

2026 AffirmedRx Choice Formulary Changes

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

- **Formulary to Non-Formulary:** These drugs are no longer preferred by your health 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 medication.
- **Excluded Drugs:** These drugs are no longer covered by your prescription benefit plan.
- **Non-Formulary to Formulary:** These drugs have been added to the formulary. Additional requirements may apply.
- **Level Changes:** Drugs that remain covered but may move to a higher (up-level), or lower (down-level) level. Your out-of-pocket costs may change.
- *Additional requirements may apply to the medications listed in this document. This includes but is not limited to Step Therapy, Quantity Limits, or Prior Authorization. Please scan the QR code below for a full listing of covered medications and associated edits.*



Formulary to Non-Formulary:

Drug	Drug Class	Alternatives
Benzoyl peroxide foam	Topical Agents for Acne	Benzoyl peroxide 10% wash
Benzoyl peroxide 6.5%, 8% gel	Topical Agents for Acne	Benzoyl peroxide 5%, 10% gel
Benzoyl peroxide-hydrocortisone lotion	Topical Agents for Acne	Benzoyl peroxide gel, clindamycin phos-benzoyl peroxide gel
Bomyntra	Agents for Bone Loss in Cancer	Wyost
Clindacin Pledgets	Topical Agents for Acne	Clindamycin lotion, solution
Conexence	Osteoporosis Products	Jubbonti
Osenvelt	Agents for Bone Loss in Cancer	Wyost
Resorcinol-sulfur lotion	Topical Agents for Acne	sulfacetamide sodium-sulfur liquid
Rezvoglar	Insulins	insulin glargine-yfgn, Lantus
Stoboclo	Osteoporosis Products	Jubbonti
Triamterene	Drugs for High Blood Pressure	Spironolactone

Newly Excluded:

Drug	Drug Class
Aplenzin	Antidepressant
COVID-19 Test Kits	Diagnostic Tests
Gimoti	Diabetes
Horizant	Nerve Pain Agent
Lagevrio	Antivirals
Xdemvy	Ophthalmic Agent
Xhance Exhaler	Nasal Steroid

Non-Formulary to Formulary:

Drug	Drug Class	New Level
Aimovig	Migraine Products	Level 2
Joyeaux	Contraceptives	Level 3

Level Change:

Up-Levels

Drug	Drug Class	New Level
Adapalene cream	Topical Agents for Acne	Level 3
Adapalene-benzoyl peroxide gel 0.3-2.5 %	Topical Agents for Acne	Level 2
Clindacin Foam	Topical Agents for Acne	Level 3
Clindamycin phos (once-daily)	Topical Agents for Acne	Level 2
Clindamycin phos-benzoyl perox gel 1.2-2.5 %	Topical Agents for Acne	Level 2
Dapsone gel	Topical Agents for Acne	Level 3
Desmopressin acetate injection	Vasopressin Hormone	Level 3
Desmopressin acetate nasal	Vasopressin Hormone	Level 3
Desmopressin acetate spray refrig	Vasopressin Hormone	Level 4
Ery Pad 2 % External	Topical Agents for Acne	Level 2
Pimecrolimus	Topical Agents for Atopic Dermatitis	Level 2
SSS 10-5 Cream 10-5 % External	Topical Agents for Acne	Level 2
Sulfacetamide sodium lotion	Topical Agents for Acne	Level 3
Sulfacetamide sodium-sulfur cream/liquid/lotion/pad	Topical Agents for Acne	Level 3
Sulfacetamide sodium-sulfur suspension	Topical Agents for Acne	Level 2
Topiramate ER capsule (Trokendi XR)	Anticonvulsants	Level 3
Tretinoin gel	Topical Agents for Acne	Level 2
Tretinoin microsphere gel	Topical Agents for Acne	Level 3

Down-Levels

Drug	Drug Class	New Level
Acetazolamide ER capsule	Enzyme Inhibitor	Level 1
Alora Patch	Estrogens	Level 1
Anastrozole	Oncology Agents	Level 1

