

# Drug status changes for 2026

The following changes are effective for fill dates on or after **Jan. 1, 2026** for Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, and Tufts Health Direct.

- > **Drugs moving to non-formulary status**
- > **Drugs moving to a higher tier**
- > **Drugs moving to excluded status**
- > **Drugs with PA added**

## Drugs moving to non-formulary status for 2026

Drug name	Premium	Value	Direct	Core MA	Core NH	Core ME	Core RI
ACYCLOVIR CRE 5%	X	X	X	X	X	X	X
ADZENYS XR TAB	X						
AJOVY INJ	X	X	X	X	X	X	X
ALMOTRIP MAL TAB 6.25MG; 12.5MG	X	X	X	X	X	X	X
ALOCRI SOL 2%	X	X					
ALPRAZOLAM TAB 0.25MG ODT; 0.5MG OD; 1MG ODT; 2MG ODT	X	X	X	X	X	X	X
AZELEX CRE 20%	X	X	X	X	X	X	X
BACLOFEN SOL 5MG/5ML; 10MG/5ML	X	X	X	X	X	X	X
BAXDELA TAB 450MG	X	X	X	X	X	X	X
BETOPTIC-S SUS 0.25% OP	X	X	X	X	X	X	X
BUT/APAP/CAF CAP	X	X	X	X	X	X	X
BUTAL/APAP CAP 50-300MG	X	X	X	X	X	X	X
BUTALB/ACETA TAB 50-300MG	X	X	X	X	X	X	X
CALCIPOTRIEN OIN BETAMETH	X	X	X	X	X	X	X
CANDESA/HCTZ TAB 16-12.5MG; 32-12.5MG; 32-25MG	X	X	X	X	X	X	X
CAPEX SHA 0.01%	X	X	X	X	X	X	X
CARDURA XL TAB 4MG; 8MG	X	X	X	X	X	X	X
CARVEDILOL CAP 10MG ER; 20MG ER; 40MG ER; 80MG ER	X	X	X	X	X	X	X
CAYSTON INH 75MG	X	X	X	X	X	X	X
CEPHALEXIN CAP 750MG	X	X	X	X	X	X	X
CHLORD/CLIDI CAP 5-2.5MG	X	X	X	X	X	X	X
CHLORZOXAZON TAB 250MG; 375MG; 750MG	X	X	X	X	X	X	X
CILOXAN OIN 0.3% OP	X	X	X	X	X	X	X
CIPRO HC SUS OTIC	X	X					
CLINDAMYCIN GEL 1%	X	X	X	X	X	X	X
CLONIDINE DIS 0.1/24HR; 0.2/24HR; 0.3/24HR	X	X	X	X	X	X	X
COLESEVELAM PAK 3.75GM	X	X	X	X	X	X	X
COPAXONE INJ	X	X	X	X			
CYCLOBENZAPR TAB 7.5MG	X	X	X	X	X	X	X
CYCLOSPORINE EMU 0.05% OP	X	X	X	X	X	X	X
DAPSONE GEL 5%; 7.5%	X	X	X	X	X	X	X
DESLORATADIN TAB 2.5 ODT; 5MG ODT	X	X	X	X	X	X	X
DESLORATADIN TAB 5MG	X	X					
DEXTROAMPHET SOL 5MG/5ML	X	X	X	X	X	X	X
DICLO/MISOPR TAB 50-0.2MG; 75-0.2MG	X	X					
DICLOFENAC DIS 1.3%	X	X	X	X	X	X	X
DILTIAZEM CAP 120MG ER; 360MG ER	X	X	X	X	X	X	X
DILTIAZEM TAB 120MG ER	X	X	X	X	X	X	X

