

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 |
| Benzotropine | 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 |