January 1st, 2027 AffirmedRx Choice Formulary Changes

Effective January 1, 2027

Beginning January 1, 2027, some medications covered under your pharmacy benefit will change. These updates may affect whether a medication is covered, the amount you pay, or the requirements that must be met before coverage is available.

What You Need to Know

- Some medications will move off the formulary, be added to the formulary, or no longer be covered.
- Some medications will move to a different cost-sharing tier, which may change your out-of-pocket cost.
- Some medications will have new coverage requirements, such as prior authorization, step therapy, age limits, or quantity limits.

If Your Medication Is Listed

Do not stop or change your medication without speaking with your prescriber. Ask whether a covered alternative may be appropriate. If your prescriber believes your current medication is medically necessary, they may submit a coverage request for review. For the most current formulary and pharmacy benefit information, visit **members.affirmedrx.com/huntsville.**

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Medications Moving Off the Formulary

- **These medications are moving off formulary. Covered alternatives may be available.**
- **What this means: Talk to your prescriber about a covered alternative. A coverage request may be submitted if your prescriber determines this specific medication is medically necessary for you.**

Drug	Generic Name	Formulary Alternative
Ibrance	Palbociclib	Kisqali, Verzenio
Orencia	Abatacept	Humira biosimilars (adalimuman-aaty, adalimumab-fkjp, Abrilada, Hadlima, Simlandi, Yusimry), Stelara biosimilars (Starjemza, ustekinumab-aauz), Otezla, Rinvoq, tofacitinib (Xeljanz), Simponi, Skyrizi, Taltz, Tyenne, Cosentyx
Oxycontin ER	Oxycodone	Xtampza ER
Sotyktu	Deucravacitinib	Humira biosimilars (adalimuman-aaty, adalimumab-fkjp, Abrilada, Hadlima, Simlandi, Yusimry), Stelara biosimilars (Starjemza, ustekinumab-aauz), Icotyde, Otezla, Skyrizi, Taltz, Tremfya, Cosentyx
Insulin Delivery Devices: CeQur Simplicity 2U Device, InPen, NovoPen Echo	n/a	Insulin pens (Humalog KwikPen/Insulin lispro, Novolog/Insulin aspart), OmniPod

Medications Added to the Formulary

- **These medications are being added to the formulary. Additional coverage requirements may apply.**

Drug	Generic Name	New Tier
Ciclopirox Olamine Cream 0.77 % External	Ciclopirox	Tier 1
Descovy Tablet 120-15 MG Oral	Emtricitabine-Tenofovir Alafenamide Fumarate	Tier 2
Eucrisa	Crisaborole	Tier 2
Verzenio	Abemaciclib	Tier 4 with PA
Xtampza ER 12 Hour Abuse-Deterrent	Oxycodone	Tier 2
Zurzuvae	Zuranolone	Tier 4 with PA

Coverage Now Available Through Medical Review

- **These medications are no longer excluded. Coverage may be available when medical necessity requirements are met.**

Drug	Generic Name	Formulary Alternative
Auvi-Q 0.1 MG/0.1ML	Epinephrine	Epinephrine (generic Epi-Pen)

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Medications No Longer Covered

- **These medications will no longer be covered under your pharmacy benefit.**

Drug	Generic Name	Drug Class
Diclofenac 2% topical solution	Diclofenac Sodium	Topical Pain Relievers
Rextovy Nasal Spray	Naloxone HCl	Over-the-Counter (OTC) Opioid Overdose Rescue Medication
Qlosi Solution	Pilocarpine HCl	Presbyopia Medications (eye drops for age-related blurry near vision)
Vizz Solution	Aceclidine HCl	
Vuity Solution	Pilocarpine HCl	
Yuvezzi Solution	Carbachol-Brimonidine Tartrate	
Ervebo	Ebola Zaire Virus Vaccine	Travel Vaccines
Imovax	Rabies Virus Vaccine	
Ixchiq	Chikungunya Virus Vaccine	
Ixiaro	Japanese Encephalitis Vaccine	
Rabavert	Rabies Virus Vaccine	
Stamaril	Yellow Fever Vaccine	
Ticovac	Tick-Borne Encephalitis Vaccine	
Typhim VI	Typhoid VI Polysaccharide Intramuscular Vaccine	
Vaxchora	Cholera Vaccine	
Vimkunya Suspension	Chikungunya Virus Vaccine	
Vivotif Capsule Delayed Release	Typhoid Vaccine	
YF-VAX	Yellow Fever Vaccine	

Note: Rextovy Nasal Spray (OTC) is available over the counter and is not covered under the prescription benefit.

