



Medicare Part D Changes coming in 2026

The changes below are effective January 1, 2026 for **HAP Medicare Advantage members only**.

Major Changes

- CVS will no longer be in the pharmacy network. Pharmacy Advantage and Henry Ford outpatient pharmacies, Costco, Walgreens, and Kroger are preferred pharmacies.
- Ventolin HFA inhalers will not be included on the formulary.
 - Prescriptions should be written for albuterol HFA and indicate number of packages.

Prescription Delivery through Pharmacy Advantage

Pharmacy Advantage, our specialty pharmacy, has free in-home delivery where patients can get 100 day supplies of tier 1 and 90 day supplies of tier 2 drugs for **no cost**. Pharmacy Advantage will coordinate the member’s doctor or current pharmacy to transfer prescriptions and manage refills.

Medications Being Removed from the Medicare Formulary

Below are some commonly used drugs that will be removed from the Medicare Formulary. This is not an all-inclusive list of changes. Please consider prescribing another drug from our Formulary to treat your patient’s medical condition. For a complete list of drugs, you can review the 2026 HAP Medicare formulary. Visit hap.org/providers, and select *Provider resources, Formularies*.

Drug	Alternatives
Ventolin HFA	Albuterol HFA 8.6GM or 6.7GM
Skyrizi	Hadlima Yesintek
Rinvoq	Hadlima Yesintek
Orencia	Hadlima Yesintek
Ajovy	Aimovig Emgality
Tradjenta	Januvia, Farxiga
Temazepam	Zolpidem, Ramelteon, Trazodone, Mirtazapine
Oxazepam	Escitalopram, Fluoxetine, Buspirone, Duloxetine
Triazolam	Zolpidem, Ramelteon, Trazodone, Mirtazapine
Chlordiazepoxide	Escitalopram, Fluoxetine, Buspirone, Duloxetine
Flavoxate	Mirabegron, Tolterodine, Solifenacin
Meclizine	Levocetirizine, Desloratadine,
Diclofenac 1% gel	Use OTC benefit, Diclofenac solution
Chlorzoxazone	Baclofen, Tizanidine, Celexocib
Lumigan	Latanoprost, Bimatoprost, Travoprost

If one of your HAP Medicare Advantage patients needs one of the medications listed above and can’t take any alternative option, you can request an exception by one of these methods:

- Online: covermymeds.com
- Call: (313) 664-8940, option 1
- Fax: (313) 664-8045

Medications with Tier Changes

The following medications will move to Tier 4:

- Alprazolam
- Paroxetine
- Balsalazide
- Bimatoprost
- Dextroamphetamine sulfate oral capsule, extended release
- Diazepam
- Hydroxyzine
- Lorazepam
- Methylphenidate hcl oral tablet extended release

Alternatives for Benzodiazepines

Below are alternatives for benzodiazepines.

- Psychotherapies (e.g., cognitive behavioral therapy for anxiety and sleep disorders)
- Progressive relaxation techniques
- Sleep hygiene
- Other medication classes (e.g., selective serotonin reuptake inhibitors-except paroxetine, buspirone, antidepressants)

Medicare Part D Structure

The maximum out of pocket will increase to **\$2,100**. The Medicare Part D structure consists of three stages:

- Stage 1: If a member's plan has a deductible, it must be met before entering stage 2.
- Stage 2: The member will have a copay or coinsurance until the \$2,100 out-of-pocket maximum is reached.
- Stage 3: Once the \$2,100 out-of-pocket maximum is reached members pay nothing for prescriptions for the rest of the year.

Manufacturer Negotiated Prices Required by Inflation Reduction Act

The Centers for Medicare and Medicaid Services negotiated prices directly with the manufacturers for a limited list of drugs, such as:

- Drugs to treat diabetes (Januvia, Novolog insulin, Farxiga, & Jardiance)
- Eliquis, Xarelto, and Entresto
- Drugs for inflammatory conditions (Stelara, Humira and Enbrel)
- Drugs for cancer (Imbuvica)

These drugs have a Maximum Fair Price (MFP) to make these drugs available at a lower cost.

Negotiated prices can influence prescription costs in several ways, often in combination:

- **Lower premiums:** When the health plan or employer gets a better deal on drug costs, it can help keep monthly premiums in check for members
- **Copayments and coinsurance:** Out-of-pocket costs are determined by the pricing tier the medication is placed on within the plan's formulary.
- **Higher costs for non-preferred drugs:** Drugs with higher prices may be placed on higher formulary tiers, meaning members will pay more out-of-pocket to access them.
- **Formulary changes:** Negotiations constantly happen behind the scenes, and a drug's formulary status can change from year to year, which may affect access to a specific medication and copays/coinsurance.

Medicare Prescription Payment Plan

HAP Medicare Advantage members can enroll in The Medicare Prescription Payment Plan (M3P). The plan works with the member's current drug coverage to help manage out-of-pocket Medicare Part D drug costs. While it doesn't lower drug costs, it does spread costs across the calendar year (January-December). Member participation is voluntary.

Members with a single prescription costing more than \$600 per month or drug costs exceeding \$2000 in the last year might benefit from this payment plan.

Members who are not likely to benefit from this plan:

- Have low drug costs
- Have a low-income subsidy
- Are using patient pharmaceutical assistance programs

To find out more about this new payment plan or to enroll, your Medicare Advantage patients can:

- Visit: <https://express-scripts.calculator.m3p.health/>
- Call: (866) 845-1803, 24 hours a day 7 days a week

Members can also view a video explaining M3P:

<https://www.medicare.gov/prescription-payment-plan>

Current members enrolled in M3P will automatically be re-enrolled. Members that wish to disenroll can call the number above to opt out of the program.