

Jefferson Health Plans 5 Tier Core 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
Benzotropine	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	2 – Generic		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 16/1 day	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	TAB	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