

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 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 |
| Drug Name | Dosage Form | Drug Tier | Requirements / Limits | Formulary Change Type | Effective Date |
| amnestem 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 |