

FORM_PRC	FORM_SK	FORM_NAME	Medication Name
8909778	102	COA CHP HMO FORI	USTEKINUMAB-AEKN 45MG/I
9840550	102	COA CHP HMO FORI	VYJUVEK GEL
9843110	102	COA CHP HMO FORI	ZORYVE CREAM 0.15%
2562809	102	COA CHP HMO FORI	tretinoin gel
8909789	102	COA CHP HMO FORI	USTEKINUMAB-AEKN 90MG/I

Formulary Change	Effective Date
Add to formulary at tier 2, LD, PA; QL= 1 inj/84 days; Only available t	6/1/26 0:00
Configure medication as excluded	6/1/26 0:00
Add to formulary at tier 2, PA, QL= 60gm/30 days	6/1/26 0:00
Remove from formulary (change to not covered)	6/1/26 0:00
Add to formulary at tier 2, LD, PA; QL= 1 inj/84 days; Only available t	6/1/26 0:00