

2026 Formulary Changes for Senior Products

Tufts Health Medicare Preferred HMO/PPO, Tufts Health Senior Care Options (SCO) and One Care
Effective for fill dates on or after Jan. 1, 2026.

Drugs moving to Non-Covered Status

Tier Changes for 6- and 3-Tier Formularies

Excluded Drugs and additional changes

Drugs moving to Non-Covered Status for 2026 for the 3-Tier and 6-Tier Formularies

* Generic option is available.

ALPHAGAN P SOL 0.1% OP *	MIRABEGRON TAB 25MG ER; 50MG ER
ALPRAZOLAM TAB 0.5MG; 1MG; 2MG; 3MG ER	MONDOXYNE NL CAP 100MG
ALPRAZOLAM TAB 0.5MG; 1MG; 2MG; 3MG XR	NAMZARIC CAP 14-10MG; 21-10MG; 28-10MG *
AMCINONIDE CRE 0.1%	NAPROXEN SUS 125/5ML
APTIOM TAB 200MG; 400MG; 600MG; 800MG *	NEUAC GEL 1.2-5%
BEPOTASTINE DRO 1.5% OP	OXAZEPAM CAP 10MG; CAP 15MG; CAP 30MG
BETIMOL SOL 0.25%	PHOSPHOLINE SOL 0.125%OP
BETIMOL SOL 0.5% OP *	PROCTOFOAM AER HC 1%
BRILINTA TAB 60MG; 90MG *	PROLENSA DRO 0.07% OP *
BROMSITE DRO 0.075% OP *	PROLIA INJ 60MG/ML
BUDESONIDE AER 2MG/ACT	PROMACTA POW 12.5MG; POW 25MG *
CEPHALEXIN TAB 250MG; 500MG	PROMACTA TAB 12.5MG; TAB 25MG; TAB 50MG; TAB 75MG *
CHOLBAM CAP 50MG; 250MG	PURIXAN SUS 20MG/ML *
CODEINE SULF TAB 15MG; 60MG	PYRUKYND TAB 5MG; 20MG; 50MG
CODEINE SULF TAB 30MG *	PYRUKYND TAB 20MGX5MG; TAB 50MGX20M
COLCHICINE CAP 0.6MG	PYRUKYND TAB 5MG TP
COMPLERA TAB *	QUINIDINE GL TAB 324MG CR
CORLANOR TAB 5MG; 7.5MG *	QUINIDINE GL TAB 324MG ER
CYCLOSPORINE EMU 0.05% OP	RECTIV OIN 0.4% *
DARIFENACIN TAB 7.5MG; 15MG ER	REVLIMID CAP 2.5MG; 5MG; 10MG; 15MG; 20MG; 25MG *
DEPO-MEDROL INJ 80MG/ML; 40MG/ML *	RISPERDAL INJ 12.5MG; 25MG; 37.5MG; 50MG *
DICLOFENAC DIS 1.3%	SAXA/METFOR TAB 2.5-1000; 5-500MG; 5-1000MG
DOXY 100 INJ 100MG	SOFOS/VELPAT TAB 400-100
ENDARI POW 5GM	SOLU-CORTEF INJ 100MG *
ENTRESTO TAB 24-26MG; 49-51MG; 97-103MG *	SOMATULINE INJ 120/5ML *
FENOFIBRATE CAP 150MG	SPRYCEL TAB 20MG; 50MG; 70MG; 80MG; 100MG; 140MG *
FLOLIPID SUS 20MG/5ML; 40MG/5ML	SUCRAID SOL 8500/ML
FLURAZEPAM CAP 15MG; CAP 30MG	TAFLUPROST SOL 0.0015%
FRAGMIN INJ 10000/ML; 2500/ML	TASIGNA CAP 50MG; 150MG; 200MG *
FRAGMIN INJ 12500UNT; 15000UNT; 18000UNT; 95000UNT	TRACLEER TAB 32MG
FRAGMIN INJ 2500/0.2; 5000/0.2; 7500/0.3	TRAMADOL HCL TAB 100MG
GLOPERBA SOL 0.6/5ML	TRETINOIN GEL 0.04%; 0.08%; 0.1%
HC BUTYRATE OIN 0.1%	TRETINOIN GEL 0.04%; 0.1% PUMP
HYDROMORPHON TAB 8MG; 12MG; 16MG ER	TREXALL TAB 5MG; 7.5MG; 7.5MG; 10MG; 15MG
INGREZZA CAP 40-80MG	TRIAZOLAM TAB 0.125MG; 0.25MG
INGREZZA CAP 40MG; CAP 60MG; CAP 80MG	VENLAFAXINE TAB 37.5 ER
KORLYM TAB 300MG *	VIGADRONE POW 500MG
LEVOFLOXACIN SOL 0.5%	VIGADRONE TAB 500MG
MAYZENT PAK STARTER	XGEVA INJ
MAYZENT TAB 0.25MG; TAB 1MG; TAB 2MG	YARGESA CAP 100MG
MESNEX TAB 400MG *	ZEPOSIA CAP STR KIT
MIGLUSTAT CAP 100MG	

2026 Formulary Changes for Senior Products

Tier changes do not apply to SCO and One Care.