Tier Changes

- **These medications remain covered but are moving to a different tier. Your out-of-pocket cost may change.**

Medications Moving to a Lower Tier

Drug	Generic Name	New Tier
Descovy Tablet 200-25 MG Oral	Emtricitabine-Tenofovir Alafenamide Fumarate	Tier 2

New or Updated Coverage Requirements

- **The medications below will have new or updated requirements before coverage is available.**

Drug	Generic Name	Change
Nitrofurantoin Suspension 25 mg/5mL	Nitrofurantoin	Added Max Age Limit of 12 Years Added QL: 20mL per day
Nitrofurantoin Suspension 50 mg/5mL	Nitrofurantoin	Added Max Age Limit of 12 Years Added QL: 10mL per day

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Drug	Generic Name	Change
Voriconazole Suspension 40 mg/Ml	Voriconazole	Addition of Max Age Limit of 12 Years
Calcitonin (Salmon) injection	Calcitonin (Salmon)	Prior authorization required
Camzyos	Mavacamten	Prior authorization required
Cerdelga	Eliglustat Tartrate	Prior authorization required
Cuvrior	Trientine Tetrahydrochloride	Prior authorization required
Cystadrops	Cysteamine HCl	Prior authorization required
Cystaran	Cysteamine HCl	Prior authorization required
Dichlorphenamide	Dichlorphenamide	Prior authorization required
Etoposide	Etoposide	Prior authorization required
Evrysdi	Risdiplam	Prior authorization required
Flucytosine	Flucytosine	Prior authorization required
Fulphila	Pegfilgrastim-jmdb	Prior authorization required
Increlex	Mecasermin	Prior authorization required
Joenja	Leniolisib Phosphate	Prior authorization required
Leukeran	Chlorambucil	Prior authorization required
Livmarli	Maralixibat Chloride	Prior authorization required
Mercaptopurine suspension	Mercaptopurine	Prior authorization required
migLUstat	Miglustat	Prior authorization required
Myalept	Metreleptin	Prior authorization required
Mycapssa	Octreotide Acetate	Prior authorization required
Nilutamide	Nilutamide	Prior authorization required
Oxervate	Cenegermin-bkbj	Prior authorization required
Palynziq	Pegvaliase-pqpz	Prior authorization required
Posaconazole	Posaconazole	Prior authorization required
Pyrukynd	Mitapivat Sulfate	Prior authorization required
Rezlidhia	Olutasidenib	Prior authorization required
Rezurock	Belumosudil Mesylate	Prior authorization required
Rufinamide	Rufinamide	Prior authorization required
Sapropterin Dihydrochloride	Sapropterin Dihydrochloride	Prior authorization required
Signifor	Pasireotide Diaspartate	Prior authorization required
Skyclarys	Omaveloxolone	Prior authorization required
Soltamox	Tamoxifen Citrate	Prior authorization required
Somatuline Depot	Lanreotide Acetate	Prior authorization required
Synarel	Nafarelin Acetate	Prior authorization required
Tabloid	Thioguanine	Prior authorization required
Tavneos	Avacopan	Prior authorization required
Tecvayli	Teclistamab-cqyv	Prior authorization required
Tetrabenazine	Tetrabenazine	Prior authorization required
Toremifene Citrate	Toremifene Citrate	Prior authorization required
Vigabatrin	Vigabatrin	Prior authorization required

