Blue Shield of California Medicare Rx Plan (PDP)

Formulary Updates:

The enclosed table lists the changes made to your formulary such as removing or adding: a drug, prior authorization, quantity limits or step therapy as well as any changes to a cost sharing tier. The table also includes alternative drug(s) if applicable.

Abbreviation Key:

Symbol	Name	Description
LA	Limited Access	This prescription may be available only at certain pharmacies.
PA	Prior Authorization	Coverage for this prescription requires prior authorization from Blue Shield. Call Blue Shield to provide the necessary information to determine coverage. Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules. These drugs are noted with "PA – Part B vs. D Determination"
QL	Quantity Limit	This medication has a dosing or prescription quantity limit. Maximum daily dose limits are defined by the FDA and listed in the drug package insert. Other quantity limits encourage consolidated dosing when possible.
ST	Step Therapy	Coverage for this prescription is provided when other first-line or preferred drug therapies have been tried (step therapy).
NDS	Non-Extended Day Supply	Medication is NOT available for long-term supply.
EDC	Enhanced Drug Coverage	This prescription drug is not normally covered in a Medicare Prescription Drug Plan; however, Blue Shield covers this drug as a supplemental benefit. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help from Medicare or Social Security to pay for your prescriptions, you will not get any extra help to pay for this drug.
VAC	IRA Vaccine $0	This Part D vaccines is at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.
INS	Covered Insulin	You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Drug Tier Key
gen: Generic Drugs
brd: Preferred Brand Drugs
npd: Non-Preferred Drugs
inj: Injectable Drugs
spec: Specialty Tier Drugs

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Tigecycline 50 MG RECON SOLN	Moved to a lower tier - Tier 4	
Amphotericin B Liposome 50 MG RECON SUSP	Added to formulary (drug list)	
Caspofungin Acetate 50 MG RECON SOLN	Removed from formulary (drug list)	Micafungin Sodium 50mg and 100mg RECON SOLN
Caspofungin Acetate 70 MG RECON SOLN	Removed from formulary (drug list)	Micafungin Sodium 50mg and 100mg RECON SOLN
Vosevi 400-100-100 MG TAB	Added to formulary (drug list)	
Vancomycin HCl 25 MG/ML RECON SOLN	Added to formulary (drug list)	
Trelstar Mixject 3.75 MG RECON SUSP	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Trelstar Mixject 11.25 MG RECON SUSP	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Trelstar Mixject 22.5 MG RECON SUSP	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Firmagon 80 MG RECON SOLN	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Firmagon (240 MG Dose) 120 MG/VIAL RECON SOLN	Removed from formulary (drug list)	Lupron Depot 3.75mg, 11.25mg, 22.5mg Injection
Imbruvica 140 MG TAB	Added to formulary (drug list)	
Imbruvica 560 MG TAB	Added to formulary (drug list)	
Hemady 20 MG TAB	Removed from formulary (drug list)	Dexamethasone Tablet
Estratest H.S. 0.625-1.25 MG TAB	Removed from formulary (drug list)	Est Estrogens-Methyltest 0.625-1.25 MG TAB
NovoLOG ReliOn 100 UNIT/ML SOLUTION	Added to formulary (drug list)	
NovoLOG 100 UNIT/ML SOLUTION	Added to formulary (drug list)	
Insulin Aspart 100 UNIT/ML SOLUTION	Added to formulary (drug list)	
NovoLOG FlexPen ReliOn 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
NovoLOG FlexPen 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
Insulin Aspart FlexPen 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
NovoLOG PenFill 100 UNIT/ML SOLN CART	Added to formulary (drug list)	
