

## Jefferson Health Plans 6 Tier Premium (DSNP) 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:

<b>QL</b>	<b>Quantity Limit</b>
<b>PA</b>	<b>Prior Authorization</b>
<b>ST</b>	<b>Step Therapy</b>

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	4 – Non-Preferred Drug		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	3 – Preferred Brand	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