Jefferson Health Plans

Pharmacy Bulletin

Jefferson Health Plans Individual and Family Plans Formulary Changes

Drug name	Status	Formulary Tier	Utilization Management Edits	Effective Date
Advate	Formulary Addition	Specialty	PA	01/01/2026
Adynovate	Formulary Addition	Specialty	PA	01/01/2026
Afstyla	Formulary Addition	Specialty	PA	01/01/2026
Alphagan P 0.1% solution	Brand Removal	Non-formulary	PA	01/01/2026
Alphanate	Formulary Addition	Specialty	PA	01/01/2026
Alphanine SD	Formulary Addition	Specialty	PA	01/01/2026
Alprolix	Formulary Addition	Specialty	PA	01/01/2026
Altuviiio	Formulary Addition	Specialty	PA	01/01/2026
Aptiom 200 mg tab	Brand Removal	Non-formulary		01/01/2026
Aptiom 400 mg tab	Brand Removal	Non-formulary		01/01/2026
Aptiom 600 mg tab	Brand Removal	Non-formulary		01/01/2026
Aptiom 800 mg tab	Brand Removal	Non-formulary		01/01/2026
Asmanex HFA 100 mcg	Formulary Addition	Preferred Brands	QL (1 inhaler/month)	01/01/2026
Asmanex HFA 200 mcg	Formulary Addition	Preferred Brands	QL (1 inhaler/month)	01/01/2026
Asmanex HFA 50 mcg	Formulary Addition	Preferred Brands	QL (1 inhaler/month)	01/01/2026
Avonex 30 mcg/0.5 mL	Formulary Removal	Non-formulary		01/01/2026
Basaglar Kwikpen 100 unit/mL	Formulary Removal	Non-formulary		01/01/2026
Benefix	Formulary Addition	Specialty	PA	01/01/2026
Betaine powder	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Brilinta 60 mg tab	Brand Removal	Non-formulary		01/01/2026
Brilinta 90 mg tab	Brand Removal	Non-formulary		01/01/2026
Cabenuva 400 & 600 suspension	Tier Increase	Non-Preferred Drug	No Change	01/01/2026
Cabenuva 600 & 900 suspension	Tier Increase	Non-Preferred Drug	No Change	01/01/2026
Clovique 250 mg cap	Tier Decrease	Generics	No Change	01/01/2026

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Drug name	Status	Formulary Tier	Utilization Management Edits	Effective Date
Complera 200-25-300 mg tab	Brand Removal	Non-formulary		01/01/2026
Dapagliflozin-metformin ER 10-1000 mg	Formulary Addition	Preferred Brands	QL (1/day)	01/01/2026
Dapagliflozin-metformin ER 5-1000 mg	Formulary Addition	Preferred Brands	QL (2/day)	01/01/2026
Dapagliflozin propanediol 10 mg tab	Formulary Addition	Preferred Brands	QL (1/day)	01/01/2026
Dapagliflozin propanediol 5 mg tab	Formulary Addition	Preferred Brands	QL (1/day)	01/01/2026
Deflazacort 18 mg tab	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Deflazacort 22.75 mg/mL suspension	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Deflazacort 30 mg tab	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Deflazacort 36 mg tab	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Deflazacort 6 mg tab	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Dificid 200 mg tab	Brand Removal	Non-formulary		01/01/2026
Dificid 40 mg/mL suspension	Formulary Removal	Non-formulary		01/01/2026
Eloctate	Formulary Addition	Specialty	PA	01/01/2026
Entresto 24-26 mg tab	Brand Removal	Non-formulary		01/01/2026
Entresto 49-51 mg tab	Brand Removal	Non-formulary		01/01/2026
Entresto 97-103 mg tab	Brand Removal	Non-formulary		01/01/2026
Feiba	Formulary Addition	Specialty	PA	01/01/2026
FmL 0.1% ointment	Formulary Removal	Non-formulary		01/01/2026
Fuzeon 90 mg solution	Formulary Removal	Non-formulary		01/01/2026
Fycompa 0.5 mg/mL suspension	Formulary Removal	Non-formulary		01/01/2026
Fycompa 10 mg tab	Brand Removal	Non-formulary		01/01/2026
Fycompa 12 mg tab	Brand Removal	Non-formulary		01/01/2026
Fycompa 2 mg tab	Brand Removal	Non-formulary		01/01/2026
Fycompa 4 mg tab	Brand Removal	Non-formulary		01/01/2026
Fycompa 6 mg tab	Brand Removal	Non-formulary		01/01/2026
Fycompa 8 mg tab	Brand Removal	Non-formulary		01/01/2026
Gemcitabine 1 gm solution	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Gleostine 10 mg cap	Tier Decrease	Preferred Brands	No Change	01/01/2026

