Jefferson Health Plans

Pharmacy Bulletin

Jefferson Health Plans Individual and Family Plans Formulary Changes

Drug name	Status	Formulary Tier	Utilization Management Edits	Effective Date
Bosentan 32 mg soluble tablet	Formulary Addition	Specialty	PA, QL 120/30 days	01/01/2026
Brimonidine tartrate 0.1 % solution	Formulary Addition	Generics		01/01/2026
Brukinsa 160 mg tablet	Formulary Addition	Specialty	PA	01/01/2026
Byetta 10 mcg/0.04mL pen	QL Addition	Non-Formulary	2.4 mL/30 days	01/01/2026
Byetta 5 mcg/0.02mL pen	QL Addition	Non-Formulary	1.2 mL/30 days	01/01/2026
Comirnaty 5-11 years 10 mcg/0.3mL suspension	Formulary Addition	Preventative		01/01/2026
Dabigatran etexilate mesylate 110 mg capsule	Formulary Addition	Generics	QL 60/30 days	01/01/2026
Dexcom G7 15-day sensor	Formulary Addition	Preferred Brands	PA, QL 2/30 days	01/01/2026
Doptelet 10 mg sprinkle capsule	Formulary Addition	Specialty	PA, QL 60/30 days	01/01/2026
Hernexeos 60 mg tablet	Formulary Addition	Specialty	PA, QL 90/30 days	01/01/2026
Jaythari tablet	Formulary Addition	Specialty	PA	01/01/2026
Koselugo 5, 7.5 mg sprinkle capsule	Formulary Addition	Specialty	PA	01/01/2026
Liomny 5, 25, 50 mcg tablet	Formulary Addition	Generics		01/01/2026
Luizza 1.5-30 mg-mcg tablet	Formulary Addition	Preventative		01/01/2026
Luizza 1-20 mg-mcg tablet	Formulary Addition	Preventative		01/01/2026
Modeyso 125 mg capsule	Formulary Addition	Specialty	PA, 20/28 days	01/01/2026
Mounjaro autoinjector	QL Addition	Non-Formulary	2 mL/28 days	01/01/2026
Nuvaxovid COVID-19 vaccine 5 mcg/0.5mL	Formulary Addition	Preventative		01/01/2026
Otezla XR 75 mg tablet	Formulary Addition	Specialty	PA	01/01/2026
Otezla/Otezla XR initiation pack	Formulary Addition	Specialty	PA	01/01/2026
Prezcobix 675-150 mg tablet	Formulary Addition	Non-Preferred Drugs	QL 30/30 days	01/01/2026
Pyqui 22.75 mg/mL suspension	Formulary Addition	Specialty	PA QL 52/30 days	01/01/2026

