

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	02/01/2026
estrogens, conjugated 0.3, 0.45, 0.625, 0.9, 1.25 mg	TAB	3 – Preferred Brand		Addition	02/01/2026
FANAPT TITRATION PACK C	TAB	4 – Non-Preferred Drug	ST, QL 16/365 days	Addition	02/01/2026
fidaxomicin 200 mg	TAB	5 – Specialty	QL 60/30 days	Addition	02/01/2026
HYRNUO 10 MG	TAB	5 – Specialty	PA, QL 120/30 days	Addition	02/01/2026
lomustine 10, 40, 100 mg	CAP	4 – Non-Preferred Drug	PA	Addition	02/01/2026
PREMARIN 0.3, 0.45, 0.625, 0.9, 1.25 MG	TAB	99 – Non-formulary		Removal	02/01/2026
PREZCOBIX 675-150 MG	TAB	5 – Specialty	QL 30/30 days	Addition	02/01/2026
Drug Name	Dosage Form	Drug Tier	Utilization Limits	Formulary Change Type	Effective Date
ENSACOVE 25, 100 MG	CAP	5 – Specialty	PA, QL 60/30 days	Addition	03/01/2026
FANAPT TITRATION PACK B	TAB	5 – Specialty	ST, QL 24/365 days	Addition	03/01/2026
loteprednol etabonate-tobramycin ophth 0.5-0.3%	SUSP	3 – Preferred Brand		Addition	03/01/2026
pazopanib hcl 400 mg	TAB	5 – Specialty	PA, QL 60/30 days	Addition	03/01/2026

SHINGRIX 50 MCG/0.5ML PFS	SUSP	1 – Preferred Generic		Addition	03/01/2026
SUBVENITE 10 MG/ML	SUSP	4 – Non-Preferred Drug		Addition	03/01/2026
XPOVIO (80 MG ONCE WEEKLY) 80 MG	TAB THPK	5 – Specialty	PA, QL 4/28 days	Addition	03/01/2026
Drug Name	Dosage Form	Drug Tier	Utilization Limits	Formulary Change Type	Effective Date
BONSITY 560 MCG/2.24ML PEN	SOLN	5 – Specialty	PA, QL 2.48/28 days	Addition	04/01/2026
ceftaroline fosamil 400, 600 mg	SOLN	5 – Specialty		Addition	04/01/2026
INSULIN SYRINGE/NEEDLE U-100	SYRINGE	2 - Generic	PA	Addition of PA	04/01/2026
INSULIN SYRINGE/NEEDLE U-500	SYRINGE	2 - Generic	PA	Addition of PA	04/01/2026
NILOTINIB D-TARTRATE 50, 150, 200 MG	CAP	5 – Specialty	PA, QL 120/30 days	Addition	04/01/2026
PHYRAGO 20 MG	TAB	5 – Specialty	PA, QL 90/30 days	Addition	04/01/2026
PHYRAGO 50, 70, 80, 100, 140 MG	TAB	5 – Specialty	PA, QL 30/30 days	Addition	04/01/2026
VRAYLAR 0.5, 0.75 MG	CAP	5 – Specialty	ST, QL 30/30 days	Addition	04/01/2026
Drug Name	Dosage Form	Drug Tier	Utilization Limits	Formulary Change Type	Effective Date
dapagliflozin 5, 10 mg	TAB	1 – Preferred Generic	QL 30/30 days	Addition	05/01/2026
e.e.s 400 mg	TAB	4 – Non-Preferred Drug		Addition	05/01/2026
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG	SOL TAB	3 – Preferred Brand	QL 560/28 days	Addition	05/01/2026
ELIQUIS (2 MG PACK) 4 X 0.5 MG	SOL TAB	3 – Preferred Brand	QL 560/28 days	Addition	05/01/2026
ELIQUIS 0.15 MG	SPRKL CAP	3 – Preferred Brand	QL 70/28 days	Addition	05/01/2026
ELIQUIS 0.5 MG	SOL TAB	3 – Preferred Brand	QL 560/28 days	Addition	05/01/2026
pomalidomide 1, 2, 3, 4 mg	CAP	5 – Specialty	PA, QL 21/28 days	Addition	05/01/2026
relgaabi 300 mg	CAP	2 - Generic	QL 360/30 days	Addition	05/01/2026
relgaabi 400 mg	CAP	2 - Generic	QL 270/30 days	Addition	05/01/2026

Drug Name	Dosage Form	Drug Tier	Utilization Limits	Formulary Change Type	Effective Date
brivaracetam 10 mg/mL	SOLN	4 – Non-Preferred Drug	PA, QL 600/30 days	Addition	06/01/2026
brivaracetam 10, 25, 50, 75, 100 mg	TAB	4 – Non-Preferred Drug	PA, QL 60/30 days	Addition	06/01/2026
LIFYORLI 125 MG and 150 MG	TAB THPK	5 – Specialty	PA	Addition	06/01/2026
LYBALVI 5-10, 10-10, 15-10, 20-10 MG	TAB	5 – Specialty	PA, QL 30/30 days	Addition	06/01/2026
OZEMPIC 1.5, 4, 9 MG	TAB	3 – Preferred Brand	PA, QL 30/30 days	Addition	06/01/2026
perampanel 0.5 mg/mL	SUSP	4 – Non-Preferred Drug	PA, QL 720/30 days	Addition	06/01/2026
rilpivirine hcl 25 mg	TAB	5 – Specialty	QL 30/30 days	Addition	06/01/2026
SPIRIVA RESPIMAT 2.5 MCG/ACT	SOLN	4 – Non-Preferred Drug	QL 4/30 days	Addition	06/01/2026
TAZVERIK 200 MG	TAB	99 – Non-formulary		Removal	06/01/2026
Yulithira 2.5, 5, 7.5, 10 mg	TAB	3 – Preferred Brand	PA, QL 30/30 days	Addition	06/01/2026
Drug Name	Dosage Form	Drug Tier	Utilization Limits	Formulary Change Type	Effective Date
bimatoprost ophthalmic 0.01%	SOLN	3 – Preferred Brand		Addition	07/01/2026
dapagliflozin-metformin hcl ER 10-500, 10-1000 mg	TAB	2 - Generic	QL 30/30 days	Addition	07/01/2026
dapagliflozin-metformin hcl ER 5-500, 5-1000 mg	TAB	2 - Generic	QL 60/30 days	Addition	07/01/2026
KOMZIFTI 200 MG	CAP	5 – Specialty	PA, QL 90/30 days	Addition	07/01/2026
nintedanib esylate 100, 150 mg	CAP	5 – Specialty	PA, QL 60/30 days	Addition	07/01/2026