

July 1st, 2026 AffirmedRx Choice Formulary Changes

AffirmedRx will update its drug lists effective July 1st, 2026. These updates may include the following types of changes:

- Formulary to Non-Formulary: These drugs are no longer preferred by your prescription benefit plan. If there is a clinical reason identified by your doctor or health care provider that requires you to continue taking your current medication, your doctor can submit a prior authorization request to obtain approval for the non-formulary medication.
- Non-Formulary to Formulary: These drugs have been added to the formulary. Additional requirements* may apply.
- Excluded Drugs: These drugs are no longer covered by your prescription benefit plan.
- Tier Changes: Drugs that remain covered but may move to a higher (up-tier), or lower (down-tier) tier. Your out-of-pocket costs may change.
- Utilization Management Updates: Certain medications may now require prior authorization, step therapy, or quantity limits.
- Preventive List Updates: These drugs may be added to or removed from the High-Deductible Health Plan (HDHP) Preventive Drug List. Changes to this list may impact whether a medication is covered prior to meeting your deductible and could affect your out-of-pocket costs.

**Additional requirements may apply to some medications listed in this document, including prior authorization, step therapy, or quantity limits. Use the 2026 Drug Search Tool for details specific to your plan.*

Additional Information:

1. Information is subject to change.
2. Certain changes described in this document may not be applicable to your specific health plan.
3. Refer to your plan documents for costs and complete details of your benefits, exclusions, and limitations of coverage.

Formulary to Non-Formulary:

The following drugs are no longer preferred under the formulary.

Drug	Generic Name	Formulary Alternative(s)
Otulfi	ustekinumab-aaaz (Stelara biosimilar)	Starjemza; ustekinumab-aaaz
Yesintek	ustekinumab-kfce (Stelara biosimilar)	Starjemza; ustekinumab-aaaz

Non-Formulary to Formulary:

Drug	Generic Name	New Tier
ustekinumab-aaaz	ustekinumab-aaaz (Stelara biosimilar)	Tier 4 with PA
Starjemza	ustekinumab-hmny (Stelara biosimilar)	Tier 4 with PA

PA = Prior Authorization

Newly Excluded:

Drug	Generic Name	Formulary Alternative(s)
diclofenac potassium 25 mg tablet	diclofenac potassium	diclofenac potassium 25 mg capsules; diclofenac sodium 25 mg tablets
methocarbamol 1000 mg tablet	methocarbamol	methocarbamol 500 mg and 750 mg tablets
olopatadine HCl 0.1% ophthalmic solution	olopatadine	olopatadine HCl 0.2% ophthalmic solution (prescription)

Note: olopatadine HCl 0.1% is available over the counter (OTC) and is not covered under the prescription benefit.

Tier Changes:

Tier changes may affect how much you pay for these medications.

Up-Tiers

Drug	Generic Name	New Tier
Cresemba	isavuconazonium	Tier 4
flucytosine capsules	flucytosine	Tier 4
griseofulvin microsize	griseofulvin	Tier 2
griseofulvin ultramicrosize	griseofulvin	Tier 2

Down-Tiers

Drug	Generic Name	New Tier
dalfampridine ER tablets	dalfampridine	Tier 3
voriconazole tablets	voriconazole	Tier 2

Utilization Management Changes:

Drug	Generic Name	Change
Addyi	flibanserin	Add QL (1 tablet per day)
capecitabine tablet	capecitabine	Add PA
Daybue Solution	trofinetide	Add PA
Daybue Stix Packet	trofinetide	Add PA
dimethyl fumarate 240 mg DR cap	dimethyl fumarate	Add PA
Lorbrena	lorlatinib	Add PA
Lysodren	mitotane	Add PA
Lytgobi	futibatinib	Add PA
Matulane	procarbazine	Add PA
temozolomide	temozolomide	Add PA
teriflunomide 7 mg tablet	teriflunomide	Add PA
tretinoin (oral capsule)	tretinoin	Add PA
Valchlor Gel	mechlorethamine	Add PA

PA = Prior Authorization; QL = Quantity Limit

Preventive Drug List Updates:

Drug	Generic Name	Change
Kirsty	insulin aspart-xjhz (Novolog biosimilar)	Add to Preventive List
Merilog	insulin aspart-szij (Novolog biosimilar)	Add to Preventive List
Rezvoglar	insulin glargine-aglr (Lantus biosimilar)	Remove from Preventive List