



# PDL Tracker

Prescription Drug List and Benefit Plan Update

**November 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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*No update this month*

## 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	Augtyro 160 mg <sup>1,2</sup>	Tier 2	11/04/2024
	Lumakras 240 mg <sup>1,2</sup>	Tier 3/4	11/07/2024

## 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
Duchenne muscular dystrophy	Duvyzat <sup>1</sup>	Brand	Tier 3/4	Advantage/ Traditional	11/05/2024

## 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
Hemophilia	Hympavzi <sup>1</sup>	Hemophilia A: Hemlibra, Advate, Kogenate FS, Kovaltry, Novoeight, Nuwiq  Hemophilia B: Benefix, Rixubis	11/06/2024
Mental health	Opipza	aripiprazole (generic Abilify), olanzapine (generic Zyprexa), quetiapine (generic Seroquel), risperidone (generic Risperdal), ziprasidone (generic Geodon)	11/18/2024

<b>Pain</b>	tramadol 75 mg	tramadol 50 mg, 100 mg	11/21/2024
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<b>Rosacea</b>	Emrosi <sup>1</sup>	minocycline immediate-release capsules (generic Minocin), doxycycline hyclate (generic Vibramycin), doxycycline monohydrate 50 mg and 100 mg (generic Monodox)	11/20/2024
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### 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
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*No update this month*

### 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
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<b>Cancer</b>	Itovebi	Exclude at Launch	11/15/2024
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<b>Hemophilia</b>	Hympavzi	Exclude at Launch	11/27/2024
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<b>Skin conditions</b>	Ebglyss <sup>2</sup>	Exclude at Launch	11/25/2024
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**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
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*No update this month*

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**Step Therapy<sup>3</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
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*No update this month*

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

<sup>2</sup> New strength or dosage form.

<sup>3</sup> Referred to as First Start in New Jersey.