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 1 & 2 & 6 MG	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
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 420/28 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 140/28 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

Drug Name	Dosage Form	Drug Tier	Utilization Limits	Formulary Change Type	Effective Date
IDVYNSO 100-0.25 MG	TAB	5 – Specialty	PA, QL 30/30 days	Addition	08/01/2026
JAKAFI XR 11, 22, 33, 44, 55, MG	TAB	5 – Specialty	PA, QL 30/30 days	Addition	08/01/2026

Drug Name	Dosage Form	Drug Tier	Utilization Limits	Formulary Change Type	Effective Date
AUVELITY TITRATION PACK 30-105 MG & 45-105 MG	TAB THPK	5 – Specialty	PA, QL 102/365 days	Addition	09/01/2026
BOSULIF 400 MG	TAB	99 – Non-Formulary		Removal	09/01/2026
bosutinib 400 mg	TAB	5 – Specialty	PA, QL 30/30 days	Addition	09/01/2026
BREZTRI AEROSPHERE 160-18-4.8 MCG	ACT	3 – Preferred Brand	QL 10.7/30 days	Addition	09/01/2026
BYSANTI 1, 2, 4, 6, 8 10, 12 MG	TAB	5 – Specialty	ST, QL 60/30 days	Addition	09/01/2026
BYSANTI TITRATION PACK A 1 & 2 & 4 & 6 MG	TAB THPK	4 – Non-Preferred Drug	ST, QL 16/365 days	Addition	09/01/2026
BYSANTI TITRATION PACK B 1 & 2 & 6 & 8 MG	TAB THPK	4 – Non-Preferred Drug	ST, QL 24/365 days	Addition	09/01/2026
BYSANTI TITRATION PACK C 1 & 2 & 6 MG	TAB THPK	4 – Non-Preferred Drug	ST, QL 16/365 days	Addition	09/01/2026
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG	TAB THPK	4 – Non-Preferred Drug	ST, QL 24/365 days	Addition	09/01/2026
macitentan 10 mg	TAB	5 – Specialty	PA, QL 30/30 days	Addition	09/01/2026
OPSUMIT 10 MG	TAB	99 – Non-Formulary		Removal	09/01/2026
sitagliptin phosphate 25 mg, 50 mg, 100 mg	TAB	1 – Preferred Generic	QL 30/30	Addition	09/01/2026
sitagliptin phosph-metformin 50-1000 mg, 50-500 mg	TAB	2 - Generic	QL 60/30	Addition	09/01/2026
SKYRIZI 55 MG/0.37ML SOLN	PFS	5 – Specialty	PA	Addition	09/01/2026
tofacitinib citrate 1 mg/mL	ORAL SOLN	5 – Specialty	PA, QL 480/24 days	Addition	09/01/2026
tofacitinib citrate 5 mg, 10 mg	TAB	5 – Specialty	PA, QL 60/30	Addition	09/01/2026
tofacitinib citrate ER 24hr 11 mg, 22 mg	TAB	5 – Specialty	PA, QL 30/30	Addition	09/01/2026
Drug Name	**Dosage Form**	**Drug Tier**	**Utilization Limits**	**Formulary Change Type**	**Effective Date**
cyclosporine (ophth) 0.05% (pf)	SOLN	3 – Preferred Brand	QL 60/30 days	Addition	10/01/2026
duloxetine hcl 20 mg	CAP	3 – Preferred Brand	QL 120/30 days	QL Increase	10/01/2026
duloxetine hcl 30 mg	CAP	3 – Preferred Brand	QL 90/30 days	QL Increase	10/01/2026

icosapent ethyl	CAP	3 – Preferred Brand		Addition	10/01/2026
Drug Name	**Dosage Form**	**Drug Tier**	**Utilization Limits**	**Formulary Change Type**	**Effective Date**
BEQALZI 1, 5, 20, 80 MG	TAB	5 – Specialty	PA	Addition	11/01/2026
BEQALZI STARTER PACK 1 & 5 & 20 & 80 MG	TAB THPK	5 – Specialty	PA	Addition	11/01/2026
BESREMI PEN 500 MCG/0.5ML	SOLN	5 – Specialty	PA, QL 1/28 days	Addition	11/01/2026
BIXLENVO 75-50 MG	TAB	5 – Specialty	QL 30/30 days	Addition	11/01/2026
dextromethorphan hbr-quinidine sulfate 20-10 mg	CAP	5 – Specialty	PA, QL 60/30 days	Addition	11/01/2026
ETCAMAH 75 MG	TAB	5 – Specialty	PA, QL 28/28 days	Addition	11/01/2026
JIDEYTRO 100 MG	TAB	5 – Specialty	PA, QL 30/30 days	Addition	11/01/2026
JIDEYTRO 25 MG	TAB	5 – Specialty	PA, QL 90/30 days	Addition	11/01/2026
NUEDEXTA 20-10 MG	CAP	99 – Non-Formulary		Removal	11/01/2026
RASONQUE 100, 150 MG	TAB	5 – Specialty	PA, QL 60/30 days	Addition	11/01/2026
sitagliptin phos-metformin hcl ER 100-1000 mg	TAB	2 - Generic	QL 30/30 days	Addition	11/01/2026
sitagliptin phos-metformin hcl ER 50-500, 50-1000 mg	TAB	2 - Generic	QL 60/30 days	Addition	11/01/2026
ZENBEXUS 0.75, 1 MG	CAP	5 – Specialty	PA, QL 21/28 days	Addition	11/01/2026