Formulary *Update*

Effective July 1, 2026

2026 EXCLUSIVE FORMULARY CHANGES

At True Rx, we're committed to helping you achieve better health while keeping health care costs as low as possible. We are making the following changes to our Exclusive Formulary as of July 1, 2026. Your co-pays, co-insurance, and medication coverage may vary depending on your specific health care plan. When applicable, the name of a preferred alternative medication *(in italics)* will follow that of a non-covered medication name.

Formulary Tier Changes

A tiered formulary refers to different co-pay or co-insurance levels. Generally, the lower the tier, the lower the cost of the medicine. The following medications are changing tiers and may affect your co-pay or co-insurance amount.

Tier 1 to 2

Vascepa *(Icosapent Ethyl)*
Uceris 9 mg ER *(Budesonide 9 mg ER)*

Excluded from Formulary

The medications listed below will not be covered by your plan. You will need to use other preferred medications or request an exception for these non-covered medications. If an exception is needed, your doctor's office will need to complete a Prior Authorization Form, which you can find at truerx.com/forms. Instructions are included on the form.

Epsolay Cream *(Azelaic Acid Gel, Metronidazole Gel, or OTC Benzoyl Peroxide)*
Spiriva Handihaler *(Tiotropium Bromide Handihaler)*
Twyneo *(Separate Tretinoin and Benzoyl Peroxide Products)*

Medications Requiring Step Therapy

There were no changes to Step Therapy on the Exclusive Formulary.

Medications Requiring Prior Authorization

There were no changes to Prior Authorization on the Exclusive Formulary.

The information contained here is believed to be accurate at the time of publication. Changes may occur. If you have any questions, please contact Patient Care at 866-921-4047 or chat with us through the True Rx+ app.