



PDL Tracker

Prescription Drug List and Benefit Plan Update

August 2024

The PDL Tracker provides a recap of changes outside our regularly scheduled pharmacy benefit updates, which typically occur two to three times per year. Member communications will be sent where noted below.

Down-tiers

Down-tiers refer to medications that move to a lower tier, making them more affordable for members. Down-tiers occur throughout the year, helping members take advantage of the cost savings.

Therapeutic Use	Medication Name	Brand/Generic	Tier Placement	PDL Type	Effective Date
Contraceptive	norethindrone acetate/ethinyl estradiol/ferrous fumarate 0.4 mg/35 mcg/75 mg [Wymzya FE (generic Femcon FE)]	Generic	Tier 1 ¹	Advantage	8/01/2024
	norethindrone/ethinyl estradiol/ferrous fumarate 1 mg/20 mcg-1 mg/30 mcg-1 mg/35 mcg [Tri-legest FE, Tilila FE (generic Estrostep FE)]	Generic	Tier 1 ¹	Advantage	8/01/2024
Inflammatory conditions	Sotyktu ²	Brand	Tier 3	Advantage/ Traditional	8/18/2024
Mental health	quetiapine fumarate extended-release (generic Seroquel XR)	Brand	Tier 2	Advantage	8/01/2024

Generic Launches

New generic medication launches occur throughout the year. On our Advantage PDL, we have the ability to place any drug in any tier.* This approach allows us to make tier placement decisions based on a medication's overall health care value, not its classification as brand or generic.

*New generic tier placements apply to the Advantage PDL. These generics are placed in Tier 1 on the Traditional PDL.

Therapeutic Use	Medication Name	New Tier Placement*	Current Brand Tier	Effective Date
Sickle cell disease	L-glutamine powder (generic Endari) ²	Tier 3	Tier 3/4	7/20/2024

Brand Launches

New brand name medications launch throughout the year. Our PDL Management Committee thoroughly reviews each medication before placing it in its final tier.

Therapeutic Use	Medication Name	New Tier Placement	Effective Date
Inflammatory conditions	Otezla 20 mg tablet and 10 mg/20 mg Therapy Pack ^{2,3}	Tier 2	8/01/2024
	Taltz 20 mg/0.25 mL and 40 mg/0.5 mL prefilled syringe ^{2,3,4}	Excluded	7/30/2024
Itching due to liver disease	Livmarli 19 mg/mL oral solution ^{2,3}	Tier 3/4	7/31/2024

New Benefit Coverage

New tier placements occur for brand and generic medications that were previously excluded or part of the Exclude at Launch program.

Therapeutic Use	Medication Name	Brand/Generic	Tier Placement	PDL Type	Effective Date
Cancer	Jylamvo oral solution ²	Brand	Tier 3/4	Advantage/ Traditional	8/01/2024
Contraceptive	levonorgestrel/ethinyl estradiol 0.15 mg/0.02 mg-0.15 mg/0.025 mg-0.15 mg/0.03 mg-0.01 mg [Fayosim, Rivelsa (generic Quartette)]	Generic	Tier 1 ¹	Advantage/ Traditional	8/01/2024

Dry eye disease	Miebo ²	Brand	Tier 3/4	Advantage/ Traditional	8/18/2024
Migraines	Qulipta ²	Brand	Tier 2	Advantage/ Traditional	8/01/2024
Overactive bladder	mirabegron (generic Myrbetriq) ²	Generic	Advantage Tier 3; Traditional Tier 1	Advantage/ Traditional	8/01/2024
Thrombocytopenia	Alvaiz ²	Brand	Tier 3/4	Advantage/ Traditional	8/01/2024
Wound care	Filsuvez ²	Brand	Tier 3/4	Advantage/ Traditional	8/01/2024

Exclude at Launch

(Only applies to customers and plans that have implemented Exclude at Launch)

The Exclude at Launch Program immediately excludes certain medications from benefit coverage upon launch. This allows appropriate clinical programs to be implemented after careful clinical evaluation of new medications. Not all plans participate in Exclude at Launch. Non-participating plans will have these medications placed on the highest tier.

