Jefferson Health Plans 1 Tier Premium (DSNP) 2025 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**
NDS	**Non-Extended Day Supply**

Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
ADALIMUMAB-AACF (2 SYRINGE) 40 MG/0.8 ML	PFS	1- Covered	PA, NDS	Addition	02/01/2025
AUGTYRO 160 MG	CAP	1- Covered	PA, QL 60/30 days, NDS	Addition	02/01/2025
benztropine	TAB	1- Covered		PA Removal	02/01/2025
DANZITEN	TAB	1- Covered	PA, QL 120/30 days, NDS	Addition	02/01/2025
fentanyl citrate	LOZ	99 - Non-Form		Removal	02/01/2025
gallifrey 5 mg	TAB	1- Covered		Addition	02/01/2025
IMKELDI 80 MG/ML	SOLN	1- Covered	PA, QL 280/28 days, NDS	Addition	02/01/2025
LAGEVRIO 200 MG	CAP	1- Covered		Addition	02/01/2025
lofexidine hcl 0.18 mg	TAB	1- Covered	PA, QL 16/1 day, NDS	Addition	02/01/2025
LUMAKRAS 240 MG	TAB	1- Covered	PA, QL 120/30 days, NDS	Addition	02/01/2025
REVUFORJ 110 MG	TAB	1- Covered	PA, QL 120/30 days, NDS	Addition	02/01/2025
REVUFORJ 160 MG	TAB	1- Covered	PA, QL 60/30 days, NDS	Addition	02/01/2025
THALOMID 100 MG	CAP	1- Covered	PA, QL 120/30 days, NDS	QL Update	02/01/2025

Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
feirza 1.5/30	TAB	1- Covered		Addition	03/01/2025
ivabradine hcl	TAB	1- Covered	PA, QL 60/30 days	Addition	03/01/2025
mesna 400 mg	TAB	1- Covered		Addition	03/01/2025
valtya 1/50	TAB	1- Covered		Addition	03/01/2025
Drug Name	**Dosage Form**	**Drug Tier**	**Requirements / Limits**	**Formulary Change Type**	**Effective Date**
abirtega 250 mg	TAB	1- Covered	PA, QL 120/30 days	Addition	04/01/2025
carbamazepine 200 mg	CHEW TAB	1- Covered		Addition	04/01/2025
feirza 1/20	TAB	1- Covered		Addition	04/01/2025
gabapentin 800 mg	TAB	1- Covered	QL 120/30 days	QL Update	04/01/2025
GOMEKLI 1 MG	CAP	1- Covered	PA, QL 126/28 days, NDS	Addition	04/01/2025
GOMEKLI 1 MG	SOL TAB	1- Covered	PA, QL 168/28 days, NDS	Addition	04/01/2025
GOMEKLI 2 MG	CAP	1- Covered	PA, QL 84/28 days, NDS	Addition	04/01/2025
PREVYMIS	PACKET	1- Covered	PA, QL 120/30 days, NDS	Addition	04/01/2025
topiramate 50 mg	SPRK CAP	1- Covered		Addition	04/01/2025
VAXCHORA	SUSP	1- Covered		Addition	04/01/2025
VIMKUNYA	SUSP	1- Covered		Addition	04/01/2025
VIVOTIF	CAP	1- Covered		Addition	04/01/2025
xarah fe	TAB	1- Covered		Addition	04/01/2025
Drug Name	**Dosage Form**	**Drug Tier**	**Requirements / Limits**	**Formulary Change Type**	**Effective Date**
AURANOFIN 3 MG	CAP	1- Covered		Addition	05/01/2025