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Rivaroxaban 1 mg/mL suspension	Formulary Addition	Preferred Brands	QL 620/30 days	01/01/2026
Rivaroxaban 2.5 mg tablet	Formulary Addition	Preferred Brands	QL 60/30 days	01/01/2026
Rybelsus tablet	QL Addition	Non-Formulary	30/30 days	01/01/2026
Saxenda 18 mg/3mL pen	QL Addition	Non-formulary	15 mL/30 days	01/01/2026
Valtya 1/35 1-35 mg-mcg tablet	Formulary Addition	Preventative		01/01/2026
Victoza 18 mg/3mL pen	QL Addition	Non-formulary	9 mL/30 days	01/01/2026
Wegovy 0.25, 0.5, 1 mg/0.5mL autoinjector	QL Addition	Non-formulary	2 mL/28 days	01/01/2026
Wegovy 1.7 mg/0.75mL autoinjector	QL Addition	Non-formulary	3 mL/28 days	01/01/2026
Wegovy 2.4 mg/0.75mL autoinjector	QL Addition	Non-formulary	3 mL/28 days	01/01/2026
Zelvysia 100 mg, 500 mg packet	Formulary Addition	Specialty	PA	01/01/2026
Zepbound autoinjector	QL Addition	Non-formulary	2 mL/28 days	01/01/2026
Besifloxacin hcl 0.6 % suspension	Formulary Addition	Preferred Brands		04/01/2026
Brinsupri	PA, QL Addition	Non-Formulary	PA, 30/30 days	04/01/2026
Citalopram tablets (10, 20, 40 mg)	Tier Decrease, QL Removal	Preferred Generics		04/01/2026
Dropsafe medlance lancet 30g	Formulary, QL Addition	Preferred Brands	200/30 days	04/01/2026
Escitalopram tablets (5, 10, 20 mg)	Tier Decrease, QL Removal	Preferred Generics		04/01/2026
Fluoxetine capsules (10, 20, 40 mg)	Tier Decrease, QL Removal	Preferred Generics		04/01/2026
Ivabradine	PA Addition	Non-Formulary	PA	04/01/2026
Jascayd	PA, QL Addition	Non-Formulary	PA, 60/30 days	04/01/2026
Jaythari 22.75 mg/ml suspension	Formulary, QL Addition	Non-Preferred Drugs	QL 52/30	04/01/2026
Kymbee tab	Formulary, PA, QL Addition	Non-Preferred Drugs	PA, QL 30/30	04/01/2026
Loteprednol-tobramycin 0.5-0.3 % suspension	Formulary Addition	Non-Preferred Drugs		04/01/2026
Perampanel 0.5 mg/ml suspension	Formulary, QL Addition	Non-Preferred Drugs	QL 720/30 days	04/01/2026
Sephience	PA Addition	Non-Formulary	PA	04/01/2026
Sertraline tablets (25, 50, 100 mg)	Tier Decrease	Preferred Generics		04/01/2026
Shingrix 50 mcg/0.5ml susp prsyr	Formulary Addition	Preventative		04/01/2026

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Wainua	PA, QL Addition	Non-Formulary	PA, 1/28 days	04/01/2026
Xyvona tab	Formulary, PA Addition	Non-Preferred Drugs	PA	04/01/2026
Dapagliflozin	Formulary, QL Addition	Preferred Brands	30/30 days	07/01/2026
Dapagliflozin base-metformin ER 5-500 mg	Formulary, QL Addition	Preferred Brands	60/30 days	07/01/2026
Dapagliflozin base-metformin ER 5-1000 mg	Formulary, QL Addition	Preferred Brands	60/30 days	07/01/2026
Dapagliflozin base-metformin ER 10-500 mg	Formulary, QL Addition	Preferred Brands	30/30 days	07/01/2026
Dapagliflozin base-metformin ER 10-1000 mg	Formulary, QL Addition	Preferred Brands	30/30 days	07/01/2026
Lomustine	Formulary, PA Addition	Preferred Brands	PA	07/01/2026
Milnacipran	Step Therapy, QL Addition	Non-Preferred Drugs	ST 60/30 days	07/01/2026
Nintedanib esylate	Formulary, PA, QL Addition	Specialty	PA, 60/30 days	07/01/2026
Nitroglycerin 2 % ointment	Formulary Addition	Preferred Brands		07/01/2026
Pomalidomide	Formulary, PA, QL Addition	Specialty	PA, 21/28 days	07/01/2026
Rilpivirine	Formulary, QL Addition	Preferred Brands	30/30 days	07/01/2026
Farxiga	Formulary Removal	Non-Formulary		09/01/2026
Xigduo XR	Formulary Removal	Non-Formulary		09/01/2026
Stelara	Formulary Removal	Non-Formulary		10/01/2026
Humira	Formulary Removal	Non-Formulary		10/01/2026

Key:
AL: Age Limit
Non-Formulary: Drug is not covered on the formulary. A formulary exception is available upon request.
PA: Prior Authorization required
QL: Quantity Limit
ST: Step Therapy
UM: Utilization Management