

## 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:

<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	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

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