

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, NDS	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 42/28 days, NDS	Addition	04/01/2025
GOMEKLI 1 MG	SOL TAB	1- Covered	PA, QL 84/28 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