULE	ADDITION	3/1/2026	5	Add PA and Quantity Limit
RILPIVIRINE HCL 25 MG ORAL TABS	RILPIVIRINE HCL 25 MG ORAL TABS	ADDITION	3/1/2026	5	
FYCOMPA 0.5 MG/ML ORAL SUSP	PERAMPANEL 0.5 MG/ML ORAL SUSP	DELETION	4/1/2026		