diclofenac sodium 1%	TOP GEL	99 - Non-Form		Removal	05/01/2025
levofloxacin ophth 0.5%	SOLN	99 - Non-Form		Removal	05/01/2025
lurbipr 100 mg	TAB	1- Covered		Addition	05/01/2025
mercaptopurine 2000 mg/100mL (20mg/mL)	SUSP	1- Covered		Addition	05/01/2025
XPOVIO (40 MG ONCE WEEKLY) 10 MG	TAB THPK	1- Covered	PA, QL 16/28 days, NDS	Addition	05/01/2025
Drug Name	**Dosage Form**	**Drug Tier**	**Requirements / Limits**	**Formulary Change Type**	**Effective Date**
amnesteem 30 mg	CAP	1- Covered		Addition	06/01/2025
EULEXIN 125 MG	CAP	1- Covered	PA, NDS	Addition	06/01/2025
flutamide 125 mg	CAP	99 - Non-Form		Removal	06/01/2025
HADLIMA 40 MG/0.4ML	PFS	1- Covered	PA, NDS	Addition	06/01/2025
HADLIMA 40 MG/0.8ML SOLN	PFS	1- Covered	PA, NDS	Addition	06/01/2025
HADLIMA PUSHTOUCH 40 MG/0.4ML	SOLN	1- Covered	PA, NDS	Addition	06/01/2025
HADLIMA PUSHTOUCH 40 MG/0.8ML	SOLN	1- Covered	PA, NDS	Addition	06/01/2025
LEUKERAN 2 MG	TAB	1- Covered	NDS	Addition	06/01/2025
OPIPZA 2 MG	FILM	1- Covered	PA, QL 30/30 days, NDS	Addition	06/01/2025
OPIPZA 5 MG, 10 MG	FILM	1- Covered	PA, QL 90/30 days, NDS	Addition	06/01/2025
PAXLOVID 6 X 150 MG & 5 X 100 MG	TAB	1- Covered	QL 22/30 days	Addition	06/01/2025
RALDESY 10 MG/ML	SOLN	1- Covered	PA, QL 1200/30 days, NDS	Addition	06/01/2025
REVUFORJ 25 MG	TAB	1- Covered	PA, QL 180/30 days, NDS	Addition	06/01/2025
ROMVIMZA	CAP	1- Covered	PA, QL 8/28 days, NDS	Addition	06/01/2025
SUNLENCA 300 MG	TAB	1- Covered	QL 4/28 days, NDS	Addition	06/01/2025
TABLOID 40 MG	TAB	1- Covered		Addition	06/01/2025
tazarotene 0.05%	CREAM	1- Covered	PA, QL 60/30 days	Addition	06/01/2025

Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG	CAP	1- Covered	PA, QL 66/28 days, NDS	Addition	07/01/2025
bromfenac sodium ophth 0.07%	SOLN	1- Covered		Addition	07/01/2025
EDURANT PED 2.5 MG	TAB SOL	1- Covered	PA, QL 180/30 days, NDS	Addition	07/01/2025
norethindrone 0.35 mg	TAB	1- Covered		Addition	07/01/2025
sodium chloride IV 0.9%	SOLN	1- Covered		Addition	07/01/2025
Drug Name	**Dosage Form**	**Drug Tier**	**Requirements / Limits**	**Formulary Change Type**	**Effective Date**
emtricitabine-rilpivirine-tenofovir DF 200-25-300 mg	TAB	1- Covered	QL 30/30 days, NDS	Addition	08/01/2025
eslicarbazepine acetate 200 mg, 400 mg	TAB	1- Covered	QL 30/30 days	Addition	08/01/2025
eslicarbazepine acetate 600 mg, 800 mg	TAB	1- Covered	QL 60/30 days	Addition	08/01/2025
KALETRA 400-100 MG/5ML	SOLN	1- Covered	QL 480/30 days	Addition	08/01/2025
nilotinib hcl	CAP	1- Covered	PA, QL 120/30 days, NDS	Addition	08/01/2025
perampanel 2 mg	TAB	1- Covered	PA, QL 30/30 days	Addition	08/01/2025
perampanel 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	TAB	1- Covered	PA, QL 30/30 days, NDS	Addition	08/01/2025
RETEVMO 80 MG	TAB	1- Covered	QL 120/30 days, NDS	QL Update	08/01/2025
REVUFORJ 25 MG	TAB	1- Covered	QL 240/30 days, NDS	QL Update	08/01/2025
ticagrelor 90 mg	TAB	1- Covered		Addition	08/01/2025
Drug Name	**Dosage Form**	**Drug Tier**	**Requirements / Limits**	**Formulary Change Type**	**Effective Date**
euthyrox – all strengths	TAB	99 – Non-Form		Removal	09/01/2025
FANAPT TITRATION PACK C 1 & 2 & 6 MG	TAB	1- Covered	ST, QL 16/365 days	Addition	09/01/2025
fidaxomicin 200 mg	TAB	1- Covered	QL 60/30 days, NDS	Addition	09/01/2025
IBTROZI 200 MG	CAP	1- Covered	PA, QL 90/30 days, NDS	Addition	09/01/2025

KERENDIA 40 MG	TAB	1- Covered	PA, QL 30/30 days	Addition	09/01/2025
PENMENVY	SUSP	1- Covered		Addition	09/01/2025
RETEVMO 40 MG	TAB	1- Covered	PA, QL 180/30 days, NDS	QL Update	09/01/2025
rivaroxaban 1 mg/mL	SUSP	1- Covered	QL 620/30 days	Addition	09/01/2025