



PDL Tracker

Prescription Drug List and Benefit Plan Update

December 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
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No update this month

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
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Erectile dysfunction	avanafil (generic Stendra) ¹	Tier 3	Tier 3/4	11/21/2024
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Glaucoma	Timolol 0.5% (generic Betimol)	Tier 2	Tier 3/4	11/12/2024
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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
Cancer	Revuforj ¹	Tier 3/4	11/21/2024

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
HIV/PrEP	Descovy	Brand	Tier 3/4 ²	Advantage/ Traditional	12/01/2024
Immune disorders	Xolremdi ¹	Brand	Tier 2	Advantage/ Traditional	12/01/2024
Liver disease	Iqirvo ¹	Brand	Tier 3/4	Advantage/ Traditional	12/01/2024
Seizures	Libervant ¹	Brand	Tier 3	Advantage/ Traditional	12/01/2024
Transplant	Myhibbin	Brand	Tier 1	Advantage/ Traditional	12/01/2024

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
Cancer	Danziten ¹	Tasigna ¹	11/22/2024
	Imkeldi ¹	imatinib (generic Gleevec)	12/18/2024

Cardiomyopathy	Attruby ¹	Vyndaqel ¹ , Vyndamax ¹	11/27/2024
Neutropenia	Nypozi	Zarxio	11/22/2024
Skin conditions	Hydrocortisone 2.5% solution (Texacort authorized generic)	Texacort	12/03/2024

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
Anemia	Vafseo ¹	Exclude at Launch	31 tablets per month	12/01/2024
COPD	Ohtuvayre 3 mg/2.5 mL ¹	Exclude at Launch	150 mL per month	12/01/2024
Diabetic supplies	Omnipod 5 G7 Intro Kit ^{1,3}	Tier 2	1 kit per 730 days	12/01/2024
	Omnipod 5 G7 Pods ^{1,3}	Tier 2	10 Pods (2 boxes) per copay	12/01/2024
Inflammatory conditions	Taltz injection 40/0.5 mL, 20/0.25 mL ^{1,3}	Excluded	1 prefilled syringe per month	12/01/2024
Itching due to liver disease	Livmarli 19 mg/mL ^{1,3}	Tier 3/4	60 mL (1140 mg) per month	12/01/2024
Liver disease	Iqirvo 80 mg ¹	Tier 3/4	31 tablets per month	12/01/2024

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
Cancer	Danziten	Exclude at Launch	12/11/2024
	Revuforj	Tier 3/4	12/11/2024
Cardiomyopathy	Attruby	Exclude at Launch	12/11/2024
Hemophilia	Hympavzi	Exclude at Launch	12/02/2024
Inflammatory conditions	Ebglyss	Exclude at Launch	12/02/2024
Rosacea	Emrosi	Exclude at Launch	12/06/2024

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
Anemia	Vafseo ¹	Exclude at Launch	12/01/2024
COPD	Ohtuvayre ¹	Exclude at Launch	12/01/2024
Liver disease	Iqirvo ¹	Tier 3/4	12/01/2024

Step Therapy⁴

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
Liver disease	Iqirvo ¹	Tier 3/4	ursodeoxycholic acid	12/01/2024

¹ Indicates medication is also included in Step Therapy, Prior Authorization/Medical Necessity or Notification.

² This medication is part of a health care reform preventive benefit and may be available at no cost to the member.

³ New strength or dosage form.

⁴ Referred to as First Start in New Jersey.