

## Future Formulary Changes

The following brand name drugs have generic versions. Starting March 1, 2026, the brands will no longer be on formulary. A prior authorization will be required for coverage. The generic versions will be on the formulary.

Removed Drug	Tier		Added/Alternative Drug	Tier
STELARA 90 MG/ML SUBCUTANE. SYRINGE	5		USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE	3
STELARA 45MG/0.5ML SUBCUTANE. VIAL	5		SELARSDI 45MG/0.5ML SUBCUTANE. VIAL	3
USTEKINUMAB 45MG/0.5ML SUBCUTANE. VIAL	5		SELARSDI 45MG/0.5ML SUBCUTANE. VIAL	3
USTEKINUMAB 90 MG/ML SUBCUTANE. SYRINGE	5		USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE	3
USTEKINUMAB 130MG/26ML INTRAVEN. VIAL	5		SELARSDI 130MG/26ML INTRAVEN. VIAL	5
STELARA 45MG/0.5ML SUBCUTANE. SYRINGE	5		USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE	3
USTEKINUMAB 45MG/0.5ML SUBCUTANE. SYRINGE	5		USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE	3
STELARA 130MG/26ML INTRAVEN. VIAL	5		SELARSDI 130MG/26ML INTRAVEN. VIAL	5