Bicalutamide	Oncology Agents	Level 1
Cabergoline	Dopamine Agonist	Level 1
CalciFol wafer	Calcium Products	Level 1
Captopril-Hydrochlorothiazide	Drugs for High Blood Pressure	Level 2
Cinacalcet	Calcium-like Agent	Level 2
Clopidogrel 300 mg	Anti-Clotting Product	Level 1
Depo-SubQ Provera	Contraceptives	Level 1
Donepezil 5 mg, 10 mg	Antidementia Agents	Level 1
Encare vaginal suppository	Contraceptives	Level 1
Ezetimibe-simvastatin	Agents for Hyperlipidemia	Level 2
Fesoterodine fumarate ER	Drugs for the Bladder	Level 1
Folivane-Plus, Folivane-F	Iron Products	Level 1
Hematogen FA	Iron Products	Level 2
Hemocyte Plus	Iron Products	Level 1
Hyoscyamine sulfate ER tablet	Antispasmodics	Level 1
Ibandronate	Osteoporosis Products	Level 1
Imiquimod 5% cream	Dermatological Products	Level 2
Integra Plus, Integra F	Iron Products	Level 1
Iron Folate-F	Iron Products	Level 1
Keralyt shampoo	Dermatological Products	Level 2
Kloxxado	Opioid Overdose Antidotes	Level 3
Lamotrigine chewable tablet	Anticonvulsants	Level 1
Leflunomide	Arthritis Products	Level 1
Lidocaine-prilocaine cream	Topical Pain Relief	Level 1
Lurasidone	Antipsychotics	Level 1
Mesalamine enema	Inflammatory Bowel Agents	Level 1
Nebusal 6% nebulization solution	Respiratory Inhalants	Level 1
Nyamyc	Antifungals	Level 1
Nystop	Antifungals	Level 2
Omeprazole+Syrspend SF Alka	Gastrointestinal and Heartburn	Level 2
Ondansetron injection	Antinausea	Level 1
PramOtic	Ear Infections	Level 1
Prasugrel	Anti-Clotting Products	Level 1
Rabeprazole tablet	Gastrointestinal and Heartburn	Level 1
Rivastigmine patch	Antidementia Agents	Level 2
Silodosin	Drugs for the Prostate	Level 1
Tacrolimus capsule	Immunosuppressants	Level 2
Ticagrelor	Antiplatelets	Level 2
Voriconazole tablet	Antifungals	Level 3
Xifaxan	Gastrointestinal Anti-Infectives	Level 3
Ziprasidone	Antipsychotics	Level 1

Utilization Management Changes

Medications are regularly reviewed to ensure appropriate utilization management strategies including age limits, prior authorization, quantity limits (QL), or step therapy requirements.

Drug	Drug Class	Change
Combination Topical Acne Agents Containing Adapalene, Azelaic acid, Tretinoin, or Tazarotene	Topical Agents for Acne	Addition of Max Age Limit of 25 Years
Isotretinoin Products (isotretinoin, Amnesteem, Claravis, Zenatane)	Systemic Agents for Acne	Addition of Max Age Limit of 25 Years Removal of Prior Authorization Requirement

Albuterol sulfate nebulization solution 0.5% (2.5 mg/0.5mL, 5 mg/mL)	Asthma/Respiratory	Updated QL: 120 mL per 30 days
Atovaquone Suspension	Antibiotic	Added QL: 300 mL per 30 days
Calcitonin (salmon) injection	Hormones	Added QL: 14 mL per 28 days
Estradiol gel 0.75 mg/1.25 gm (0.06%)	Estrogens	Updated QL: 75gm per 30 days
Omnipod 5 DexG7G6 Intro Gen 5 Kit	Device for Diabetes	Updated QL: 1 kit per year
Omnipod 5 DexG7G6 Pods Gen 5	Device for Diabetes	Updated QL: 45 pods per 90 days
Paxlovid (150/100) Pack	Antivirals	Updated QL: 20 per 30 days
Paxlovid (300/100) Pack	Antivirals	Updated QL: 30 per 30 days
Perampanel	Anticonvulsants	Added QL: 30 per 30 days

Affordable Care Act Preventive Drug List Updates

To remain compliant with Affordable Care Act (ACA) requirements, AffirmedRx periodically reviews and updates its ACA drug list. As part of this process, some medications may be removed, which could affect coverage and out-of-pocket costs. See table below for products that will no longer be part of AffirmedRx's ACA benefit:

