

Formulary Changes Effective April 1, 2026					
CMS Formulary ID	Effective Date	Drug Name	Change Description	Reason Description	Alternate Drugs and Tier
26318	3/1/2026	STELARA 130MG/26ML INTRAVEN. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 130MG/26ML INTRAVEN. VIAL-5
26318	3/1/2026	USTEKINUMAB 130MG/26ML INTRAVEN. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 130MG/26ML INTRAVEN. VIAL-5
26318	3/1/2026	USTEKINUMAB 45MG/0.5ML SUBCUTANE. VIAL	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	SELARSDI 45MG/0.5ML SUBCUTANE. VIAL-3
26318	3/1/2026	USTEKINUMAB 90 MG/ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE-3
26318	3/1/2026	STELARA 45MG/0.5ML SUBCUTANE. SYRINGE	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT	USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE-3
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