

PMMC Formulary Recommendations Approved 12.1.2025:

Medication Name	Brand Name	Formulary Status	Restrictions*	Comments
ustekinumab	Stelara	Formulary, Restricted	Restricted to outpatient use for FDA-approved indications. Financial Review Required.	
ustekinumab-srlf	Imuldosa	Formulary, Restricted	Restricted to outpatient use for FDA-approved indications. Financial Review Required.	Therapeutic equivalent can be made available if financial review determines that patient insurance will only cover Imuldosa.
ustekinumab-auub	Wezlana	Formulary, Restricted	Restricted to outpatient use for FDA-approved indications. Financial Review Required.	Therapeutic equivalent can be made available if financial review determines that patient insurance will only cover Wezlana.
ustekinumab-aaaz	Otulfi	Non-formulary		McKesson does not keep Otulfi in stock and is only available by special order.
ustekinumab-ttwe	Pyzchiva	Formulary, Restricted	Restricted to outpatient use for FDA-approved indications. Financial Review Required.	Therapeutic equivalent can be made available if financial review determines patient insurance will only cover Pyzchiva.
ustekinumab-aekn	Selarsdi	Formulary, Restricted	Restricted to outpatient use for FDA-approved indications. Financial Review Required.	Therapeutic equivalent can be made available if financial review determines patient insurance will only cover Selarsdi.
ustekinumab-hmny	Starjemza	Non-formulary		Starjemza is not commercially available as of 11/2025.
ustekinumab-stba	Steqeyma	Formulary, Restricted	Restricted to outpatient use for FDA-approved indications. Financial Review Required.	
ustekinumab-kfce	Yesintek	Formulary, Restricted	Restricted to outpatient use for FDA-approved indications. Financial Review Required.	

* Financial review with verification of reimbursement required prior to outpatient administration.