Jefferson Health Plans 6 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	5 – Specialty	PA	Addition	02/01/2024
BREO ELLIPTA 50-25 MCG	INH	3 – Preferred Brands	QL 60/30 days	Addition	02/01/2024
breyna	INH	3 – Preferred Brands	QL 10.3/30 days	Addition	02/01/2024
brimonidine tartrate ophth 0.1%	SOLN	3 – Preferred Brands		Addition	02/01/2024
ciprofloxacin 3 mg/ml / dexamethasone 1 mg/ml otic	SOLN	3 – Preferred Brands		Addition	02/01/2024
enilloring 0.12-0.015 mg/24hr	VAG RING	2 – Generics		Addition	02/01/2024
fluticasone propionate aer powder 250 mcg/act	DISKUS	3 – Preferred Brands	QL 240/30 days	Addition	02/01/2024
fluticasone prop aer powder 50 mcg/act, 100 mcg/act	DISKUS	3 – Preferred Brands	QL 60/30 days	Addition	02/01/2024
FRUZAQLA	CAP	5 – Specialty	PA	Addition	02/01/2024
kourzeq 0.1 %	PASTE	2 – Generics		Addition	02/01/2024
LITHIUM CITRATE 60 MG/ML ORAL	SOLN	2 – Generics		Addition	02/01/2024
norelgestromin-eth estradiol 150-35 mcg/24hr	PATCH	2 – Generics		Addition	02/01/2024
OJJAARA	TAB	5 – Specialty	PA	Addition	02/01/2024

pazopanib 200 mg	TAB	5 – Specialty	PA	Addition	02/01/2024
phenytek	CAP	2 – Generics		Addition	02/01/2024
pitavastatin calcium	TAB	3 – Preferred Brands	QL 30/30 days	Addition	02/01/2024
ROZLYTREK 50 MG	PACKET	5 – Specialty	PA	Addition	02/01/2024
teriparatide (recombinant) soln pen	INJ	5 – Specialty	PA, QL 2.4/28 days	Addition	02/01/2024
TRUQAP	TAB	5 – Specialty	PA	Addition	02/01/2024
turqoz 0.3-30 mg-mcg	TAB	2 – Generics		Addition	02/01/2024
VANFLYTA	TAB	5 – Specialty	PA	Addition	02/01/2024
XALKORI	CAP	5 – Specialty	PA	Addition	02/01/2024
ZEMAIRA	SOLN	5 – Specialty	PA	Addition	02/01/2024
ZURZUVAE 20 MG, 25 MG	CAP	5 – Specialty	PA, QL 60/30 days	Addition	02/01/2024
ZURZUVAE 30 MG	CAP	5 – Specialty	PA, QL 30/30 days	Addition	02/01/2024
Drug Name	**Dosage Form**	**Drug Tier**	**Requirements / Limits**	**Formulary Change Type**	**Effective Date**
PAXLOVID 150/100 MG	TAB	3 – Preferred Brands	QL 40/30 days	Addition	02/12/2024
PAXLOVID 300/100 MG	TAB	3 – Preferred Brands	QL 60/30 days	Addition	02/12/2024
BAQSIMI	POW	3 – Preferred Brands		Addition	03/01/2024
BOSULIF	CAP	5 – Specialty	PA	Addition	03/01/2024
IWILFIN	TAB	5 – Specialty	PA	Addition	03/01/2024
klayesta	POW	2 – Generics	QL 60/30 days	Addition	03/01/2024
mifepristone 300 mg	TAB	5 – Specialty	PA	Addition	03/01/2024
mycophenolic acid dr	TAB	2 – Generics	PA	Addition	03/01/2024
OGSIVEO	TAB	5 – Specialty	PA	Addition	03/01/2024

PENBRAYA RECON	SUSP	3 – Preferred Brands		Addition	03/01/2024
ZENPEP 60000-189600 UNIT	CAP	3 – Preferred Brands		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	5 – Specialty	PA	Addition	04/01/2024
XOLAIR 300 MG/2ML SOLN PREFILLED SYRINGE	SYR	5 – Specialty	PA	Addition	04/01/2024
Drug Name	**Dosage Form**	**Drug Tier**	**Requirements / Limits**	**Formulary Change Type**	**Effective Date**
IXCHIQ	SOLN	3 – Preferred Brands		Addition	05/01/2024
nitroglycerin 0.4%	OINT	4 – Non-Preferred Drug	QL 30/30 days	Addition	05/01/2024
Drug Name	**Dosage Form**	**Drug Tier**	**Requirements / Limits**	**Formulary Change Type**	**Effective Date**
ADALIMUMAB-AACF (2 PEN) 40 MG/0.8ML	INJ	5 – Specialty	PA	Addition	06/01/2024
emzahh	TAB	2 – Generics		Addition	06/01/2024
IDACIO 40 MG/0.8ML AUTOINJECTOR	INJ	5 – Specialty	PA	Addition	06/01/2024
IDACIO 40 MG/0.8ML PFS	SYR	5 – Specialty	PA	Addition	06/01/2024
IDACIO FOR CROHNS DISEASE/UC 40 MG/0.8ML	INJ	5 – Specialty	PA	Addition	06/01/2024
IDACIO FOR PLAQUE PSORIASIS 40 MG/0.8ML	INJ	5 – Specialty	PA	Addition	06/01/2024
OGSIVEO 100 MG, 150 MG	TAB	5 – Specialty	PA	Addition	06/01/2024
theophylline er 100 mg, 200 mg	TAB	2 – Generics		Addition	06/01/2024
UBRELVY	TAB	5 – Specialty	ST, QL 16/30 days	Addition	06/01/2024
XCOPRI 25 MG	TAB	5 – Specialty	PA, QL 30/30 days	Addition	06/01/2024

Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
FASENRA 10 MG/0.5ML	SOLN	5 – Specialty	PA	Addition	07/01/2024
OJEMDA 100 MG	TAB	5 – Specialty	PA, QL 24/28 days	Addition	07/01/2024
OJEMDA 25 MG/ML	SUSP	5 – Specialty	PA, QL 96/28 days	Addition	07/01/2024
Drug Name	**Dosage Form**	**Drug Tier**	**Requirements / Limits**	**Formulary Change Type**	**Effective Date**
AUSTEDO XR 30 MG, 36 MG, 42 MG, 48 MG	TAB	5 – Specialty	PA, QL 30/30	Addition	08/01/2024
INGREZZA SPRINK	CAP	5 – Specialty	PA, QL 30/30	Addition	08/01/2024
kionex	SUSP	3 – Preferred Brands		Addition	08/01/2024
LIBERVANT	FILM	5 – Specialty	PA, QL 10/30	Addition	08/01/2024
RINVOQ LQ 1 MG/ML	SOLN	5 – Specialty	PA, QL 360/30	Addition	08/01/2024
SCEMBLIX 100 MG	TAB	5 – Specialty	PA, QL 120/30	Addition	08/01/2024
timolol maleate ophth 0.5% (once-daily)	SOLN	4 – Non-Preferred Drug		Addition	08/01/2024
zomig 2.5 mg, 5 mg	TAB	2 – Generics	QL 9/30	Addition	08/01/2024