Insulin Aspart PenFill 100 UNIT/ML SOLN CART	Added to formulary (drug list)	
Fiasp 100 UNIT/ML SOLUTION	Added to formulary (drug list)	
Fiasp FlexTouch 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
Fiasp PenFill 100 UNIT/ML SOLN CART	Added to formulary (drug list)	
Fiasp PumpCart 100 UNIT/ML SOLN CART	Added to formulary (drug list)	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
NovoLIN R FlexPen 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
NovoLIN R FlexPen ReliOn 100 UNIT/ML SOLN PEN	Added to formulary (drug list)	
Dapagliflozin Propanediol 5 MG TAB	Added to formulary (drug list)	
Dapagliflozin Propanediol 10 MG TAB	Added to formulary (drug list)	
Cortrophin 80 UNIT/ML GEL	Removed from formulary (drug list)	
Revcovi 2.4 MG/1.5ML SOLUTION	Added to formulary (drug list)	
Nitrostat 0.3 MG SL TAB	Removed from formulary (drug list)	Nitroglycerin 0.3mg, 0.4mg, 0.6mg Tablet
Nitrostat 0.4 MG SL TAB	Removed from formulary (drug list)	Nitroglycerin 0.3mg, 0.4mg, 0.6mg Tablet
Nitrostat 0.6 MG SL TAB	Removed from formulary (drug list)	Nitroglycerin 0.3mg, 0.4mg, 0.6mg Tablet
Nymalize 6 MG/ML SOLUTION	Removed from formulary (drug list)	Nimodipine 30mg Capsule Capsule
Sildenafil Citrate 10 MG/ML RECON SUSP	Removed from formulary (drug list)	Sildenafil Citrate 20mg Tablet
Tadalafil (PAH) 20 MG TAB	Moved to a lower tier - Tier 3	
Qvar RediHaler 40 MCG/ACT AERO BA	Added to formulary (drug list)	
Qvar RediHaler 80 MCG/ACT AERO BA	Added to formulary (drug list)	
Pulmicort Flexhaler 90 MCG/ACT AER POW BA	Removed from formulary (drug list)	Qvar Inhaler, Asmanex Inhaler
Pulmicort Flexhaler 180 MCG/ACT AER POW BA	Removed from formulary (drug list)	Qvar Inhaler, Asmanex Inhaler
Asmanex HFA 50 MCG/ACT AEROSOL	Added to formulary (drug list)	
Asmanex HFA 100 MCG/ACT AEROSOL	Added to formulary (drug list)	
Asmanex HFA 200 MCG/ACT AEROSOL	Added to formulary (drug list)	
Asmanex (30 Metered Doses) 110 MCG/ACT AER POW BA	Added to formulary (drug list)	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Asmanex (7 Metered Doses) 110 MCG/ACT AER POW BA	Added to formulary (drug list)	
Asmanex (120 Metered Doses) 220 MCG/ACT AER POW BA	Added to formulary (drug list)	
Asmanex (60 Metered Doses) 220 MCG/ACT AER POW BA	Added to formulary (drug list)	
Asmanex (14 Metered Doses) 220 MCG/ACT AER POW BA	Added to formulary (drug list)	
Asmanex (30 Metered Doses) 220 MCG/ACT AER POW BA	Added to formulary (drug list)	
Prolastin-C 1000 MG/20ML SOLUTION	Removed from formulary (drug list)	Aralast NP Solution
Aralast NP 500 MG RECON SOLN	Added to formulary (drug list)	
Aralast NP 1000 MG RECON SOLN	Added to formulary (drug list)	
Prolastin-C 1000 MG RECON SOLN	Removed from formulary (drug list)	Aralast NP Solution
Nulytely Lemon-Lime 420 GM RECON SOLN	Removed from formulary (drug list)	PEG-3350/Electrolytes, Gavilyte
Golytely 236 GM RECON SOLN	Removed from formulary (drug list)	PEG-3350/Electrolytes, Gavilyte
Plenvu 140 GM RECON SOLN	Removed from formulary (drug list)	PEG-3350/Electrolytes, Gavilyte
Zenpep 3000-10000 UNIT CP DR PART	Added to formulary (drug list)	
Zenpep 5000-24000 UNIT CP DR PART	Added to formulary (drug list)	
Zenpep 10000-32000 UNIT CP DR PART	Added to formulary (drug list)	
Zenpep 15000-47000 UNIT CP DR PART	Added to formulary (drug list)	
Zenpep 20000-63000 UNIT CP DR PART	Added to formulary (drug list)	
Zenpep 25000-79000 UNIT CP DR PART	Added to formulary (drug list)	
Zenpep 40000-126000 UNIT CP DR PART	Added to formulary (drug list)	
Zenpep 60000-189600 UNIT CP DR PART	Added to formulary (drug list)	
Yesintek 130 MG/26ML SOLUTION	Added to formulary (drug list)	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Rezdiffra 60 MG TAB	Added to formulary (drug list)	
