Martin's Point

GENERATIONS ADVANTAGE

# 2026 Formulary Changes PRIME

## Quick Reference Guide

## Prescriptions Drugs Being ADDED to the Formulary or Positive Change

Effective January 1, 2026, the drugs listed below will be added to the formulary. These additions reflect clinical evidence supporting their efficacy and safety, as well as opportunities to improve affordability or access compared to existing alternatives.

| Therapeutic Class | Medication | Tier Placement | Change Information |
|---|---|---|---|
| **Antidiabetics** | Lantus | Tier 3 | Added to Formulary |
| **Antidiabetics** | Novolog Flexpen RELION 100units/ ml | Tier 3 | Novolog Flexpen by RELION (dispensed at Walmart) added to the formulary – Formulary does NOT cover RELION brand of Novolog MIX 70/30 or Novolog MIX Flexpen |
| **Thyroid Agent** | Levothyroxine | Decrease to Tier 1 | Positive Change |

## Prescriptions Drugs Being REMOVED from the Formulary

Beginning January 1, 2026, the medications listed below will be removed from the formulary or require a formulary exception to be covered. Each year, we review the drugs we cover to make sure members have access to safe, effective, and affordable options. When several drugs work the same way, the higher-cost option may no longer be covered.as opportunities to improve affordability or access compared to existing alternatives.

| Therapeutic Class | Medication | Possible Alternative |
|---|---|---|
| **Antidiabetics** | Tresiba | Lantus covered at Tier 3 |
| **Antidiabetics** | Basaglar | Lantus covered at Tier 3 |
| **Autoimmune** | Cosentyx | Skyrizi, Stelara or Tremfya (Tier 5, need PA) |

# Prescription Drugs Moving to a Higher Tier

Tier 1 — Low cost, often generic
Tier 2 — Higher cost generic, low cost brand name
Tier 3 — Higher cost generic and brand names
Tier 4 — Non-formulary, highest cost generic and brand names
Tier 5 — Specialty tier, high-cost, some injectables
Tier 6 — Select Care medications, lowest cost generics

The following medications are moving to a higher tier. Reviewing the formulary on a yearly basis helps us to maintain compliance, improve quality, control costs, and maintain as much flexibility as possible. Tiers are based on the medication's cost, strength, type or purpose. Generally, the higher the tier, the higher the cost (except for Tier 6).

| Therapeutic Class | Medication | Prior Year | NEW Tier | Possible Alternative |
|---|---|---|---|---|
| **Alpha Blockers** | Doxazosin Mesylate | Tier 1 | Tier 2 | Terazosin Tier 1 |
| **Antidementia** | Donepezil Hydrochloride Tabs* | Tier 1 | Tier 2 | |
| **Antidepressants** | Venlafaxine Hydrochloride ER Caps | Tier 1 | Tier 2 | |
| | Mirtazapine Tabs | Tier 1 | Tier 2 | |
| | Duloxetine Hydrochloride | Tier 2 | Tier 3 | Venlafaxine ER CAPS Tier 2 |
| **Antiglaucoma** | Dorzolamide HCL/Timolol M | Tier 1 | Tier 2 | |
| **Antiseizure** | Gabapentin | Tier 1 | Tier 2 | |
| | Topiramate Tabs | Tier 1 | Tier 2 | |
| **Antivirals** | Pregabalin | Tier 2 | Tier 3 | |
| | Acyclovir | Tier 1 | Tier 2 | |
| | Valacyclovir Hydrochlorid | Tier 2 | Tier 3 | |
| **Attention Deficit Hyperactive Disorder** | Amphet/Dextr Cap ER** | Tier 2 | Tier 4 | Regular Release Tablets is Tier 3 |
| **Beta Agonists** | Albuterol Sulfate HFA | Tier 2 | Tier 3 | |

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# Prescription Drugs Moving to a Higher Tier (cont.)