Drug Class	Drug
Antivirals	Lagevrio
	Paxlovid
Smoking Cessation Agent	Apo-varenicline
Diagnostic Tests	COVID-19 Test Kits
Vaccines	ACAM2000 Vaccine
	BCG Vaccine
	Ticovac Vaccine

Purdue Preventive Drug List Updates

Certain medications that were previously covered as preventive will no longer be part of the Purdue Preventive Drug List. Impacted medications that are filled starting January 1st will be subject to different copay amounts. You may pay a \$10 copay up to the full cost of the medication until you meet your deductible, depending on the drug level. See table below for products that will no longer be part of Purdue's Preventive Drug List:

Drug Name	Drug Name	Drug Name
ALISKIREN	AMILORIDE/HCTZ	CATAPRES-TTS-1
CATAPRES-TTS-2	CATAPRES-TTS-3	CHLORTHALIDONE
CLONIDINE	CLONIDINE HCL	CLONIDINE HCL ER
DIURIL	GUANFACINE HCL	HYDRALAZINE HCL
HYDROCHLOROTHIAZIDE (HCTZ)	INDAPAMIDE	METHYLDOPA
MINOXIDIL	SPIRONOLACTONE/HCTZ	TEKTURNA
THALITONE	TRIAMTERENE/HCTZ	VYTORIN
ABILIFY	ABILIFY ASIMTUFII	ABILIFY MAINTENA
ABILIFY MYCITE MAINTENANCE KIT	ABILIFY MYCITE STARTER KIT	ACARBOSE



ACTONEL	ACTOPLUS MET	ACTOS
ADIPEX-P	ADMELOG	ADMELOG SOLOSTAR
ADVAIR DISKUS	ADVAIR HFA	AIRDUO RESPICLICK 113/14
AIRDUO RESPICLICK 232/14	AIRDUO RESPICLICK 55/14	ALOGLIPTIN
ALOGLIPTIN/METFORMIN HCL	ALOGLIPTIN/PIOGLITAZONE	ALVESCO
AMITRIPTYLINE HCL	AMOXAPINE	ANAFRANIL
APIDRA	APIDRA SOLOSTAR	APLENZIN
ARIPIRAZOLE	ARISTADA	ARISTADA INITIO
ARNUITY ELLIPTA	ASENAPINE MALEATE SL	ASMANEX HFA
ASMANEX TWISTHALER 120 METERED DOSES	ASMANEX TWISTHALER 14 METERED DOSES	ASMANEX TWISTHALER 30 METERED DOSES
ASMANEX TWISTHALER 60 METERED DOSES	ATELVIA	AUVELITY
BASAGLAR KWIKPEN	BENZPHETAMINE HCL	BEXAGLIFLOZIN
BINOSTO	BREZNAVY	BREO ELLIPTA
BREYNA	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	BUPROPION HCL
BUPROPION HCL ER (SR)	BUPROPION HCL ER (XL)	BYDRUEON BCISE
BYETTA	CALCITONIN SALMON	CAPLYTA
CELEXA	CHLORPROMAZINE HCL	CITALOPRAM HYDROBROMIDE
CLOMIPRAMINE HCL	CLOZAPINE	CLOZARIL
CONTRAVE	CROMOLYN SODIUM	CYMBALTA
DESIPRAMINE HCL	DESVENLFXINE ER	DIETHYLPROPION HCL
DIETHYLPROPION HCL ER	DOXEPIN HCL	DULERA
DULOXETINE HCL	EFFEXOR XR	EMSAM
EQUETRO	EVISTA	FANAPT
FANAPT TITRATION PACK	FIASP	FIASP FLEXTOUCH
FIASP PENFILL	FIASP PUMPCART	FLUPHENAZINE DECANOATE
FLUPHENAZINE HCL	FLUTICASONE FUROATE / VILANTEROL ELLIPTA	FLUTICASONE PROPRIONATE / SALMETEROL
FLUTICASONE PROPIONATE / SALMETEROL DISKUS	FLUTICASONE PROPIONATE / SALMETEROL HFA	FLUVOXAMINE MALEATE
FLUVOXAMINE MALEATE ER	FORFIVO XL	FOSAMAX
FOSAMAX PLUS D	GEODON	GLIMEPIRIDE
GLIPIZIDE	GLIPIZIDE ER	GLIPIZIDE XL
GLIPIZIDE/METFORMIN HCL	GLUCOTROL XL	GLUMETZA
GLYXAMBI	HALDOL DECANOATE 50	HALOPERIDOL
HALOPERIDOL DECANOATE	HALOPERIDOL LACTATE	HUMALOG KWIKPEN
IMIPRAMINE PAMOATE	INSULIN GLARGINE	INSULIN GLARGINE MAX SOLOSTAR
INSULIN GLARGINE SOLOSTAR	INVEGA	INVEGA SUSTENNA
INVOKANA	INVOKAMET	INVOKAMET XR
INVOKANA	JANUMET	JANUMET XR
JANUVIA	JARDIANCE	JENTADUETO
JENTADUETO XR	LATUDA	LEXAPRO
LITHIUM CARBONATE	LITHIUM CARBONATE ER	LITHOBID
LOMAIRA	LOXAPINE	LURASIDONE HCL
LYUMJEV	LYUMJEV KWIKPEN	LYUMJEV TEMPO PEN
METFORMIN HCL ER (MOD, OSM)	MIACALCIN	MIGLITOL
MIRTAZAPINE	MIRTAZAPINE ODT	MOUNJARO
NARDIL	NATEGLINIDE	NORPRAMIN
NORTRIPTYLINE HCL	OLANZAPINE	OLANZAPINE ODT
ONGLYZA	ORLISTAT	OZEMPIC
PALIPERIDONE ER	PAMELOR	PARNATE
PAROXETINE	PAXIL	PAXIL CR
PERPHENAZINE	PERSERIS	PHENDIMETRAZINE TARTRATE
PHENDIMETRAZINE TARTRATE ER	PHENELZINE SULFATE	PHENTERMINE HCL

