

Jefferson Health Plans 5 Tier Core 2026 Formulary Changes

Changes occur, for example, because new drugs come on the market, a drug is moved to a different cost-sharing level (tier), or a generic version becomes available.

Requirements/Limits Key:

QL	Quantity Limit
PA	Prior Authorization
ST	Step Therapy

Drug Name	Dosage Form	Drug Tier	Utilization Limits	Formulary Change Type	Effective Date
DIFICID 200 MG	TAB	99 – Non-formulary		Removal	02/01/2025
estrogens, conjugated 0.3, 0.45, 0.625, 0.9, 1.25 mg	TAB	3 – Preferred Brand		Addition	02/01/2025
FANAPT TITRATION PACK C 1 & 2 & 6 MG	TAB	4 – Non-Preferred Drug	ST, QL 16/365 days	Addition	02/01/2025
fidaxomicin 200 mg	TAB	5 – Specialty	QL 60/30 days	Addition	02/01/2025
HYRNUO 10 MG	TAB	5 – Specialty	PA, QL 120/30 days	Addition	02/01/2025
lomustine 10, 40, 100 mg	CAP	4 – Non-Preferred Drug	PA	Addition	02/01/2025
PREMARIN 0.3, 0.45, 0.625, 0.9, 1.25 MG	TAB	99 – Non-formulary		Removal	02/01/2025
PREZCOBIX 675-150 MG	TAB	5 – Specialty	QL 30/30 days	Addition	02/01/2025