



PDL Tracker

Prescription Drug List and Benefit Plan Update

January 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
Bowel prep	Golytely ¹	Brand	Tier 1	Advantage/ Traditional	1/15/2025
	Depo-SQ Provera 104 ¹	Brand	Tier 1	Advantage/ Traditional	1/15/2025
Contraceptive	levonorgestrel/ethinyl estradiol 0.02 mg/0.09 mg [Amethyst, Dolishale (generic Lybrel)] ¹	Generic	Tier 1	Advantage	1/15/2025

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
Constipation	prucalopride (generic Motegrity) ^{2,3}	Tier 3	Excluded	1/06/2025

Diabetes	liraglutide (generic Victoza) ^{2,3}	Tier 2: 2 pack Tier 3: 3 pack	Excluded	1/06/82025
Muscle relaxant	baclofen oral solution 5 mg/5mL (generic Ozobax) ²	Tier 3	Tier 3/4	1/06/2025

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
Hemophilia	Jivi ²	Tier 3/4	1/10/2025

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
Contraceptive	drospirenone/ethinyl estradiol/levomefolate calcium 3mg/0.03mg/0.451 mg [Tydemy (generic Safyral)] ¹	Generic	Tier 1	Advantage/ Traditional	1/15/2025
	norethindrone/ethinyl estradiol/ferrous fumarate 0.8 mg/0.025 mg/75 mg [Layolis FE, Kaitlib FE (generic Generess FE)] ¹	Generic	Tier 1	Advantage/ Traditional	1/15/2025
COPD	Ohtuvayre ²	Brand	Tier 3/4	Advantage/ Traditional	1/15/2025
Inflammatory conditions	Tremfya 200 mg/2 mL ^{2,4}	Brand	Tier 2	Advantage/ Traditional	1/01/2025

Topical pain	DycloPro	Brand	Tier 3/4	Advantage/ Traditional	1/15/2025
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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
Cholesterol/Lipid lowering	Tryngolza ²	N/A	12/27/2024
Cystic fibrosis	Alyftrek ²	Kalydeco, Orkambi, Symdeko, Trikafta	12/30/2024
Diabetes	metformin 750 mg	metformin 500 mg, 1000 mg (generic Glucophage)	1/10/2025
Endocrine disorders	Crenessity ²	N/A	12/26/2024
	Venxxiva	tiopronin (generic Thiola EC)	12/26/2024
Infections	metronidazole 125 mg	one half of metronidazole 250 mg	1/17/2025
Inflammatory conditions	Wezlana ²	Stelara	12/23/2024
Neuropathy	Gabarone	gabapentin (generic Neurontin)	1/09/2025

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
ADHD	Onyda XR 0.1 mg/mL	Exclude at Launch	120 mL per month	1/06/2025
Cancer	Retevmo 40mg ²	Tier 3/4	90 tablets per month	1/01/2025
	Retevmo 80, 120, 160 mg ²	Tier 3/4	60 tablets per month	1/01/2025
Elevated potassium levels	Veltassa 1 gm ^{2,4}	Tier 3	124 packets per month	1/01/2025
Oral steroid	Agamree 40 mg/mL ²	Excluded	3 Bottles (300 mL) per month	1/06/2025

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
Cholesterol/Lipid lowering	Tryngolza	Exclude at Launch	1/10/2025
Cystic fibrosis	Alyftrek	Exclude at Launch	1/13/2025
Endocrine disorder	Crenessity	Exclude at Launch	1/10/2025
Infections	Prevymis ^{2,4}	Exclude at Launch	1/28/2025
Inflammatory conditions	Wezlana ²	Exclude at Launch	1/07/2025

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
Inflammatory conditions	Enbrel ^{2,4}	Tier 2	1/01/2025
	Wezlana ²	Exclude at Launch	1/07/2025

Step Therapy⁵

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
<i>No update this month</i>				

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 This medication is part of a brand over generic strategy.

⁴ New strength or dosage form.

⁵ Referred to as First Start in New Jersey.