IMPERIAL HEALTH PLAN
OF CALIFORNIA

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: 13
FORMULARY ID: 25225

2025 FORMULARY UPDATE AS OF July 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 ULTRAMICROSIZE 165 MG ORAL TABLET	GRISEOFULVIN ULTRAMICROSIZE 165 MG ORAL TABLET	ADDITION	2/15/2025	1	
VELTASSA 1 G ORAL POWDER PACK	PATIROMER CALCIUM SORBITEX 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	

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**
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	
MERCAPTOPURINE 2000 MG/100 ML ORAL SUSPENSION	MERCAPTOPURINE 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-ADBM 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-ADBM 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-ADBM 40MG/0.8ML SUBCUTANEOUS PEN INJECTOR KIT	ADDITION	4/1/2025	1	Add PA
CYLTEZO(CF) PEN 10MG/0.2ML SUBCUTANEOUS SYRINGE KIT	ADALIMUMAB-ADBM 10MG/0.2ML SUBCUTANEOUS SYRINGE KIT	ADDITION	4/1/2025	1	Add PA
CYLTEZO(CF) PEN 20MG/0.4ML SUBCUTANEOUS SYRINGE KIT	ADALIMUMAB-ADBM 20MG/0.4ML SUBCUTANEOUS SYRINGE KIT	ADDITION	4/1/2025	1	Add PA
CYLTEZO(CF) PEN 40MG/0.4ML SUBCUTANEOUS SYRINGE KIT	ADALIMUMAB-ADBM 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-ADBM 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-ADBM 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-ADBM 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		

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**
SELARSDI 130 MG/26 ML IV SOLUTION	USTEKINUMAB-AEKN (IV) 130 MG/26 ML	ADDITION	4/5/2025	1	Add PA
TREMFYA CROHNS INDUCTION 200 MG/2 ML SUBCUTANEOUS INJECTOR	GUSELKUMAB (GASTROINTESTINAL) 200 MG/ 2 ML SUBCUTANEOUS INJECTOR	ADDITION	4/5/2025	1	Add PA
ACYCLOVIR 800 MG/20ML ORAL SUSPENSION	ACYCLOVIR 800 MG/20ML ORAL SUSPENSION	ADDITION	4/5/2025	1	
TREMFYA PEN 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR	GUSELKUMAB 100 MG/ML SUBCUTANEOUS AUTO-INJECTOR	ADDITION	4/12/2025	1	Add PA
REXULTI 0.25MG ORAL TABLET	BREXPIPRAZOLE 0.25MG ORAL TABLET	UPDATE	4/12/2025		Remove Step Therapy
REXULTI 0.5MG ORAL TABLET	BREXPIPRAZOLE 0.5MG ORAL TABLET	UPDATE	4/12/2025		Remove Step Therapy
REXULTI 1MG ORAL TABLET	BREXPIPRAZOLE 1MG ORAL TABLET	UPDATE	4/12/2025		Remove Step Therapy
REXULTI 2MG ORAL TABLET	BREXPIPRAZOLE 2MG ORAL TABLET	UPDATE	4/12/2025		Remove Step Therapy
REXULTI 3MG ORAL TABLET	BREXPIPRAZOLE 3MG ORAL TABLET	UPDATE	4/12/2025		Remove Step Therapy
REXULTI 4MG ORAL TABLET	BREXPIPRAZOLE 4MG ORAL TABLET	UPDATE	4/12/2025		Remove Step Therapy
SELARSDI 45MG/0.5ML SUBCUTANEOUS SYRINGE	USTEKINUMAB-AEKN 45MG/0.5ML SUBCUTANEOUS SYRINGE	ADDITION	4/16/2025	1	Remove PA