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Drug name	Status	Formulary Tier	Utilization Management Edits	Effective Date
Gleostine 100 mg cap	Tier Decrease	Preferred Brands	No Change	01/01/2026
Gleostine 40 mg cap	Tier Decrease	Preferred Brands	No Change	01/01/2026
Gomekli 1 mg cap	Formulary Removal	Non-formulary		01/01/2026
Gomekli 1 mg tab for solution	Formulary Removal	Non-formulary		01/01/2026
Gomekli 2 mg cap	Formulary Removal	Non-formulary		01/01/2026
HemLibra	Formulary Addition	Specialty	PA	01/01/2026
Hemofil M	Formulary Addition	Specialty	PA	01/01/2026
Hetlioz LQ 4 mg/mL suspension	Formulary Removal	Non-formulary		01/01/2026
Humate-P	Formulary Addition	Specialty	PA	01/01/2026
Humatin 250 mg cap	Formulary Removal	Non-formulary		01/01/2026
Iclusig 10 mg tab	Formulary Removal	Non-formulary		01/01/2026
Iclusig 15 mg tab	Formulary Removal	Non-formulary		01/01/2026
Iclusig 30 mg tab	Formulary Removal	Non-formulary		01/01/2026
Iclusig 45 mg tab	Formulary Removal	Non-formulary		01/01/2026
Invega Hafyera 1092 mg/3.5 mL	Formulary Removal	Non-formulary		01/01/2026
Invega Hafyera 1560 mg/5 mL	Formulary Removal	Non-formulary		01/01/2026
Invega Trinza 273 mg/0.88 mL	Formulary Removal	Non-formulary		01/01/2026
Invega Trinza 410 mg/1.32 mL	Formulary Removal	Non-formulary		01/01/2026
Invega Trinza 546 mg/1.75 mL	Formulary Removal	Non-formulary		01/01/2026
Invega Trinza 819 mg/2.63 mL	Formulary Removal	Non-formulary		01/01/2026
Irinotecan 100 mg/5mL solution	Tier Decrease	Generics	No Change	01/01/2026
Irinotecan 40 mg/2mL solution	Tier Decrease	Generics	No Change	01/01/2026
Irinotecan 500 mg/25mL solution	Tier Decrease	Generics	No Change	01/01/2026
Ixinity	Formulary Addition	Specialty	PA	01/01/2026
Jivi	Formulary Addition	Specialty	PA	01/01/2026
Ketoprofen 25 mg cap	Formulary Removal	Non-formulary		01/01/2026
Ketoprofen 50 mg cap	Formulary Removal	Non-formulary		01/01/2026
Ketoprofen 75 mg cap	Formulary Removal	Non-formulary		01/01/2026

