**Blue Shield 65 Plus (HMO)**

**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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