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Drug	Generic Name	Change
Vijoice	Alpelisib	Prior authorization required
Xuriden	Uridine Triacetate	Prior authorization required
Zokinvy	Lonafarnib	Prior authorization required
Bylvay 200 mcg capsule	Odevixibat	Prior authorization required; Updated QL: 4 capsules per day
Bylvay 400 mcg capsule	Odevixibat	Prior authorization required; Updated QL: 5 capsules per day
Bylvay 600 mcg capsule	Odevixibat	Prior authorization required; Updated QL: 1 capsule per day
Bylvay 1200 mcg capsule	Odevixibat	Prior authorization required; Updated QL: 6 capsules per day
Cablivi	Caplacizumab-yhdp	Prior authorization required; Updated QL: 120 kits per year
Cresemba 74.5 mg	Isavuconazonium	Prior authorization required; Updated QL: 128 capsules per 30 days
Cresemba 186 mg	Isavuconazonium	Prior authorization required; Updated QL: 64 capsules per 30 days
Cystagon 50 mg	Cysteamine	Prior authorization required; Updated QL: 40 capsules per day
Cystagon 150 mg	Cysteamine	Prior authorization required; Updated QL: 14 capsules per day
Epkinly 4 mg	Epcoritamab-bysp	Prior authorization required; Updated QL: 3 vials per 28 days
Epkinly 48 mg	Epcoritamab-bysp	Prior authorization required; Updated QL: 4 vials per 28 days
Firdapse	Amifampridine	Prior authorization required; Updated QL: 10 tablets per day
Gattex	Teduglutide	Prior authorization required; Updated QL: 1 vial per day
Myleran	Busulfan	Prior authorization required; Updated QL: 4 tablets per day
Octreotide acetate 1000 mcg	Octreotide acetate	Prior authorization required; Updated QL: 1 vial per day
Octreotide acetate 50 mcg, 100 mcg, 200 mcg, and 500 mcg	Octreotide acetate	Prior authorization required; Updated QL: 3 vials per day
Penicillamine	Penicillamine	Prior authorization required; Updated QL: 8 capsules/tablets per day
Plerixafor	Plerixafor	Prior authorization required; Updated QL: 8 vials per 28 days
Santyl	Collagenase	Prior authorization required; Updated QL: 1 tube per 30 days
Somavert	Pegvisomant	Prior authorization required; Updated QL: 1 vial per day
Trientine 250 mg	Trientine HCl	Prior authorization required; Updated QL: 8 capsules per day
Trientine 500 mg	Trientine HCl	Prior authorization required; Updated QL: 4 capsules per day
Ovidrel solution	Choriogonadotropin alfa	Prior authorization required; Updated: 1 syringe per 30 days
Disulfiram tablets	Disulfiram	Added QL: 1 tablet per day
Furoscix	Furosemide	Added QL: 10 kits per 90 days

Drug	Generic Name	Change
Impavido	Miltefosine	Updated QL: 84 capsules per year
Journavx	Suzetrigine	Updated QL: 30 tablets per 30 days
OxyContin ER	Oxycodone	Updated QL: 2 tablets per day
Radiogardase capsules	Prussian Blue Insoluble Cap	Added QL: 18 capsules per day
Tembexa suspension	Brincidofovir	Added QL: 65 mL per 14 days
Tembexa tablets	Brincidofovir	Added QL: 4 tablets per 14 days
Truqap tablets	Capivasertib	Added QL: 64 tablets per 28 days
Desmopressin Acetate 0.01% Nasal Spray – Refrigerated solution	Desmopressin Acetate	Step therapy required through Desmopressin Acetate 0.01% Nasal Spray (non-refrigerated)
Dexcom products	Dexcom	History of Insulin use required
FreeStyle Libre products	FreeStyle Libre	History of Insulin use required

PA = Prior Authorization; QL = Quantity Limit

Additional Information:

1. Information in this notice is subject to change.
2. Not every change described in this notice may apply to your specific health plan.
3. Review your plan documents for your costs and complete details about your benefits, exclusions, and coverage limitations. For the most current formulary and pharmacy benefit information, visit members.affirmedrx.com or contact Member Services using the number on your member ID card.