## Drugs moving to non-formulary status for 2026

Drug name	Premium	Value	Direct	Core MA	Core NH	Core ME	Core RI
DOXEPIN HCL CRE 5%	X	X	X	X	X	X	X
DOXERCALCIF CAP 0.5MCG; 1MCG; 2.5MCG	X	X	X	X	X	X	X
DOXYCYCL HYC TAB 50MG DR; 75MG DR; 100MG DR; 150MG DR; 200MG DR	X	X	X	X	X	X	X
DYANAVEL XR TAB	X						
EXELDERM CRE 1%		X	X	X			
EXELDERM SOL 1%		X	X	X			
FENOFIBRATE CAP 50MG; 130MG; 150MG	X	X	X	X	X	X	X
FENOFIBRATE TAB 40MG; 120MG	X	X	X	X	X	X	X
FENOFIBRIC TAB 35MG; 105MG	X	X	X	X	X	X	X
FENOPROFEN CAP 200MG; 400MG	X	X	X	X	X	X	X
FENOPROFEN TAB 600MG	X	X	X	X	X	X	X
FESOTERODINE TAB 4MG ER; 8MG ER	X	X					
FLUOXETINE TAB 10MG; 20MG	X	X	X	X	X	X	X
FLUVASTATIN CAP 20MG; 40MG	X	X	X	X	X	X	X
FLUVASTATIN TAB 80MG ER	X	X	X	X	X	X	X
GILENYA CAP 0.25MG	X	X	X	X	X	X	X
HAEGARDA INJ	X	X	X	X	X	X	X
INDOMETHACIN SUP 50MG	X	X	X	X	X	X	X
INDOMETHACIN SUS 25MG/5ML	X	X	X	X	X	X	X
ISOSORB DIN TAB 40MG	X	X	X	X	X	X	X
ISOTRETINOIN CAP 25MG; 35MG	X	X	X	X	X	X	X
KATERZIA SUS 1MG/ML	X	X	X	X			
KETOCONAZOLE AER 2%	X	X	X	X	X	X	X
KETOPROFEN CAP 200MG ER	X	X	X	X	X	X	X
KETOPROFEN CAP 25MG	X	X	X	X	X	X	X
KETOR TROMET SPR 15.75MG	X	X	X	X			
KRISTALOSE PAK 10GM; 20GM	X	X	X	X	X	X	X
LACRISERT MIS 5MG OP	X	X	X	X	X	X	X
LACTULOSE PAK 10GM	X	X	X	X	X	X	X
LEVOCETIRIZI SOL 2.5/5ML	X	X	X	X	X	X	X
LOTEMAX OIN 0.5%	X	X	X	X	X	X	X
LOTEPREDNOL SUS 0.5%	X	X	X	X	X	X	X
LUCEMYRA TABLET	X	X	X	X	X	X	X
MATZIM LA TAB 180MG/24; 240MG/24; 300MG/24; 360MG/24; 420MG/24	X	X	X	X	X	X	X
MECLOFEN SOD CAP 50MG; 100MG	X	X	X	X	X	X	X
MEFENAM ACID CAP 250MG	X	X	X	X	X	X	X
MEPERIDINE TAB 50MG	X	X	X	X	X	X	X
MESALAMINE TAB 800MG DR	X	X	X	X	X	X	X
MESNEX TABLET	X	X	X	X	X	X	X
METAXALONE TAB 400MG	X	X	X	X	X	X	X
METAXALONE TAB 800MG	X	X					
METHAMPHETAM TAB 5MG	X	X	X	X	X	X	X
METHYLPHENID TAB 72MG ER	X	X	X	X	X	X	X
METRONIDAZOL CAP 375MG	X	X	X	X	X	X	X
MINOCYCLINE TAB 50MG; 75MG; 100MG	X	X	X	X	X	X	X
MINOCYCLINE TAB 45MG ER; 55MG ER; 65MG ER; 80MG ER; 90MG ER ; TAB 105MG ER; 115MG ER; 135MG ER	X	X	X	X	X	X	X
MOTEGRITY TABLET	X	X	X	X	X	X	X
MOTOFEN TAB 1-0.025	X	X	X	X	X	X	X
MUPIROCIN CRE 2%	X	X	X	X	X	X	X
NAFTIFINE CRE HCL 1%; HCL 2%	X	X			X	X	X
NAFTIN GEL 1%		X			X	X	X

