

Jefferson Health Plans 1 Tier 2024 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	Requirements / Limits	Formulary Change Type	Effective Date
AUGTYRO 40 MG	CAP	1 – Covered	PA, NDS	Addition	02/01/2024
BREO ELLIPTA 50-25 MCG	INH	1 – Covered	QL 60/30 days	Addition	02/01/2024
breyndia	INH	1 – Covered	QL 10.3/30 days	Addition	02/01/2024
brimonidine tartrate ophth 0.1%	SOLN	1 – Covered		Addition	02/01/2024
ciprofloxacin 3 mg/ml / dexamethasone 1 mg/ml otic	SOLN	1 – Covered		Addition	02/01/2024
enilloring 0.12-0.015 mg/24hr	VAG RING	1 – Covered		Addition	02/01/2024
fluticasone propionate aer powder 250 mcg/act	DISKUS	1 – Covered	QL 240/30 days	Addition	02/01/2024
fluticasone prop aer powder 50 mcg/act, 100 mcg/act	DISKUS	1 – Covered	QL 60/30 days	Addition	02/01/2024
FRUZAQLA	CAP	1 – Covered	PA, NDS	Addition	02/01/2024
kourzeq 0.1 %	PASTE	1 – Covered		Addition	02/01/2024
LITHIUM CITRATE 60 MG/ML ORAL	SOLN	1 – Covered		Addition	02/01/2024
norelgestromin-eth estradiol 150-35 mcg/24hr	PATCH	1 – Covered		Addition	02/01/2024
OJJAARA	TAB	1 – Covered	PA, NDS	Addition	02/01/2024

pazopanib 200 mg	TAB	1 – Covered	PA, NDS	Addition	02/01/2024
phenytek	CAP	1 – Covered		Addition	02/01/2024
pitavastatin calcium	TAB	1 – Covered	QL 30/30 days	Addition	02/01/2024
ROZLYTREK 50 MG	PACKET	1 – Covered	PA, NDS	Addition	02/01/2024
teriparatide (recombinant) soln pen	INJ	1 – Covered	PA, QL 2.4/28 days, NDS	Addition	02/01/2024
TRUQAP	TAB	1 – Covered	PA, NDS	Addition	02/01/2024
turqoz 0.3-30 mg-mcg	TAB	1 – Covered		Addition	02/01/2024
VANFLYTA	TAB	1 – Covered	PA, NDS	Addition	02/01/2024
XALKORI	CAP	1 – Covered	PA, NDS	Addition	02/01/2024
ZEMAIRA	SOLN	1 – Covered	PA, NDS	Addition	02/01/2024
ZURZUVAE 20 MG, 25 MG	CAP	1 – Covered	PA, QL 60/30 days, NDS	Addition	02/01/2024
ZURZUVAE 30 MG	CAP	1 – Covered	PA, QL 30/30 days, NDS	Addition	02/01/2024
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
PAXLOVID 150/100 MG	TAB	1 – Covered	QL 40/30 days	Addition	02/12/2024
PAXLOVID 300/100 MG	TAB	1 – Covered	QL 60/30 days	Addition	02/12/2024
BAQSIMI	POW	1 – Covered		Addition	03/01/2024
BOSULIF	CAP	1 – Covered	PA, NDS	Addition	03/01/2024
IWILFIN	TAB	1 – Covered	PA, NDS	Addition	03/01/2024
klayesta	POW	1 – Covered	QL 60/30 days	Addition	03/01/2024
mifepristone 300 mg	TAB	1 – Covered	PA, NDS	Addition	03/01/2024
mycophenolic acid dr	TAB	1 – Covered	PA	Addition	03/01/2024

OGSIVEO	TAB	1 – Covered	PA, NDS	Addition	03/01/2024
PENBRAYA RECON	SUSP	1 – Covered		Addition	03/01/2024
ZENPEP 60000-189600 UNIT	CAP	1 – Covered		Addition	03/01/2024
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
ciprofloxacin hcl 100 mg	TAB	99 - Non-Formulary		Deletion	04/01/2024
XOLAIR SOLN AUTOINJECTOR	SOLN	1 – Covered	PA, NDS	Addition	04/01/2024
XOLAIR 300 MG/2ML SOLN PREFILLED SYRINGE	SYR	1 – Covered	PA, NDS	Addition	04/01/2024
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
IXCHIQ	SOLN	1 – Covered		Addition	05/01/2024
nitroglycerin 0.4%	OINT	1 – Covered	QL 30/30 days	Addition	05/01/2024
tridacaine 5%	PATCH	1 – Covered	QL 90/30 days	Addition	05/01/2024