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Ketoprofen ER 200 mg capsule	Formulary Removal	Non-formulary		01/01/2026
Koate	Formulary Addition	Specialty	PA	01/01/2026
Koate-DVI	Formulary Addition	Specialty	PA	01/01/2026
Kogenate FS	Formulary Addition	Specialty	PA	01/01/2026
Kovaltry	Formulary Addition	Specialty	PA	01/01/2026
Lantus 100 unit/mL solution	Formulary Addition	Preferred Brands		01/01/2026
Lantus Solostar 100 unit/mL pen	Formulary Addition	Preferred Brands		01/01/2026
Levorphanol tartrate 2 mg tab	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Levorphanol tartrate 3 mg tab	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Lexiva 50 mg/mL suspension	Formulary Removal	Non-formulary		01/01/2026
Lucemyra 0.18 mg tab	Brand Removal	Non-formulary		01/01/2026
Mesna 400 mg tab	Tier Decrease	Generics	No Change	01/01/2026
Methamphetamine 5 mg tab	Formulary Removal	Non-formulary		01/01/2026
Mononine	Formulary Addition	Specialty	PA	01/01/2026
Myrbetriq 25 mg ER tab	Brand Removal	Non-formulary		01/01/2026
Myrbetriq 50 mg ER tab	Brand Removal	Non-formulary		01/01/2026
Myrbetriq 8 mg/mL suspension	Brand Removal	Non-formulary		01/01/2026
Natpara 100 mcg cartridge	Formulary Removal	Non-formulary		01/01/2026
Natpara 25 mcg cartridge	Formulary Removal	Non-formulary		01/01/2026
Natpara 50 mcg cartridge	Formulary Removal	Non-formulary		01/01/2026
Natpara 75 mcg cartridge	Formulary Removal	Non-formulary		01/01/2026
Novoeight	Formulary Addition	Specialty	PA	01/01/2026
Novoseven RT	Formulary Addition	Specialty	PA	01/01/2026
Nucala 100 mg solution	Formulary Removal	Non-formulary		01/01/2026
Nucala 100 mg/mL auto-injector	Formulary Removal	Non-formulary		01/01/2026
Nucala 100 mg/mL syringe	Formulary Removal	Non-formulary		01/01/2026
Nucala 40 mg/0.4 mL syringe	Formulary Removal	Non-formulary		01/01/2026
Nuwiq	Formulary Addition	Specialty	PA	01/01/2026

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Oxaliplatin 100 mg solution	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Oxaliplatin 100 mg/20 mL solution	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Oxaliplatin 50 mg solution	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Oxaliplatin 50 mg/10 mL solution	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Ozempic	UM Change	Preferred Brands	PA (previously ST required)	01/12/2026
Paxlovid	Tier Decrease	Generics	No Change	01/01/2026
Pemetrexed disodium 100 mg	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Pemetrexed disodium 500 mg	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Plegridy 125 mcg/0.5 mL	Formulary Removal	Non-formulary		01/01/2026
Plegridy Starter Pack	Formulary Removal	Non-formulary		01/01/2026
Profilnine	Formulary Addition	Specialty	PA	01/01/2026
Promacta 12.5 mg packet	Brand Removal	Non-formulary		01/01/2026
Promacta 12.5 mg tab	Brand Removal	Non-formulary		01/01/2026
Promacta 25 mg packet	Brand Removal	Non-formulary		01/01/2026
Promacta 25 mg tab	Brand Removal	Non-formulary		01/01/2026
Promacta 50 mg tab	Brand Removal	Non-formulary		01/01/2026
Promacta 75 mg tab	Brand Removal	Non-formulary		01/01/2026
Qulipta 10 mg tab	Formulary Addition	Preferred Brands	PA, QL (1/day)	01/01/2026
Qulipta 30 mg tab	Formulary Addition	Preferred Brands	PA, QL (1/day)	01/01/2026
Qulipta 60 mg tab	Formulary Addition	Preferred Brands	PA, QL (1/day)	01/01/2026
Rebinyn	Formulary Addition	Specialty	PA	01/01/2026
Recombinate	Formulary Addition	Specialty	PA	01/01/2026
Regranex 0.01% gel	Formulary Removal	Non-formulary		01/01/2026
Repatha Pushtronex 420 mg/3.5mL	Formulary Removal	Non-formulary		01/01/2026
Ridaura 3 mg cap	Brand Removal	Non-formulary		01/01/2026
Rixubis	Formulary Addition	Specialty	PA	01/01/2026
Safyral 3-0.03-0.451 mg tab	Brand Removal	Non-formulary		01/01/2026