PIOGLITAZONE HCL	PIOGLITAZONE/METFORMIN HCL	PIOGLITAZONE HCL/GLIMEPIRIDE
PRISTIQ	PROTRIPTYLINE HCL	PROZAC
PULMICORT	PULMICORT FLEXHALER	QSYMIA
QTERN	QUETIAPINE FUMARATE	QUETIAPINE FUMARATE ER
QVAR REDIHALER	REMERON	REMERON SOLTAB
REPAGLINIDE	REXULTI	RIOMET
RISPERDAL	RISPERDAL CONSTA	RISPERIDONE
RYBELSUS	SAPHRIS	SAXAGLIPTIN HCL
SAXENDA	SECUADO	SEGLUROMET
SEMGLEE	SEROQUEL	SEROQUEL XR
SERTRALINE HCL CAPSULE	SITAGLIPTIN	SITAGLIPTIN/METFORMIN HCL
SOLQUA 100/33	SPIRIVA RESPIMAT	STEGLATRO
STEGLUJAN	SYMBICORT	SYMLINPEN 120
SYMLINPEN 60	SYNJARDY XR	THIRIDAZINE HCL
THIOTHIXENE	TOUJEO MAX SOLOSTAR	TOUJEO SOLOSTAR
TRADJENTA	TRANLYCYPROMINE SULFATE	TRAZODONE HCL
TRELEGY ELLIPTA	TRESIBA	TRESIBA FLEXTOUCH
TRIFLUOPERAZINE HCL	TRIJARDY XR	TRIMIPRAMINE MALEATE
TRINTELLIX	TRULICITY	UZEDY
VENLAFAXINE BESYLATE ER	VENLAFAXINE HCL	VENLAFAXINE HCL ER
VERSACLOZ	VICTOZA	VIIBRYD
VILAZODONE HCL	VRAYLAR	WEGOVY
WELLBUTRIN SR	WELLBUTRIN XL	WIXELA INHUB
XENICAL	XIGDUO XR	XULTOPHY 100/3.6
ZEPBOUND	ZIPRASIDONE HCL	ZIPRASIDONE MESYLATE
ZITUVIO	ZOLOFT	ZYPREXA
ZYPREXA ZYDIS		

Additional Information:

1. Information is subject to change
2. Certain changes described in this document may not be applicable to your specific health plan. For example, your plan may not cover drugs to treat certain conditions such as weight loss or infertility.
3. Refer to your plan documents for costs and complete details of your benefits, exclusions, and limitations of coverage.