Rezdiffra 80 MG TAB	Added to formulary (drug list)	
Rezdiffra 100 MG TAB	Added to formulary (drug list)	
Gemtesa 75 MG TAB	Moved to a lower tier - Tier 2	
Abilify Asimtufii 720 MG/2.4ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Abilify Asimtufii 960 MG/3.2ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Aristada 441 MG/1.6ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Aristada 662 MG/2.4ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Aristada Initio 675 MG/2.4ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Aristada 882 MG/3.2ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Aristada 1064 MG/3.9ML PRSYR	Removed from formulary (drug list)	Abilify Maintena Prefilled Syringe
Dimethyl Fumarate 120 MG CAP DR	Moved to a lower tier - Tier 3	
Dimethyl Fumarate Starter Pack 120 & 240 MG CPDR THPK	Moved to a lower tier - Tier 3	
Lybalvi 5-10 MG TAB	Removed from formulary (drug list)	
Lybalvi 10-10 MG TAB	Removed from formulary (drug list)	
Lybalvi 15-10 MG TAB	Removed from formulary (drug list)	
Lybalvi 20-10 MG TAB	Removed from formulary (drug list)	
fentaNYL Citrate 100 MCG TAB	Removed from formulary (drug list)	
traMADol HCl (ER Biphasic) 100 MG TAB ER 24H	Removed from formulary (drug list)	Tramadol Extended Release Tablet (Generic Ultram ER)
traMADol HCl (ER Biphasic) 200 MG TAB ER 24H	Removed from formulary (drug list)	Tramadol Extended Release Tablet (Generic Ultram ER)
traMADol HCl (ER Biphasic) 300 MG TAB ER 24H	Removed from formulary (drug list)	Tramadol Extended Release Tablet (Generic Ultram ER)
Tyenne 162 MG/0.9ML SOLN A-INJ	Added to formulary (drug list)	
Tyenne 162 MG/0.9ML SOLN PRSYR	Added to formulary (drug list)	
Ubrelvy 50 MG TAB	Removed from formulary (drug list)	Nurtec 75mg Tablet
Ubrelvy 100 MG TAB	Removed from formulary (drug list)	Nurtec 75mg Tablet
Emgality 120 MG/ML SOLN A-INJ	Added to formulary (drug list)	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Emgality (300 MG Dose) 100 MG/ML SOLN PRSYR	Added to formulary (drug list)	
Emgality 120 MG/ML SOLN PRSYR	Added to formulary (drug list)	
Nyvepria 6 MG/0.6ML SOLN PRSYR	Removed from formulary (drug list)	Udenyca Solution Solution
Dabigatran Etexilate Mesylate 110 MG CAP	Added to formulary (drug list)	
Cablivi 11 MG KIT	Removed from formulary (drug list)	
Restasis MultiDose 0.05 % EMULSION	Removed from formulary (drug list)	Restasis 0.05 % Emulsion (Non-Multidose bottle)
Cystaran 0.44 % SOLUTION	Removed from formulary (drug list)	
Diclofenac Sodium 1 % GEL	Removed from formulary (drug list)	Diclofenac Sodium 1.5 % SOLUTION
Yesintek 45 MG/0.5ML SOLUTION	Added to formulary (drug list)	
Yesintek 45 MG/0.5ML SOLN PRSYR	Added to formulary (drug list)	
Yesintek 90 MG/ML SOLN PRSYR	Added to formulary (drug list)	
Clobetasol Propionate 0.05 % LIQUID	Added to formulary (drug list)	
Clobetasol Propionate Emulsion 0.05 % FOAM	Removed from formulary (drug list)	Clobetasol Propionate 0.05 % FOAM
Tovet 0.05 % FOAM	Removed from formulary (drug list)	Clobetasol Propionate 0.05 % FOAM
Desonide 0.05 % GEL	Removed from formulary (drug list)	Desonide 0.05% Lotion, Ointment, Cream
DesRx 0.05 % GEL	Removed from formulary (drug list)	Desonide 0.05% Lotion, Ointment, Cream
Desoximetasone 0.05 % GEL	Removed from formulary (drug list)	Hydrocortisone Butyrate 0.1% Ointment
Desoximetasone 0.05 % OINTMENT	Removed from formulary (drug list)	Hydrocortisone Butyrate 0.1% Ointment
Fluocinonide 0.1 % CREAM	Added to formulary (drug list)	
Flurandrenolide 0.05 % LOTION	Removed from formulary (drug list)	Triamcinolone Acetonide 0.1 % LOTION
Nolix 0.05 % LOTION	Removed from formulary (drug list)	Triamcinolone Acetonide 0.1 % LOTION
