

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 | 2 – Generic | | Addition | 03/01/2025 |
| ivabradine hcl | TAB | 4 – Non-Preferred Brand | 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 |