

Medicare Part D 2026 Formulary Changes - Imperial Dynamic Plan (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: 12
FORMULARY ID: 26349

2026 FORMULARY UPDATE AS OF June 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		
TACROLIMUS 5 MG/ML INTRAVEN. VIAL	TACROLIMUS 5 MG/ML INTRAVEN. VIAL	ADDITION	5/1/2026	2	
NILOTINIB HCL 150 MG ORAL CAPSULE	NILOTINIB HCL 150 MG ORAL CAPSULE	UPDATE	5/1/2026	5	Add PA and Quantity Limit
NILOTINIB HCL 200 MG ORAL CAPSULE	NILOTINIB HCL 200 MG ORAL CAPSULE	UPDATE	5/1/2026	5	Add PA and Quantity Limit
NILOTINIB HCL 50 MG ORAL CAPSULE	NILOTINIB HCL 50 MG ORAL CAPSULE	UPDATE	5/1/2026	5	Add PA and Quantity Limit
IPRATROPIUM BROMIDE HFA 17 MCG/ACT INHALATION AERS	IPRATROPIUM BROMIDE HFA 17 MCG/ACT INHALATION AERS	ADDITION	5/1/2026	2	Add Quantity Limit
HADLIMA(CF) PUSHTOUCH 40MG/0.4ML SUBCUTANE. AUTO INJCT	ADALIMUMAB-BWWD 40MG/0.4ML SUBCUTANE. AUTO INJCT	ADDITION	5/1/2026	5	Add PA

HADLIMA(CF) 40MG/0.4ML SUBCUTANE. SYRINGE	ADALIMUMAB-BWWD 40MG/0.4ML SUBCUTANE. SYRINGE	ADDITION	5/1/2026	5	Add PA
HADLIMA PUSH TOUCH 40MG/0.8ML SUBCUTANE. AUTO INJCT	ADALIMUMAB-BWWD 40MG/0.8ML SUBCUTANE. AUTO INJCT	ADDITION	5/1/2026	5	Add PA
HADLIMA 40MG/0.8ML SUBCUTANE. SYRINGE	ADALIMUMAB-BWWD 40MG/0.8ML SUBCUTANE. SYRINGE	ADDITION	5/1/2026	5	Add PA
ADALIMUMAB-AATY(CF) 20MG/0.2ML SUBCUTANE. SYRINGEKIT	ADALIMUMAB-AATY 20MG/0.2ML SUBCUTANE. SYRINGEKIT	ADDITION	5/1/2026	5	Add PA
ADALIMUMAB-AATY(CF) AUTOINJECT 40MG/0.4ML SUBCUTANE. AUTOINJKIT	ADALIMUMAB-AATY 40MG/0.4ML SUBCUTANE. AUTOINJKIT	ADDITION	5/1/2026	5	Add PA
ADALIMUMAB-AATY(CF) 40MG/0.4ML SUBCUTANE. SYRINGEKIT	ADALIMUMAB-AATY 40MG/0.4ML SUBCUTANE. SYRINGEKIT	ADDITION	5/1/2026	5	Add PA
ADALIMUMAB-AATY(CF) AUTOINJECT 80MG/0.8ML SUBCUTANE. AUTOINJKIT	ADALIMUMAB-AATY 80MG/0.8ML SUBCUTANE. AUTOINJKIT	ADDITION	5/1/2026	5	Add PA
ADALIMUMAB-AATY(CF) AI CROHNS 80MG/0.8ML SUBCUTANE. AUTOINJKIT	ADALIMUMAB-AATY 80MG/0.8ML SUBCUTANE. AUTOINJKIT	ADDITION	5/1/2026	5	Add PA
BRILINTA 90 MG ORAL TABLET	TICAGRELOR 90 MG ORAL TABLET	DELETION	5/1/2026		
RIVAROXABAN 2.5 MG ORAL TABLET	RIVAROXABAN 2.5 MG ORAL TABLET	UPDATE	5/1/2026	2	Add Step Therapy and Quantity Limit
XGEVA 120 MG/1.7 SUBCUTANE. VIAL	DENOSUMAB 120 MG/1.7 SUBCUTANE. VIAL	DELETION	5/1/2026		Add PA
TEFLARO 400 MG INTRAVEN. VIAL	CEFTAROLINE FOSAMIL ACETATE 400 MG INTRAVEN. VIAL	DELETION	5/1/2026		
TEFLARO 600 MG INTRAVEN. VIAL	CEFTAROLINE FOSAMIL ACETATE 600 MG INTRAVEN. VIAL	DELETION	5/1/2026		

