

Jefferson Health Plans 5 Tier Value 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

Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
ADALIMUMAB-AACF (2 SYRINGE) 40 MG/0.8 ML	PFS	5 – Specialty	PA	Addition	02/01/2025
AUGTYRO 160 MG	CAP	5 – Specialty	PA, QL 60/30 days	Addition	02/01/2025
benztropine	TAB	2 – Generic		PA Removal	02/01/2025
DANZITEN	TAB	5 – Specialty	PA, QL 120/30 days	Addition	02/01/2025
fentanyl citrate	LOZ	99 – Non-Form		Removal	02/01/2025
gallifrey 5 mg	TAB	3 – Preferred Brand		Addition	02/01/2025
IMKELDI 80 MG/ML	SOLN	5 – Specialty	PA, QL 280/28 days	Addition	02/01/2025
LAGEVRIO 200 MG	CAP	3 – Preferred Brand		Addition	02/01/2025
LUMAKRAS 240 MG	TAB	5 – Specialty	PA, QL 120/30 days	Addition	02/01/2025
REVUFORJ 110 MG	TAB	5 – Specialty	PA, QL 120/30 days	Addition	02/01/2025
REVUFORJ 160 MG	CAP	5 – Specialty	PA, QL 60/30 days	Addition	02/01/2025
THALOMID 100 MG	CAP	5 – Specialty	PA, QL 120/30 days	QL Update	02/01/2025

Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
feirza 1.5/30	TAB	2 – Generic		Addition	03/01/2025
ivabradine hcl	TAB	4 – Non-Preferred Brand	PA, QL 60/30 days	Addition	03/01/2025
mesna 400 mg	TAB	5 – Specialty		Addition	03/01/2025
valtya 1/50	TAB	2 – Generic		Addition	03/01/2025
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
carbamazepine 200 mg	CHEW TAB	2 – Generic		Addition	04/01/2025
feirza 1/20	TAB	2 – Generic		Addition	04/01/2025
gabapentin 800 mg	TAB	3 – Preferred Brand	QL 120/30 days	QL Update	04/01/2025
GOMEKLI 1 MG	CAP	5 – Specialty	PA, QL 42/28 days	Addition	04/01/2025
GOMEKLI 1 MG	SOL TAB	5 – Specialty	PA, QL 84/28 days	Addition	04/01/2025
GOMEKLI 2 MG	CAP	5 – Specialty	PA, QL 84/28 days	Addition	04/01/2025
PREVYMIS	PACKET	5 – Specialty	PA, QL 120/30 days	Addition	04/01/2025
topiramate 50 mg	SPRK CAP	3 – Preferred Brand		Addition	04/01/2025
VAXCHORA	SUSP	3 – Preferred Brand		Addition	04/01/2025
VIMKUNYA	SUSP	3 – Preferred Brand		Addition	04/01/2025
VIVOTIF	CAP	3 – Preferred Brand		Addition	04/01/2025
xarah fe	TAB	2 – Generic		Addition	04/01/2025
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
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	2 – Generic		Addition	05/01/2025
mercaptopurine 2000 mg/100mL (20mg/mL)	SUSP	5 – Specialty		Addition	05/01/2025
XPOVIO (40 MG ONCE WEEKLY) 10 MG	TAB THPK	5 – Specialty	PA, QL 16/28 days	Addition	05/01/2025
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
amnesteem 30 mg	CAP	4 – Non-Preferred Brand		Addition	06/01/2025
EULEXIN 125 MG	CAP	5 – Specialty	PA	Addition	06/01/2025
flutamide 125 mg	CAP	99 – Non-Form		Removal	06/01/2025
HADLIMA 40 MG/0.4ML	PFS	5 – Specialty	PA	Addition	06/01/2025
HADLIMA 40 MG/0.8ML SOLN	PFS	5 – Specialty	PA	Addition	06/01/2025
HADLIMA PUSHTOUCH 40 MG/0.4ML	SOLN	5 – Specialty	PA	Addition	06/01/2025
HADLIMA PUSHTOUCH 40 MG/0.8ML	SOLN	5 – Specialty	PA	Addition	06/01/2025
LEUKERAN 2 MG	TAB	5 – Specialty		Addition	06/01/2025
OPIPZA 2 MG	FILM	5 – Specialty	PA, QL 30/30 days	Addition	06/01/2025
OPIPZA 5 MG, 10 MG	FILM	5 – Specialty	PA, QL 90/30 days	Addition	06/01/2025
PAXLOVID 6 X 150 MG & 5 X 100 MG	TAB	3 – Preferred Brand	QL 22/30 days	Addition	06/01/2025
RALDESY 10 MG/ML	SOLN	5 – Specialty	PA, QL 1200/30 days	Addition	06/01/2025
REVUFORJ 25 MG	TAB	5 – Specialty	PA, QL 180/30 days	Addition	06/01/2025
ROMVIMZA	CAP	5 – Specialty	PA, QL 8/28 days	Addition	06/01/2025
SUNLENCA 300 MG	TAB	5 – Specialty	QL 4/28 days	Addition	06/01/2025
TABLOID 40 MG	TAB	4 – Non-Preferred Brand		Addition	06/01/2025