

## 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:

|           |                            |
|-----------|----------------------------|
| <b>QL</b> | <b>Quantity Limit</b>      |
| <b>PA</b> | <b>Prior Authorization</b> |
| <b>ST</b> | <b>Step Therapy</b>        |

| 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     |
| lofexidine hcl 0.18 mg                   | TAB         | 5 – Specialty       | PA, QL 120/30 days    | 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 60/30 days     | Addition              | 02/01/2025     |
| REVUFORJ 160 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 | 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     |