



# PDL Tracker

## Prescription Drug List and Benefit Plan Update

### February 2025

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
Pulmonary hypertension	tadalafil (generic Adcirca) <sup>1</sup>	Generic	Tier 1	Advantage	2/01/25

#### 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
Alzheimer's disease	memantine/donepezil (generic Namzaric) <sup>2</sup>	Excluded	Excluded	1/27/2025
Cystitis	mesna (generic Mesnex) tablet	Tier 2	Tier 3/4	1/21/2025
Seizures	topiramate 50mg Sprinkle <sup>1,3</sup>	Tier 1	N/A	1/14/2025

<b>Ulcers, heartburn &amp; reflux</b>	esomeprazole suspension (generic Nexium granules) 2.5 mg packet <sup>1,3</sup>	Tier 3	Tier 3/4	1/09/2025
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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
<b>Hemophilia</b>	Alhemo <sup>1</sup>	Tier 3/4	1/22/2025
<b>Infections</b>	Prevymis 20 mg and 120 mg Pak <sup>1,3</sup>	Tier 2	1/15/2025
<b>Spinal muscular atrophy</b>	Evrysdi tablets <sup>1,3</sup>	Tier 2	2/14/2025

## 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
<b>ADHD</b>	amphetamine/dextroamphetamine ER 24 hour (generic Mydayis)	Generic	Advantage Tier 3, Traditional Tier 1	Advantage/Traditional	2/01/2025

## 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
<b>Inflammatory conditions</b>	Selarsdi <sup>1</sup> (biosimilar for Stelara)	Stelara	2/19/2025
	Steqeyma <sup>1</sup> (biosimilar for Stelara)	Stelara	1/23/2025

Yesintek<sup>1</sup> (biosimilar for Stelara)

Stelara

1/24/2025

<b>Pain</b>	Journavx	ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC acetaminophen (generic Tylenol), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)	2/07/2025
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<b>Pain &amp; inflammation</b>	Fenopron	ibuprofen (generic Motrin), naproxen tablets (generic Naprosyn, generic Anaprox DS), OTC ibuprofen (Advil/Motrin), OTC naproxen (Aleve)	1/13/2025
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### Quantity Limits

Quantity 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. Quantity Limits may also be applied to existing medications, when appropriate, following utilization review. Quantity 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
<b>Allergic reactions</b>	Neffy Spray	Exclude at Launch	2 Nasal sprays (1 box) per copay	2/01/2025
<b>Cancer</b>	Lazcluze 80 mg <sup>1</sup>	Tier 3/4	60 tablets per month	2/01/2025
	Lazcluze 240 mg <sup>1</sup>	Tier 3/4	30 tablets per month	2/01/2025
	Voranigo 10 mg <sup>1</sup>	Tei 3/4	62 tablets per month	2/01/2025
	Voranigo 40 mg <sup>1</sup>	Tier 3/4	31 tablets per month	2/01/2025
<b>CNS disorder</b>	Aqneursa <sup>1</sup>	Tier 3/4	112 packets per month	2/01/2025

	Miplyffa <sup>1</sup>	Tier 3/4	90 capsules per month	2/01/2025
<b>Endocrine disorders</b>	Acthar Gel SelfJect 40 USP units/0.5 mL <sup>1,3</sup>	Tier 3/4	10.5 mL (21 injectors) per treatment course	2/01/2025
	Acthar Gel SelfJect 80 USP units/mL <sup>1,3</sup>	Tier 3/4	21 mL (21 injectors) per treatment course	2/01/2025
<b>Inflammatory conditions</b>	Nemluvio <sup>1</sup>	Exclude at Launch	2 Pens every 4 weeks	2/01/2025
<b>Narcolepsy</b>	Lumryz Starter Pack <sup>1</sup>	Tier 3/4	1 box (28 packets) per year	2/01/2025
<b>Opioid overuse</b>	RiVive <sup>4</sup>	Tier 2	1 package (2 devices) per prescription	2/01/2025
<b>Pain &amp; inflammation</b>	Clobetasol ophthalmic suspension 0.05%	Exclude at Launch	3.5 mL (1 bottle) per copay	2/01/2025

### 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
<b>Cancer</b>	Gomekli	Tier 3/4	2/27/2025
<b>Hemophilia</b>	Alhemo	Tier 3/4	2/03/2025
<b>Inflammatory conditions</b>	Selarsdi <sup>1</sup> (biosimilar for Stelara)	Exclude at Launch	2/28/2025
	Steqeyma <sup>1</sup> (biosimilar for Stelara)	Exclude at Launch	2/04/2025

Pyzchiva<sup>1</sup> (biosimilar for Stelara) Exclude at Launch

2/24/2025

**Spinal muscular atrophy**

Evrysdi<sup>1,3</sup>

Tier 2

2/25/2025

**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
<b>Inflammatory conditions</b>	Pyzchiva <sup>1</sup> (biosimilar for Stelara)	Exclude at Launch	2/24/2025
<b>Spinal muscular atrophy</b>	Evrysdi <sup>1,3</sup>	Tier 2	2/25/2025
<b>CNS disorder</b>	Aqneursa <sup>1</sup>	Tier 3/4	2/01/2025
	Miplyffa <sup>1</sup>	Tier 3/4	2/01/2025

**Step Therapy<sup>5</sup>**

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
<b>Diabetes</b>	Zituvimet XR	Exclude at Launch	Jentaducto (linagliptin/metformin immediate-release) or Jentaducto XR (linagliptin/metformin extended-release) AND Alogliptin/Metformin immediate-release (Kazano authorized generic) or Kombiglyze XR (saxagliptin/metformin extended-release)	2/01/2025

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

<sup>2</sup> This medication is excluded for the majority of benefit plans where the generic followed the brand exclusion. For customers not participating in exclusions or the Exclude at Launch Program, this medication may be in the highest tier.

<sup>3</sup> New strength or dosage form.

<sup>4</sup> This medication is part of the Vital Medications program and may be available at no cost to the member.

<sup>5</sup> Referred to as First Start in New Jersey.