

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 |