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Drug name	Status	Formulary Tier	Utilization Management Edits	Effective Date
Sevenfact	Formulary Addition	Specialty	PA	01/01/2026
Sprycel 100 mg tab	Brand Removal	Non-formulary		01/01/2026
Sprycel 140 mg tab	Brand Removal	Non-formulary		01/01/2026
Sprycel 20 mg tab	Brand Removal	Non-formulary		01/01/2026
Sprycel 50 mg tab	Brand Removal	Non-formulary		01/01/2026
Sprycel 70 mg tab	Brand Removal	Non-formulary		01/01/2026
Sprycel 80 mg tab	Brand Removal	Non-formulary		01/01/2026
Sublocade 100 mg/0.5mL syringe	Tier Decrease	Preferred Brands	No Change	01/01/2026
Sublocade 300 mg/1.5 mL syringe	Tier Decrease	Preferred Brands	No Change	01/01/2026
Symtuza 800-150-200-10 mg tab	Tier Decrease	Preferred Brands	No Change	01/01/2026
Synarel 2 mg/mL solution	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Tasigna 150 mg cap	Brand Removal	Non-formulary		01/01/2026
Tasigna 200 mg cap	Brand Removal	Non-formulary		01/01/2026
Tasigna 50 mg cap	Brand Removal	Non-formulary		01/01/2026
Tazarotene 0.05% cream	Formulary Addition	Generics	AL (35 and older)	01/01/2026
Teriparatide 560 mcg/2.24 mL pen	Tier Decrease	Non-Preferred Drug	No Change	01/01/2026
Trientine 250 mg cap	Tier Decrease	Generics	No Change	01/01/2026
Trientine 500 mg cap	Formulary Removal	Non-formulary		01/01/2026
Triumeq 600-50-300 mg tab	Tier Increase	Non-Preferred Drug	No Change	01/01/2026
Triumeq PD 60-5-30 mg tab for solution	Tier Increase	Non-Preferred Drug	No Change	01/01/2026
Trulicity	UM Change	Preferred Brands	PA (previously ST required)	01/12/2026
Tuzistra XR 14.7-2.8 mg/5 mL	Formulary Removal	Non-formulary		01/01/2026
Velsipity 2 mg tab	Formulary Addition	Specialty	PA, QL (1/day)	01/01/2026
Verzenio 100 mg tab	Formulary Removal	Non-formulary		01/01/2026
Verzenio 150 mg tab	Formulary Removal	Non-formulary		01/01/2026
Verzenio 200 mg tab	Formulary Removal	Non-formulary		01/01/2026
Verzenio 50 mg tab	Formulary Removal	Non-formulary		01/01/2026

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Drug name	Status	Formulary Tier	Utilization Management Edits	Effective Date
Viracept 250 mg tab	Formulary Removal	Non-formulary		01/01/2026
Viracept 625 mg tab	Formulary Removal	Non-formulary		01/01/2026
Wilate	Formulary Addition	Specialty	PA	01/01/2026
Xyntha	Formulary Addition	Specialty	PA	01/01/2026
Xyntha Solofuse	Formulary Addition	Specialty	PA	01/01/2026
Xyrem 500 mg/mL solution	Brand Removal	Non-formulary		01/01/2026
Yonsa 125 mg tab	Formulary Removal	Non-formulary		01/01/2026

Key:

AL: Age Limit

Non-Formulary: Drug is not covered on the formulary. A formulary exception is available upon request.

PA: Prior Authorization required

QL: Quantity Limit

ST: Step Therapy

UM: Utilization Management