Therapeutic Use	Medication Name	Alternatives	Effective Date
Allergic reactions	Neffy	epinephrine auto-injector pen (generic Adrenaclick, generic EpiPen), Auvi-Q, Symjepi	8/15/2024
Infantile spasms	Vigafyde oral solution ²	vigabatrin packet for solution (generic Sabril)	8/06/2024
Inflammatory conditions	Nemluvio ²	Dupixent	8/14/2024
Liver disease	Livdelzi ²	ursodiol, Ocaliva	8/16/2024
Parkinson's disease	Crexont	carbidopa/levodopa (generic Sinemet), carbidopa/levodopa ER (generic Sinemet CR)	8/15/2024

Supply Limits

Supply Limits will be applied to new medications when other medications in their therapeutic class already have these clinical programs in place, providing a consistent benefit for members. Supply Limits may also be applied to existing medications, when appropriate, following utilization review. Supply Limits establish the maximum quantity of a drug that is covered per copay or in a specified timeframe. Other utilization management programs may also be in place as described in other sections of this document.

Therapeutic Use	Medication Name	Current Tier	New Supply Limit	Effective Date
Blood disorders	Voydeya 100 mg ²	Exclude at Launch	186 tablets per month	8/01/2024
Cancer	Pomalyst 1, 2, 3, 4 mg ^{2,5}	Tier 3	up to 21 capsules per month	8/01/2024
	Follistim AQ 300 international units/0.36 ml ²	Tier 2	15 cartridges per month	8/01/2024
Infertility	Follistim AQ 600 international units/0.72 ml ²	Tier 2	12 cartridges per month	8/01/2024
	Follistim AQ 900 international units/1.08 ml ²	Tier 2	8 cartridges per month	8/01/2024
Inflammatory conditions	Simlandi ²	Excluded	2 auto-injectors per month	8/01/2024
	Spevigo 150 mg/ml ²	Tier 3/4	2 prefilled syringes per month	8/01/2024
Pulmonary arterial hypertension	Winrevair single dose vial kit ²	Tier 3/4	1 kit (1 vial) per month	8/01/2024
	Winrevair two vial kit ²	Tier 3/4	1 kit (2 vials) per month	8/01/2024

Prior Authorization/Notification

Prior Authorization requires physicians to provide additional clinical information to verify member benefit coverage.

Therapeutic Use	Medication Name	Current Tier	Effective Date
Blood disorders	Voydeya ²	Exclude at Launch	8/01/2024
	Retevmo	Tier 3/4	8/15/2024
Cancer	Voranigo	Tier 3/4	8/22/2024
	Adalimumab-RYVK ²	Excluded	8/01/2024
Inflammatory conditions	Nemlurio	Exclude at Launch	8/28/2024
	Otezla 20 mg tablet and 10 mg/20 mg Therapy Pack ^{2,3}	Tier 2	8/15/2024
Liver disease	Livdelzi	Exclude at Launch	8/28/2024
Seizures	Vigafyde	Exclude at Launch	8/20/2024

Prior Authorization/Medical Necessity

Evaluates the clinical appropriateness of a medication in terms of condition being treated, type of medication, frequency, and duration.

Therapeutic Use	Medication Name	Current Tier	Effective Date
Blood disorders	Voydeya ²	Exclude at Launch	8/01/2024
Cancer	Jylamvo ²	Tier 3/4	8/01/2024

	Adalimumab-RYVK ²	Excluded	8/01/2024
Inflammatory conditions	Eohilia ²	Excluded	8/01/2024
	Spevigo ²	Tier 3/4	8/01/2024

Step Therapy⁶

For applicable plans, the following Step 2, or target, medications will be included in the current Step Therapy Program. Members new to therapy will be directed to first try one or more other medications before benefit coverage is available.

Therapeutic Use	Medication Name	Current Tier	Step 1 Agents	Effective Date
Cancer	Fruzaqla	Tier 3/4	Stivarga	8/01/2024
Overactive bladder	Mirabegron ER	Advantage Tier 3; Traditional Tier 1	BOTH of the following: (1) oxybutynin (solution or tablet) or generic Ditropan XL (2) solifenacin (generic Vesicare)	8/01/2024

¹ This medication is part of a health care reform preventive benefit and may be available at no cost to the member.

² Indicates medication is also included in Step Therapy, Prior Authorization/Medical Necessity or Notification.

³ New strength or dosage form.

⁴ This medication may be eligible for a clinical review.

⁵ Medication moving from QD to QLL supply limit.

⁶ Referred to as First Start in New Jersey.