YESINTEK 45MG/0.5ML SUBCUTANEOUS SYRINGE	USTEKINUMAB-KFCE 45MG/0.5ML SUBCUTANEOUS SYRINGE	ADDITION	4/16/2025	1	Remove PA
YESINTEK 45MG/0.5ML SUBCUTANEOUS VIAL	USTEKINUMAB-KFCE 45MG/0.5ML SUBCUTANEOUS VIAL	ADDITION	4/16/2025	1	Remove PA
LUTRATE DEPOT 22.5 MG INTRAMUSCULAR INJECTION	LEUPROLIDE ACETATE (3 MONTH) 22.5 MG INTRAMUSCULAR INJECTION	ADDITION	4/16/2025	1	Add PA
VIVIMUSTA 25 MG/ML INTRAVENOUS VIAL	BENDAMUSTINE HCL 25 MG/ML INTRAVENOUS VIAL	ADDITION	4/19/2025	1	Add PA
VYLOY 300 MG INTRAVENOUS VIAL	ZOLBETUXIMAB-CLZB 300 MG INTRAVENOUS VIAL	ADDITION	4/19/2025	1	Add PA
DICLOFENAC EPOLAMINE 1.3% TRANSDERMAL PATCH	DICLOFENAC EPOLAMINE 1.3% TRANSDERMAL PATCH	ADDITION	4/19/2025	1	Add PA and Quantity Limit
SUNLENCA 300 MG ORAL TABLET	LENACAPAVIR SODIUM 300 MG ORAL TABLET	ADDITION	4/26/2025	1	
PAXLOVID 150-100 MG ORAL TABLET DOSE PACK	NIRMATRELVIR/RITONAVIR 150-100 MG ORAL TABLET DOSE PACK	ADDITION	4/26/2025	1	Add Quantity Limit
CORTROPHIN 80 UNIT/ML INJECTION VIAL	CORTICOTROPIN 80 UNIT/ML INJECTION VIAL	ADDITION	5/1/2025	1	Add PA and Quantity Limit
BAQSIMI 3 MG NASAL SPRAY	GLUCAGON 3 MG NASAL SPRAY	UPDATE	5/1/2025	1	Remove Step Therapy
XCOPRI 100 MG ORAL TABLET	CENOBAMATE 100 MG ORAL TABLET	UPDATE	5/1/2025	1	Remove Step Therapy
XCOPRI 12.5-25 MG ORAL TABLET DOSE PACK	CENOBAMATE 12.5-25 MG ORAL TABLET DOSE PACK	UPDATE	5/1/2025	1	Remove Step Therapy
XCOPRI 150 MG ORAL TABLET	CENOBAMATE 150 MG ORAL TABLET	UPDATE	5/1/2025	1	Remove Step Therapy
XCOPRI 150-200 MG ORAL TABLET DOSE PACK	CENOBAMATE 150-200 MG ORAL TABLET DOSE PACK	UPDATE	5/1/2025	1	Remove Step Therapy

XCOPRI 200 MG ORAL TABLET	CENOBAMATE 200 MG ORAL TABLET	UPDATE	5/1/2025	1	Remove Step Therapy
XCOPRI 25 MG ORAL TABLET	CENOBAMATE 25 MG ORAL TABLET	UPDATE	5/1/2025	1	Remove Step Therapy
XCOPRI 250 MG/DAY ORAL TABLET	CENOBAMATE 250 MG/DAY ORAL TABLET	UPDATE	5/1/2025	1	Remove Step Therapy
XCOPRI 350 MG/DAY ORAL TABLET	CENOBAMATE 350 MG/DAY ORAL TABLET	UPDATE	5/1/2025	1	Remove Step Therapy
XCOPRI 50 MG ORAL TABLET	CENOBAMATE 50 MG ORAL TABLET	UPDATE	5/1/2025	1	Remove Step Therapy
XCOPRI 50 MG-100 MG ORAL TABLET DOSE PACK	CENOBAMATE 50 MG-100 MG ORAL TABLET DOSE PACK	UPDATE	5/1/2025	1	Remove Step Therapy
MIEBO 100 % OPHTHALMIC DROPS	PERFLUOROHEXYLOCTANE/PF 100 % OPHTHALMIC DROPS	ADDITION	5/1/2025	1	Remove PA
AIMOVIG AUTOINJECTOR SUBCUTANEOUS 140 MG/ML	ERENUMAB-AOOE AUTOINJECTOR SUBCUTANEOUS 140 MG/ML	ADDITION	5/1/2025	1	Add PA and Quantity Limit
AIMOVIG AUTOINJECTOR SUBCUTANEOUS 70 MG/ML	ERENUMAB-AOOE AUTOINJECTOR SUBCUTANEOUS 70 MG/ML	ADDITION	5/1/2025	1	Add PA and Quantity Limit

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Covered Drug Name	Alternate Drug Name	Description of Change	Effective Date of Change	Tier	Utilization Management Notes
BISOPROLOL FUMARATE 2.5 MG ORAL TABLET	BISOPROLOL FUMARATE 2.5 mg ORAL TABLET	ADDITION	5/3/2025	1	
EULEXIN 125 MG ORAL CAPSULE	FLUTAMIDE 125 MG ORAL CAPSULE	ADDITION	5/3/2025	1	
ABIRTEGA 250 MG ORAL TABLET	ABIRATERONE ACETATE 250MG ORAL TABLET	UPDATE	5/3/2025		Remove PA and Quantity