# Drugs moving to non-formulary status for 2026

Drug name	Premium	Value	Direct	Core MA	Core NH	Core ME	Core RI
NAMZARIC CAPSULE	x						
NAPROXEN SUS 125/5ML	x	x	x	x	x	x	x
NAPROXEN SOD TAB 375MG ER; 500MG ER	x	x	x	x	x	x	x
NEVANAC SUS 0.1%	x	x	x	x	x	x	x
NEXIUM PACKET 2.5MG; 5MG	x	x	x	x	x	x	x
NIACOR TAB 500MG	x	x	x	x	x	x	x
NICARDIPINE CAP 20MG; 30MG	x	x	x	x	x	x	x
NISOLDIPINE TAB 8.5MG ER; 17MG ER; 20MG ER; 30MG ER; 34MG ER; 40MG ER	x	x	x	x	x	x	x
NISOLDIPINE TAB 25.5MG	x	x	x	x	x	x	x
NITRO-DUR DIS 0.3MG/HR; 0.8MG/HR	x	x			x	x	x
NITROFURANTN SUS 25MG/5ML	x	x	x	x	x	x	x
OLOPATADINE SPR 0.6%	x	x					
OMEPR/BICAR CAP 20-1100; 40-1100	x	x	x	x	x	x	x
ONDANSETRON TAB 24MG	x	x	x	x	x	x	x
ORAVIG TAB 50MG	x	x	x	x			
ORPH/ASA/CAF TAB		x					
OTREXUP INJ 10MG; 15MG; 20MG; 25MG	x	x	x	x	x	x	x
OTREXUP INJ 12.5/0.4; 17.5/0.4; 22.5/0.4	x	x	x	x	x	x	x
OXAYDO TAB 5MG; 7.5MG	x	x	x	x	x	x	x
OXICONAZOLE CRE NITRATE	x	x			x		
OXISTAT LOT 1%	x	x	x	x	x	x	x
OXTELLAR XR TABLET	x						
OZOBAX ORAL SOLUTION 5MG/5ML	x	x	x	x	x	x	x
PAROXETINE CAP 7.5MG	x	x	x	x	x	x	x
PHOSPHOLINE SOL 0.125%OP	x	x	x	x	x	x	x
PLEGRIDY INJ	x	x	x	x			
PRAMIPEXOLE TAB 0.375 ER; 0.75 ER; 1.5MG ER; 2.25 ER; 3MG ER; 3.75 ER; 4.5MG ER	x	x	x	x	x	x	x
PREDNISOLONE SOL 10MG/5ML; 20MG/5ML	x	x	x	x	x	x	x
PREDNISOLONE TAB 10MG ODT; 15MG ODT; 30MG ODT	x	x	x	x	x	x	x
PREDNISON CON 5MG/ML	x	x	x	x	x	x	x
PULMICORT FLEXHALER	x	x	x	x	x	x	x
PURIXAN SUSPENSION	x	x	x	x	x	x	x
QUILLICHEW CHW	x						
QUILLIVANT SUS 25MG/5ML	x	x	x	x			
RIVASTIGMINE DIS 4.6MG/24; 9.5MG/24; 13.3/24	x	x	x	x	x	x	x
SANCUSO DIS 3.1MG	x	x	x	x			
SIVEXTRO TAB 200MG	x	x			x	x	x
SOLU-CORTEF INJECTABLE 100MG	x	x	x	x	x	x	x
SPRYCEL TABLET	x	x	x	x	x	x	x
STENDRA TABLET	x						
SUCRALFATE SUS 1GM/10ML	x	x	x	x	x	x	x
SULCONAZOLE CRE 1%		x					
SULCONAZOLE SOL 1%		x					
SULFAMYLON CRE 85MG/GM	x	x	x	x	x	x	x
SYMFI LO TABLET				x	x	x	
SYMFI TABLET				x	x	x	
SYNERA DIS 70-70MG	x	x	x	x	x	x	x
TAZORAC CREAM 0.05%	x	x	x	x	x	x	x
TELMISA/HCTZ TAB 40-12.5; 80-12.5; 80-25MG	x	x	x	x	x	x	x
TIMOLOL GEL SOL 0.25% OP; 0.5% OP	x	x	x	x	x	x	x

## Drugs moving to non-formulary status for 2026

Drug name	Premium	Value	Direct	Core MA	Core NH	Core ME	Core RI
TIZANIDINE CAP 2MG; 4MG	x	x	x	x	x	x	x
TOLECTIN 600 TAB 600MG	x	x	x	x		x	x
TRIAMCINOLON AER SPRAY	x	x	x	x	x	x	x
TUZISTRA XR SUS	x	x					
VARDENAFIL TAB 2.5MG; 5MG; 10MG; 20MG	x	x	x	x	x	x	x
XOLEGEL GEL 2%	x	x	x	x	x	x	x
ZILEUTON ER TAB 600MG	x	x					
ZOLPIDEM TAR SUB 1.75MG; 3.5MG	x	x	x	x	x	x	x
ZOMIG SPR 2.5MG	x	x	x	x			

## Drugs moving to a higher tier for 2026

Drug name	Premium	Value	Direct	Core MA
INBRIJA CAP 42MG		x	x	x
OMNIPOD 5 DX MIS POD G7G6; L2 KIT INTRO G6; L2 MIS PODS G6	x	x	x	x

## Drugs moving to excluded status for 2026

Drug name	Direct	Core MA
BENZPHETAMINE TAB	x	x
CONTRACE	x	x
DIETHYLPROPION ER TAB	x	x
DIETHYLPROPION IR TAB	x	x
PHENDIMETRAZINE ER CAP	x	x
PHENDIMETRAZINE IR TAB	x	x
PHENTERMINE/ADIPEX-P CAP	x	x
PHENTERMINE/ADIPEX-P/LOMAIRA TAB	x	x
QSYMIA ER CAP	x	x
SAXENDA	x	x
WEGOVY	x	x
XENICAL/ORLISTAT	x	x
ZEPBOUND INJ	x	x

## Drugs with PA added for 2026

Drug name	Premium	Value	Direct	Core MA	Core NH	Core ME	Core RI
CALQUENCE TABLET 100MG	x	x	x	x			
ESOMEPRAZOLE PACKET 2.5MG; 5MG	x	x	x	x	x	x	x