Flurandrenolide 0.05 % OINTMENT	Removed from formulary (drug list)	Triamcinolone Acetonide 0.1 % OINTMENT
Hydrocortisone Butyrate 0.1 % CREAM	Removed from formulary (drug list)	Hydrocortisone Butyrate 0.1% Ointment

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Triamcinolone Acetonide 0.147 MG/GM AERO SOLN	Removed from formulary (drug list)	Hydrocortisone Butyrate 0.1 % SOLUTION
Deferiprone 500 MG TAB	Removed from formulary (drug list)	Deferasirox 250mg and 500mg Tablet
Deferiprone 1000 MG TAB	Removed from formulary (drug list)	Deferasirox 250mg and 500mg Tablet
Ferriprox 100 MG/ML SOLUTION	Removed from formulary (drug list)	Deferasirox 250mg and 500mg Tablet
Kloxxado 8 MG/0.1ML LIQUID	Added to formulary (drug list)	
Revlimid 2.5 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Revlimid 5 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Revlimid 10 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Revlimid 15 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Revlimid 20 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Revlimid 25 MG CAP	Removed from formulary (drug list)	Lenalidomide 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg Capsule
Rezurock 200 MG TAB	Removed from formulary (drug list)	Imbruvica Capsule or Tablet, Jakafi Tablet
Liletta (52 MG) 20.1 MCG/DAY IUD	Removed prior authorization	
Calcitriol 0.25 MCG CAP	Removed prior authorization	
Calcitriol 1 MCG/ML SOLUTION	Removed prior authorization	
Calcitriol 0.5 MCG CAP	Removed prior authorization	
Roflumilast 500 MCG TAB	Removed prior authorization	
Hydrocodone-Acetaminophen 5-300 MG TAB	Removed prior authorization	
Hydrocodone-Acetaminophen 7.5-300 MG TAB	Removed prior authorization	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Hydrocodone-Acetaminophen 10-300 MG TAB	Removed prior authorization	
Rocaltrol 0.25 MCG CAP	Removed prior authorization	
Rocaltrol 0.5 MCG CAP	Removed prior authorization	
Rocaltrol 1 MCG/ML SOLUTION	Removed prior authorization	
Roflumilast 250 MCG TAB	Removed prior authorization	
Tremfya One-Press 100 MG/ML SOLN A-INJ	Added quantity limit	
Sprycel 20 MG TAB	Updated quantity limit	
Bosentan 62.5 MG TAB	Updated quantity limit	
Icosapent Ethyl 0.5 GM CAP	Updated quantity limit	
Prucalopride Succinate 1 MG TAB	Updated quantity limit	
Lyrica CR 82.5 MG TAB ER 24H	Updated quantity limit	
Lyrica CR 165 MG TAB ER 24H	Updated quantity limit	
Cyclobenzaprine HCl ER 15 MG CAP ER 24H	Updated quantity limit	
Chloroquine Phosphate 250 MG TAB	Updated quantity limit	
Doxepin HCl 3 MG TAB	Updated quantity limit	
Xigduo XR 10-1000 MG TAB ER 24H	Updated quantity limit	
Topiramate ER 25 MG CAP ER 24H	Updated quantity limit	
Topiramate ER 50 MG CAP ER 24H	Updated quantity limit	
Lurasidone HCl 120 MG TAB	Updated quantity limit	
Juxtapid 5 MG CAP	Updated quantity limit	
Juxtapid 10 MG CAP	Updated quantity limit	
Juxtapid 20 MG CAP	Updated quantity limit	
Kapspargo Sprinkle 25 MG CP24 SPRNK	Updated quantity limit	
Kapspargo Sprinkle 50 MG CP24 SPRNK	Updated quantity limit	
Kapspargo Sprinkle 100 MG CP24 SPRNK	Updated quantity limit	
Sohonos 1 MG CAP	Updated quantity limit	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Sohonos 1.5 MG CAP	Updated quantity limit	
Sohonos 2.5 MG CAP	Updated quantity limit	
Trokendi XR 25 MG CAP ER 24H	Updated quantity limit	
Trokendi XR 50 MG CAP ER 24H	Updated quantity limit	
Palforzia Initial Dose 1-3yrs 0.5 & 1 & 1.5 & 3 MG CSPK	Updated quantity limit	
Silenor 3 MG TAB	Updated quantity limit	
Dasatinib 20 MG TAB	Updated quantity limit	
Pregabalin ER 82.5 MG TAB ER 24H	Updated quantity limit	
Pregabalin ER 165 MG TAB ER 24H	Updated quantity limit	
Orkambi 75-94 MG PACKET	Updated quantity limit	