ZYLET 0.5-0.3 % OPHTHALMIC SUSP	LOTEPREDNOL ETABONATE-TOBRAMYCIN 0.5-0.3 % OPHTHALMIC SUSP	DELETION	5/1/2026		
LOTEPREDNOL-TOBRAMYCIN 0.5-0.3 % OPHTHALMIC SUSP	LOTEPREDNOL ETABONATE-TOBRAMYCIN 0.5-0.3 % OPHTHALMIC SUSP	ADDITION	5/1/2026	2	
BRIVARACETAM 10 MG/ML ORAL SOLUTION	BRIVARACETAM 10 MG/ML ORAL SOLUTION	ADDITION	06/1/2026	2	
BRIVARACETAM 10 MG ORAL TABLET	BRIVARACETAM 10 MG ORAL TABLET	ADDITION	6/1/2026	5	
BRIVARACETAM 100 MG ORAL TABLET	BRIVARACETAM 100 MG ORAL TABLET	ADDITION	6/1/2026	5	
BRIVARACETAM 25 MG ORAL TABLET	BRIVARACETAM 25 MG ORAL TABLET	ADDITION	6/1/2026	5	
BRIVARACETAM 50 MG ORAL TABLET	BRIVARACETAM 50 MG ORAL TABLET	ADDITION	6/1/2026	5	
BRIVARACETAM 75 MG ORAL TABLET	BRIVARACETAM 75 MG ORAL TABLET	ADDITION	6/1/2026	5	
BRIVARACETAM 50 MG/5 ML INTRAVEN. VIAL	BRIVARACETAM 50 MG/5 ML INTRAVEN. VIAL	ADDITION	6/1/2026	5	
YUTREPIA 106 MCG INHALATION CAP W/DEV	TREPROSTINIL SODIUM 106 MCG INHALATION CAP W/DEV	ADDITION	6/1/2026	5	
YUTREPIA 26.5 MCG INHALATION CAP W/DEV	TREPROSTINIL SODIUM 26.5 MCG INHALATION CAP W/DEV	ADDITION	6/1/2026	5	
YUTREPIA 53 MCG INHALATION CAP W/DEV	TREPROSTINIL SODIUM 53 MCG INHALATION CAP W/DEV	ADDITION	6/1/2026	5	
YUTREPIA 79.5 MCG INHALATION CAP W/DEV	TREPROSTINIL SODIUM 79.5 MCG INHALATION CAP W/DEV	ADDITION	6/1/2026	5	

JASCAYD 18 MG ORAL TABLET	NERANDOMILAST 18 MG ORAL TABLET	ADDITION	6/1/2026	5	
JASCAYD 9 MG ORAL TABLET	NERANDOMILAST 9 MG ORAL TABLET	ADDITION	6/1/2026	5	
NINTEDANIB ESYLATE 100 MG ORAL CAPS	NINTEDANIB ESYLATE 100 MG ORAL CAPS	ADDITION	6/1/2026	5	Add PA and Quantity Limit
NINTEDANIB ESYLATE 150 MG ORAL CAPS	NINTEDANIB ESYLATE 150 MG ORAL CAPS	ADDITION	6/1/2026	5	Add PA and Quantity Limit
TYBLUME 0.1-20 MG-MCG ORAL CHEW	LEVONORGESTREL AND ETH ESTRADIOL 0.1-20 MG-MCG ORAL CHEW	ADDITION	6/1/2026	4	
DAPAGLIFLOZIN-METFORMIN ER 10-1000 MG ORAL TAB BP 24H	DAPAGLIFLOZIN/METFORMIN 10-1000 MG ORAL TAB BP 24H	ADDITION	6/1/2026	2	
DAPAGLIFLOZIN-METFORMIN ER 10MG-500MG ORAL TAB BP 24H	DAPAGLIFLOZIN/METFORMIN 10MG-500MG ORAL TAB BP 24H	ADDITION	6/1/2026	2	
DAPAGLIFLOZIN-METFORMIN ER 5 MG-500MG ORAL TAB BP 24H	DAPAGLIFLOZIN/METFORMIN 5 MG-500MG ORAL TAB BP 24H	ADDITION	6/1/2026	2	
DAPAGLIFLOZIN-METFORMIN ER 5MG-1000MG ORAL TAB BP 24H	DAPAGLIFLOZIN/METFORMIN 5MG-1000MG ORAL TAB BP 24H	ADDITION	6/1/2026	2	
DAPAGLIFLOZIN 10 MG ORAL TABLET	DAPAGLIFLOZIN PROPANEDIOL 10 MG ORAL TABLET	ADDITION	6/1/2026	2	
DAPAGLIFLOZIN 5 MG ORAL TABLET	DAPAGLIFLOZIN PROPANEDIOL 5 MG ORAL TABLET	ADDITION	6/1/2026	2	Add Quantity Limit
DAPAGLIFLOZIN-METFORMIN ER 5MG-1000MG ORAL TAB BP 24H	DAPAGLIFLOZ PROPANED/METFORMIN 5MG-1000MG ORAL TAB BP 24H	ADDITION	6/1/2026	2	Add Quantity Limit
OZEMPIC 1.5 MG ORAL TABLET	SEMAGLUTIDE 1.5 MG ORAL TABLET	ADDITION	6/1/2026	3	Add PA and Quantity Limit
OZEMPIC 4 MG ORAL TABLET	SEMAGLUTIDE 4 MG ORAL TABLET	ADDITION	6/1/2026	3	Add PA and Quantity Limit
OZEMPIC 9 MG ORAL TABLET	SEMAGLUTIDE 9 MG ORAL TABLET	ADDITION	6/1/2026	3	Add PA and Quantity Limit

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