



# PDL Tracker

## Prescription Drug List and Benefit Plan Update

### September 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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Cancer	dasatinib (generic Sprycel) <sup>1,2</sup>	Tier 3	Excluded	9/24/2024
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Opioid withdrawal symptoms	lofexidine (generic Lucemyra) <sup>2</sup>	Tier 3	Tier 3/4	9/04/2024
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Seizures	oxcarbazepine extended-release (generic Oxtellar XR) <sup>3</sup>	Excluded	Excluded	9/05/2024
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<b>Skin conditions</b>	tazarotene 0.05% cream (generic Tazorac) <sup>2</sup>	Tier 3	Tier 3/4	9/16/2024
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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
	Lazcluze <sup>2</sup>	Tier 3/4	8/23/2024
<b>Cancer</b>	Retevmo tablets <sup>2,4</sup>	Tier 3/4	8/06/2024
	Voranigo <sup>2</sup>	Tier 3/4	8/12/2024

## 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
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*No update this month*

## 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>ADHD</b>	Onyda XR oral suspension	clonidine (generic Kapvay)	8/30/2024
<b>Contraceptive</b>	Femlyv	norethindrone/ethinyl estradiol 1 mg/20 mcg [Aurovela, Junel 1/20, Larin, Microgestin (generic Loestrin 1/20)]	9/13/2024
<b>Diabetes</b>	glimepiride 3 mg tablet	glimepiride 1 mg, 2 mg, 4 mg (generic Amaryl)	8/30/2024

<b>Endocrine disorders</b>	Yorvipath <sup>2</sup>	calcium plus vitamin D	9/5/2024
<b>High blood pressure</b>	Tryvio <sup>2</sup>	angiotensin-converting enzyme (ACE) inhibitor (e.g., enalapril, lisinopril), angiotensin II receptor blocker [(ARB) (e.g., candesartan, valsartan)], calcium channel blocker (e.g., amlodipine, diltiazem, verapamil), diuretics (e.g., hydrochlorothiazide), beta-blocker (e.g., labetalol, carvedilol), spironolactone, eplerenone	9/4/2024
<b>Skin conditions</b>	Ebglyss <sup>2</sup>	Adbry, Cibinqo, Dupixent, Rinvoq	9/17/2024

## 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
<b>Cancer</b>	Ojemda 25 mg/mL <sup>2</sup>	Tier 3/4	96 mL per month	9/01/2024
	Ojemda 100 mg <sup>2</sup>	Tier 3/4	24 tablets per month	9/01/2024
<b>Genetic disorder</b>	Vijoice <sup>2</sup>	Tier 3/4	28 packets (1 carton) per month	9/01/2024
<b>Inflammatory conditions</b>	Cyltezo <sup>2,4</sup>	Excluded	2 auto-injectors (1 carton) per month	9/01/2024
	Otezla 20 mg <sup>2,4</sup>	Tier 2	60 tablets per month	9/01/2024

	Otezla Starter Pack 10 mg/20 mg <sup>2,4</sup>	Tier 2	1 starter pack per year	9/01/2024
	Rinvoq LQ 1 mg/mL <sup>2</sup>	Tier 2	360mL (2 bottles) per month	9/01/2024
<b>Inflammatory conditions (cont'd)</b>	Zymfentra 1 pen <sup>2</sup>	Exclude at Launch	2 auto-injector pens (2 kits) per month	9/01/2024
	Zymfentra 2 pen <sup>2</sup>	Exclude at Launch	2 auto-injector pens (1 kit) per month	9/01/2024
	Zymfentra 2-Syringe <sup>2</sup>	Exclude at Launch	2 syringes (1 kit) per month	9/01/2024
<b>Tardive dyskinesia</b>	Ingrezza <sup>2,4</sup>	Tier 2	30 capsules per month	9/01/2024

**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
<b>Cancer</b>	Lazcluze	Tier 3/4	9/04/2024
<b>Endocrine disorders</b>	Yorvipath	Exclude at Launch	9/23/2024
<b>Skin conditions</b>	Ebglyss	Exclude at Launch	9/30/2024

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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
High blood pressure	Tryvio	Exclude at Launch	9/01/2024
Pulmonary arterial hypertension	Winrevair <sup>2</sup>	Tier 3/4	9/01/2024
Skin conditions	Adbry <sup>2</sup>	Tier 2	9/17/2024

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**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
<i>No update this month</i>				

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<sup>1</sup> Medication is part of a brand exclusion at generic launch strategy.

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

<sup>3</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>4</sup> New strength or dosage form.

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