Tier 1 — Low cost, often generic
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Tier 3 — Higher cost generic and brand names
Tier 4 — Non-formulary, highest cost generic and brand names
Tier 5 — Specialty tier, high-cost, some injectables
Tier 6 — Select Care medications, lowest cost generics

| Therapeutic Class | Medication | Prior Year | NEW Tier | Possible Alternative |
|---|---|---|---|---|
| Dermatology | Mupirocin Ointment | Tier 1 | Tier 2 | |
| | Ketoconazole Shampoo | Tier 1 | Tier 2 | |
| | Triamcinolone Acetonide Cream and Ointment | Tier 1 | Tier 2 | |
| | Clobetasol Propionate Cream, Gel and Ointment | Tier 2 | Tier 4 | |
| | Fluorouracil Cream | Tier 2 | Tier 4 | |
| | Lidocaine Patch | Tier 2 | Tier 4 | |
| Diuretics | Torsemide | Tier 1 | Tier 2 | Furosemide, Hydrochlorothiazide, Triamterene & Hydrochlorothiazide Tier 1 |
| Electrolytes/Minerals | Potassium Chloride ER Caps and Tabs | Tier 1 | Tier 2 | |
| Estrogens | Estradiol Cream | Tier 2 | Tier 3 | |
| | Estradiol 10mcg Tabs | Tier 2 | Tier 4 | |
| Glucocorticoids | Prednisolone Acetate 1% Opthalmic | Tier 2 | Tier 3 | |
| NSAIDS | Celecoxib | Tier 2 | Tier 3 | Meloxicam, Ibuprofen, Naproxen 250mg, 375mg, 500mg Tier 1 |
| Opioids | Oxycodone Hydrochloride Tablets (5, 10, 15, 20, 30mg) | Tier 2 | Tier 3 | |
| | Hydrocodone Bitartrate/AC | Tier 2 | Tier 3 | |
| Steriod/Beta Agonist | Fluticasone Propionate/ Salmeterol Inh (Generic Advair)* | Tier 2 | Tier 3 | Wixela*, Advair (Brand)*, Airsupra*, Breo* all Tier 3 ; Dulera* Tier 4 |
| Urinary Antispasmodics | Tolterodine Tartrate ER* | Tier 2 | Tier 4 | Gemtesa*, Myrbetriq* Oxybutynin* Tier 3 |
| | Oxybutynin Chloride ER | Tier 2 | Tier 3 | |

# Prior Authorization added for High Risk Medications (HRM)

To help support the Poly-ACH Medicare Star Measure and enhance patient safety, prior authorization requirements will apply to certain high-risk anticholinergic medications. To promote safer prescribing and improve quality outcomes, prior authorization criteria have been implemented for select high-risk anticholinergic medications. A Prior Authorization will apply if the member is 65 years old or older.

| Therapeutic Class | Medication | Additional Information |
|---|---|---|
| **Antidepressants** | Amitriptyline Tab 100mg | |
| | Desipramine Tab 150mg | |
| | Amoxapine Tab 150mg | |
| | Paroxetine Tab 10mg | |
| | Imiprame HCL Tab 50mg | |
| | Doxepin HCL Cap 10mg | |
| | Paroxetine ER Tab 37.5mg | |
| | Doxepin HCL Cap 75mg | |
| **Antiemetics** | Meclizine Tab 25mg | A 30 day supply is allowed before a prior authorization is needed |
| | Promethazine Tab 25mg | A 30 day supply is allowed before a prior authorization is needed |
| **Antihistamines** | Cyproheptad Tab 4mg | A 30 day supply is allowed before a prior authorization is needed |
| | Hydroxyzine HCL Tab 10mg | A 30 day supply is allowed before a prior authorization is needed |
| | Hydroxyzine PAM Cap 25mg | A 30 day supply is allowed before a prior authorization is needed |
| | Cyproheptadine SYP 2mg/5ml | A 30 day supply is allowed before a prior authorization is needed |

| Therapeutic Class | Medication | Additional Information |
|---|---|---|
| **Antiparkinsonian Agents** | Benztropine Tab 0.5mg | |
| **Antiseizure Agents** | Phenobarbital Tab 64.8mg | |
| **Antispasmodics** | Dicyclomine Tab 20mg | |
| **Attention Deficit Hyperactivity Disorder** | Guanfacine Tab 2mg ER | |
| **Hypnotics** | Zolpidem Tab 10mg | A 90 day supply is allowed before a prior authorization is needed |
| **Miscellaneous** | Guanfacine Tab 2mg | |
| **Musculoskeletal Therapy Agents** | Cyclobenzaprine Tab 10mg | |
| **Platelet Aggregation Inhibitors** | Dipyridamole Tab 75mg | |

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# 2026 Formulary Changes

## Quick Links

- Martin's Point Generational Advantage Formulary Search Tool

  **Prescription Drug Formularies**

- Providers — Submit Prior Authorization Online/Electronically Here:

  **Submit Prior Authorization**

- See other Pharmacy Reference Guides for Providers

  **Pharmacy Reference Guides**