					Limit
RALDESY 10 MG/ML ORAL SOLUTION	TRAZODONE HCL 10 MG/ML ORAL SOLUTION	UPDATE	5/3/2025		Remove PA and Quantity Limit
OPIPZA 10 MG ORAL FILM	ARIPIPRAZOLE 10 MG ORAL FILM	ADDITION	5/3/2025	1	Add Step Therapy
OPIPZA 2 MG ORAL FILM	ARIPIPRAZOLE 2 MG ORAL FILM	ADDITION	5/3/2025	1	Add Step Therapy
OPIPZA 5 MG ORAL FILM	ARIPIPRAZOLE 5 MG ORAL FILM	ADDITION	5/3/2025	1	Add Step Therapy
ESLICARBAZEPINE ACETATE 200 MG ORAL TABLET	ESLICARBAZEPINE ACETATE 200 MG ORAL TABLET	ADDITION	5/17/2025	1	Add Step Therapy and Quantity Limit
ESLICARBAZEPINE ACETATE 400 MG ORAL TABLET	ESLICARBAZEPINE ACETATE 400 MG ORAL TABLET	ADDITION	5/17/2025	1	Add Step Therapy and Quantity Limit
ESLICARBAZEPINE ACETATE 600 MG ORAL TABLET	ESLICARBAZEPINE ACETATE 600 MG ORAL TABLET	ADDITION	5/17/2025	1	Add Step Therapy and Quantity Limit
ESLICARBAZEPINE ACETATE 800 MG ORAL TABLET	ESLICARBAZEPINE ACETATE 800 MG ORAL TABLET	ADDITION	5/17/2025	1	Add Step Therapy and Quantity Limit
AVMAPKI 0.8 MG ORAL CAPSULE	AVUTOMETINIB POTASSIUM 0.8 MG ORAL CAPSULE	ADDITION	5/24/2025	1	Add PA and Quantity Limit
FAKZYNJA 200 MG ORAL TABLET	DEFACTINIB HYDROCHLORIDE 200 MG ORAL TABLET	ADDITION	5/24/2025	1	Add PA and Quantity Limit
LUTRATE DEPOT 22.5 MG INTRAMUSCULAR VIAL	LEUPROLIDE ACETATE 22.5 MG INTRAMUSCULAR VIAL	ADDITION	5/24/2025	1	Add PA
AVMAPKI FAKZYNJA CO-PACK 0.8 MG AND 200 MG ORAL TABLET THERAPY PACK	AVUTOMETINIB-DEFACTINIB 0.8 MG AND 200 MG ORAL TABLET THERAPY PACK	ADDITION	5/24/2025	1	Add PA and Quantity Limit
EDURANT PED 2.5 MG TABLET FOR ORAL SOLUTION	RILPIVIRINE HCL 2.5 MG TABLET FOR ORAL SOLUTION	ADDITION	5/24/2025	1	
EMRELIS 100 MG INTRAVENOUS SOLUTION	TELISOTUZUMAB VEDOTIN-TLLV 100 MG INTRAVENOUS SOLUTION	ADDITION	5/31/2025	1	Add PA

EMRELIS 20 MG INTRAVENOUS SOLUTION	TELISOTUZUMAB VEDOTIN-TLLV 20 MG INTRAVENOUS SOLUTION	ADDITION	5/31/2025	1	Add PA
PURIXAN 20 MG/ML ORAL SUSPENSION	MERCAPTOPURINE 20 MG/ML ORAL SUSPENSION	DELETION	6/1/2025		
ELEPSIA XR 1000 MG ER 24H ORAL TABLET	LEVETIRACETAM 1000 MG ER 24H ORAL TABLET	ADDITION	6/7/2025	1	Add Step Therapy and Quantity Limit
ELEPSIA XR 1500 MG ER 24H ORAL TABLET	LEVETIRACETAM 1500 MG ER 24H ORAL TABLET	ADDITION	6/7/2025	1	Add Step Therapy and Quantity Limit
EMTRICITABINE-RILPIVIRNE-TENOF 200-25-300 ORAL TABLET	EMTRICITA/RILPIVIRINE/TENOF DF 200-25-300 ORAL TABLET	ADDITION	6/7/2025	1	
HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML ORAL SOLUTION	HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML ORAL SOLUTION	ADDITION	6/14/2025	1	Add Quantity Limit
PERAMPANEL 10 MG ORAL TABLET	PERAMPANEL 10 MG ORAL TABLET	ADDITION	6/14/2025	1	Add Step Therapy and Quantity Limit
PERAMPANEL 12 MG ORAL TABLET	PERAMPANEL 12 MG ORAL TABLET	ADDITION	6/14/2025	1	Add Step Therapy and Quantity Limit
PERAMPANEL 2 MG ORAL TABLET	PERAMPANEL 2 MG ORAL TABLET	ADDITION	6/14/2025	1	Add Step Therapy and Quantity Limit
PERAMPANEL 4 MG ORAL TABLET	PERAMPANEL 4 MG ORAL TABLET	ADDITION	6/14/2025	1	Add Step Therapy and Quantity Limit
PERAMPANEL 6 MG ORAL TABLET	PERAMPANEL 6 MG ORAL TABLET	ADDITION	6/14/2025	1	Add Step Therapy and Quantity Limit
PERAMPANEL 8 MG ORAL TABLET	PERAMPANEL 8 MG ORAL TABLET	ADDITION	6/14/2025	1	Add Step Therapy and Quantity Limit
MELEYA 0.35 MG ORAL TABLET	NORETHINDRONE (CONTRACEPTIVE) 0.35 MG ORAL TABLET	ADDITION	6/14/2025	1	
CRESEMBA 186 MG ORAL CAPSULE	ISAVUCONAZONIUM SULFATE 186 MG ORAL CAPSULE	ADDITION	6/14/2025	1	Add PA