For 6-Tier Formulary: Drugs moving from Tier 2 to Tier 3 for 2026

For Employer Group 3-Tier Formulary: Drugs moving from Tier 1 to Tier 2 for 2026

HYDROCO/APAP TAB 10-300MG	HYDROXYZINE SYP 10MG/5ML
HYDROXYZ HCL SYP 10MG/5ML	LITHIUM SOL 8MEQ/5ML
HYDROXYZINE SOL 10MG/5ML; 50/25ML	MORPHINE SUL TAB 100MG ER; 200MG ER

For 6-Tier Formulary: Drugs moving from Tier 2 to Tier 4 for 2026

For Employer Group 3-Tier Formulary: Drugs moving from Tier 1 to Tier 3 for 2026

AMINOCAPROIC SOL 0.25/ML	KETOROLAC SOL 0.4% OP
AMOX/K CLAV SUS 250/5ML	METHENAM MAN TAB 500MG; 1000MG
AMOX/K CLAV TAB 250-125	NALOXONE INJ 0.4MG/ML; 4MG/10ML
APRI TAB	OCTREOTIDE INJ 50MCG/ML; 100MCG
CEFAZOL/DEX SOL 1GM; 2GM	OPIUM TIN 10MG/ML
CEFAZOLIN INJ 1GM; 2GM; 3GM	PRIMIDONE TAB 125MG
CEFTRIAX/DEX INJ 1GM	SALSALATE TAB 500MG; TAB 750MG
CEFTRIAXONE/DEX INJ 1GM; 2GM	TAYSOFY CAP 1/20
COLESTIPOL GRA 5GM	TESTOST ENAN INJ 200MG/ML
DOXYCYC MONO TAB 150MG	THEOPHYLLINE ELX 80/15ML
KCL/D5W/NACL INJ	TRAZODONE TAB 300MG

For 6-Tier Formulary: Drugs moving from Tier 3 to Tier 4 for 2026

For Employer Group 3-Tier Formulary: Drugs moving from Tier 2 to Tier 3 for 2026

BROMFENAC DRO 0.07% OP	FLUTIC/SALME INH 55/14; 113/14; 232/14
CALCITONIN INJ 200/ML; 400/2ML	GLUCAGON KIT 1MG
CEFAZOLIN INJ 10MG; 500MG	GLYCOPYRROLA SOL 1MG/5ML
CLOMIPRAMINE CAP 25MG; 50MG; 75MG	ISOSORB DIN TAB 40MG
CYCLOBENZAPR TAB 7.5MG	MIBELAS 24 CHW FE
DROSPIR/ETHI TAB 3-0.03MG	NORETH/ETHIN TAB FE
ETONOGESTREL MIS ETHY EST	QUINIDINE SU TAB 200MG; 300MG
FINZALA CHW FE 1/20	VARENICLINE TAB 1MG
FLUOCINONIDE CRE 0.1%	

For 6-Tier Formulary: Drugs moving from Tier 3 to Tier 5 for 2026

For Employer Group 3-Tier Formulary: Drugs moving from Tier 2 to Tier 3 for 2026

NUDEXTA CAP 20-10MG	VENCLEXTA TAB 50MG
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2026 Formulary Changes for Senior Products

Excluded Drugs for 2026 *(applicable to individual HMO and PPO plans only)*

BENZONATATE CAP 100MG; 150MG; 200MG	PROMETH/VC SYP CODEINE
CYANOCOBALAM INJ 1000MCG; 10000MCG; 30000MCG	PROMETH/COD SOL 6.25-10
FOLIC ACID TAB 1000MCG; 1MG	VARDENAFIL TAB 2.5MG; 5MG; 10MG; 20MG
HYD POL/CPM SUS 10-8/5ML	VARDENAFIL TAB 10MG ODT
HYDROC/HOMAT TAB 5-1.5MG	VITAMIN D CAP 1.25MG; 50000; 50000UNT

Preferred Product Change for Diabetic Testing Supplies for 2026

Moving to Non-Preferred:

ONETOUCH TES VERIO
ONETOUCH TES ULTRA
ONETOUCH KIT VERIO RE
ONETOUCH KIT VERIO FL
ONETOUCH KIT ULTRA 2
ONETOUCH TES ULT BLUE

Preferred in 2026:

Accu-Chek Product Line

Addition of Quantity Limits for 2026

OPIPZA MIS 2MG; 5MG; 10MG (Tier 5)	SELZENTRY TAB 25MG (Tier 4); 75MG (Tier 5)
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Addition of Prior Authorization for 2026

REVCOVI INJ 1.6MG/ML (Tier 5)