VillageCare MAX

2026 Formulary Changes

Updated 2/2026
H2168_MBR20-137_C

EFFECTIVE DATE: 03/01/2026

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier	Change Type	Change Reason
STELARA 45MG/0.5ML SUBCUTANE. VIAL	SELARSDI 45MG/0.5ML SUBCUTANE. VIAL-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
USTEKINUMAB 45MG/0.5ML SUBCUTANE. VIAL	SELARSDI 45MG/0.5ML SUBCUTANE. VIAL-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
USTEKINUMAB 45MG/0.5ML SUBCUTANE. SYRINGE	USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
STELARA 130MG/26ML INTRAVEN. VIAL	SELARSDI 130MG/26ML INTRAVEN. VIAL-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
USTEKINUMAB 90 MG/ML SUBCUTANE. SYRINGE	USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
STELARA 90 MG/ML SUBCUTANE. SYRINGE	USTEKINUMAB-AAUZ 90 MG/ML SUBCUTANE. SYRINGE-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
USTEKINUMAB 130MG/26ML INTRAVEN. VIAL	SELARSDI 130MG/26ML INTRAVEN. VIAL-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
STELARA 45MG/0.5ML SUBCUTANE. SYRINGE	USTEKINUMAB-AAUZ 45MG/0.5ML SUBCUTANE. SYRINGE-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT

EFFECTIVE DATE: 02/01/2026

AFFECTED DRUG NAME / ALTERNATIVE DRUG(S) AND TIER(S)

Drug Name	Alternate Drugs and Tier	Change Type	Change Reason
GLEOSTINE 40 MG ORAL CAPSULE	LOMUSTINE 40 MG ORAL CAPSULE-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
PREMARIN 1.25 MG ORAL TABLET	CONJUGATED ESTROGENS 1.25 MG ORAL TABLET-2	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
GLEOSTINE 100 MG ORAL CAPSULE	LOMUSTINE 100 MG ORAL CAPSULE-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
GLEOSTINE 10 MG ORAL CAPSULE	LOMUSTINE 10 MG ORAL CAPSULE-3	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
DIFICID 200 MG ORAL TABLET	FIDAXOMICIN 200 MG ORAL TABLET-5	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
PREMARIN 0.9 MG ORAL TABLET	FIDAXOMICIN 200 MG ORAL TABLET-6	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
PREMARIN 0.625 MG ORAL TABLET	FIDAXOMICIN 200 MG ORAL TABLET-7	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
PREMARIN 0.45MG ORAL TABLET	FIDAXOMICIN 200 MG ORAL TABLET-8	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT
PREMARIN 0.3 MG ORAL TABLET	FIDAXOMICIN 200 MG ORAL TABLET-9	BRAND DELETION, ADD FRF GENERIC	REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT

CHANGE TYPE

BRAND DELETION, ADD FRF GENERIC

CHANGE REASON

REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW GENERIC EQUIVALENT