CRESEMBA 372 MG INTRAVENOUS VIAL	ISAVUCONAZONIUM SULFATE 372 MG INTRAVENOUS VIAL	ADDITION	6/14/2025	1	
JYNARQUE 15 MG ORAL TABLET	TOLVAPTAN 15 MG ORAL TABLET	ADDITION	6/14/2025	1	Add PA and Quantity Limit
JYNARQUE 30 MG ORAL TABLET	TOLVAPTAN 30 MG ORAL TABLET	ADDITION	6/14/2025	1	Add PA and Quantity Limit
JYNARQUE 60 MG-30 MG ORAL TABLET SEQUENTIAL	TOLVAPTAN 60 MG-30 MG ORAL TABLET SEQUENTIAL	ADDITION	6/14/2025	1	Add PA and Quantity Limit
JYNARQUE 45 MG-15 MG ORAL TABLET SEQUENTIAL	TOLVAPTAN 45 MG-15 MG ORAL TABLET SEQUENTIAL	ADDITION	6/14/2025	1	Add PA and Quantity Limit
JYNARQUE 90 MG-30 MG ORAL TABLET SEQUENTIAL	TOLVAPTAN 90 MG-30 MG ORAL TABLET SEQUENTIAL	ADDITION	6/14/2025	1	Add PA and Quantity Limit
JYNARQUE 30 MG-15 MG ORAL TABLET SEQUENTIAL	TOLVAPTAN 30 MG-15 MG ORAL TABLET SEQUENTIAL	ADDITION	6/14/2025	1	Add PA and Quantity Limit
JYNARQUE 15 MG-15 MG ORAL TABLET SEQUENTIAL	TOLVAPTAN 15 MG-15 MG ORAL TABLET SEQUENTIAL	ADDITION	6/14/2025	1	Add PA and Quantity Limit
CAMZYOS 10 MG ORAL CAPSULE	MAVACAMTEN 10 MG ORAL CAPSULE	ADDITION	6/14/2025	1	Add PA and Quantity Limit
CAMZYOS 15 MG ORAL CAPSULE	MAVACAMTEN 15 MG ORAL CAPSULE	ADDITION	6/14/2025	1	Add PA and Quantity Limit
CAMZYOS 2.5 MG ORAL CAPSULE	MAVACAMTEN 2.5 MG ORAL CAPSULE	ADDITION	6/14/2025	1	Add PA and Quantity Limit
CAMZYOS 5 MG ORAL CAPSULE	MAVACAMTEN 5 MG ORAL CAPSULE	ADDITION	6/14/2025	1	Add PA and Quantity Limit
CRESEMBA 74.5 MG ORAL CAPSULE	ISAVUCONAZONIUM SULFATE 74.5 MG ORAL CAPSULE	ADDITION	6/14/2025	1	Add PA
TOLVAPTAN 15 MG-15 MG ORAL TABLET SEQUENTIAL	TOLVAPTAN 15 MG-15 MG ORAL TABLET SEQUENTIAL	ADDITION	6/14/2025	1	
TOLVAPTAN 30 MG-15 MG ORAL TABLET SEQUENTIAL	TOLVAPTAN 30 MG-15 MG ORAL TABLET SEQUENTIAL	ADDITION	6/14/2025	1	
TOLVAPTAN 45 MG-15 MG ORAL TABLET SEQUENTIAL	TOLVAPTAN 45 MG-15 MG ORAL TABLET SEQUENTIAL	ADDITION	6/14/2025	1	
TOLVAPTAN 60 MG-30 MG ORAL TABLET	TOLVAPTAN 60 MG-30 MG ORAL TABLET SEQUENTIAL	ADDITION	6/14/2025	1	

SEQUENTIAL					
TOLVAPTAN 90 MG-30 MG ORAL TABLET SEQUENTIAL	TOLVAPTAN 90 MG-30 MG ORAL TABLET SEQUENTIAL	ADDITION	6/14/2025	1	
KALETRA 400 MG-100 MG/5 ML ORAL SOLUTION	LOPINAVIR/RITONAVIR 400 MG-100 MG/5 ML ORAL SOLUTION	ADDITION	6/28/2025	1	