Orkambi 100-125 MG TAB	Updated quantity limit	
Vascepa 0.5 GM CAP	Updated quantity limit	
Veltassa 1 GM PACKET	Updated quantity limit	
Motegrity 1 MG TAB	Updated quantity limit	
metroNIDAZOLE 125 MG TAB	Updated quantity limit	
Abilify MyCite 2 MG TAB	Updated quantity limit	
Abilify MyCite 5 MG TAB	Updated quantity limit	
Abilify MyCite 10 MG TAB	Updated quantity limit	
Abilify MyCite 15 MG TAB	Updated quantity limit	
Latuda 120 MG TAB	Updated quantity limit	
Amrix 15 MG CAP ER 24H	Updated quantity limit	
Lyvispah 5 MG PACKET	Updated quantity limit	
Tracleer 62.5 MG TAB	Updated quantity limit	
Dapagliflozin Pro-metFORMIN ER 10-1000 MG TAB ER 24H	Updated quantity limit	
Livmarli 9.5 MG/ML SOLUTION	Updated quantity limit	
Livmarli 19 MG/ML SOLUTION	Updated quantity limit	
Prevymis 480 MG TAB	Updated quantity limit	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
oxyCODONE-Acetaminophen 5-325 MG/5ML SOLUTION	Updated quantity limit	
Xolair 75 MG/0.5ML SOLN PRSYR	Updated quantity limit	
Xolair 75 MG/0.5ML SOLN A-INJ	Updated quantity limit	
Xolair 150 MG/ML SOLN PRSYR	Updated quantity limit	
Xolair 150 MG/ML SOLN A-INJ	Updated quantity limit	
Simlandi (1 Pen) 80 MG/0.8ML AUT-IJ KIT	Updated quantity limit	
Simlandi (1 Syringe) 80 MG/0.8ML PREF SY KT	Updated quantity limit	
Thalomid 50 MG CAP	Updated quantity limit	
Thalomid 100 MG CAP	Updated quantity limit	
Promacta 12.5 MG TAB	Removed from formulary (drug list)	Eltrombopag Olamine Tablet
Promacta 12.5 MG PACKET	Removed from formulary (drug list)	Eltrombopag Olamine Packet
Promacta 25 MG TAB	Removed from formulary (drug list)	Eltrombopag Olamine Tablet
Promacta 25 MG PACKET	Removed from formulary (drug list)	Eltrombopag Olamine Packet
Promacta 50 MG TAB	Removed from formulary (drug list)	Eltrombopag Olamine Tablet
Promacta 75 MG TAB	Removed from formulary (drug list)	Eltrombopag Olamine Tablet
Eltrombopag Olamine12.5 MG TAB	Added to formulary (drug list)	
Eltrombopag Olamine 12.5 MG PACKET	Added to formulary (drug list)	
Eltrombopag Olamine 25 MG TAB	Added to formulary (drug list)	
Eltrombopag Olamine 25 MG PACKET	Added to formulary (drug list)	
Eltrombopag Olamine 50 MG TAB	Added to formulary (drug list)	
Eltrombopag Olamine 75 MG TAB	Added to formulary (drug list)	
Tasigna 150 MG CAP	Removed from formulary (drug list)	Nilotinib HCL Capsule
Tasigna 200 MG CAP	Removed from formulary (drug list)	Nilotinib HCL Capsule
Tasigna 50 MG CAP	Removed from formulary (drug list)	Nilotinib HCL Capsule
Nilotinib HCL 150 MG	Added to formulary (drug list)	
Nilotinib HCL 200 MG	Added to formulary (drug list)	
Nilotinib HCL 50 MG	Added to formulary (drug list)	

EFFECTIVE 1/1/2026		
Drug Name	**Description of Change**	**Alternative**
Jubbonti Subcutaneous Solution Prefilled Syringe 60 MG/ML	Added to formulary (drug list)	
Ustekinumab 45 MG/0.5ML SOLUTION	Added to formulary (drug list)	
Ustekinumab 45 MG/0.5ML SOLN PRSYR	Added to formulary (drug list)	
Ustekinumab 90 MG/ML SOLN PRSYR	Added to formulary (drug list)	
Ustekinumab 130 MG/26ML SOLUTION	Added to formulary (drug list)	
Wyost 120 MG/1.7ML SOLUTION	Added to formulary (drug list)	
FULPHILA 6 MG/0.6ML SOLN PRSYR	Added to formulary (drug list)	
Stelara 45 MG/0.5ML SOLUTION	Removed from formulary (drug list)	Ustekinumab 45 MG/0.5ML SOLUTION
Stelara 45 MG/0.5ML SOLN PRSYR	Removed from formulary (drug list)	Ustekinumab 45 MG/0.5ML SOLN PRSYR
Stelara 90 MG/ML SOLN PRSYR	Removed from formulary (drug list)	Ustekinumab 90 MG/ML SOLN PRSYR
Ustekinumab-aekn 45 MG/0.5ML SOLN PRSYR	Added to formulary (drug list)	
Ustekinumab-aekn 90 MG/ML SOLN PRSYR	Added to formulary (drug list)	

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