



PDL Tracker

Prescription Drug List and Benefit Plan Update

November 2023

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
ADHD	dexamethylphenidate extended-release (generic Focalin XR)	Generic	Tier 2	Advantage	11/01/2023
	dextroamphetamine sulfate immediate-release tablet 5 mg, 10 mg (generic Dexedrine, generic Zenzedi)	Generic	Tier 2	Advantage	11/01/2023
	methylphenidate extended-release tablet (generic Metadate ER)	Generic	Tier 2	Advantage	11/01/2023
Immunodeficiency disease	Joenja ¹	Brand	Tier 2	Advantage/ Traditional	11/01/2023
Neurological disorder	Daybue ¹	Brand	Tier 2	Advantage/ Traditional	11/01/2023
Skin conditions	hydrocortisone valerate 0.2% cream (generic Westcort)	Generic	Tier 2	Advantage	11/01/2023

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
Cholesterol/Lipid lowering	pitavastatin (generic Livalo) ²	Excluded	Excluded	11/06/2023
Diuretic	spironolactone suspension (generic Carospir)	Tier 3	Tier 3/4	11/06/2023

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	Rozlytrek Pak 50 mg ^{1,3}	Tier 2	11/06/2023
COVID-19	Lagevrio	Tier 3	11/03/2023

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
ADHD	amphetamine sulfate (generic Evekeo)	Generic	Advantage Tier 2, Traditional Tier 1	Advantage/ Traditional	11/01/2023
Cholesterol/ Lipid lowering	fenofibric acid delayed-release capsule (generic Trilipix)	Generic	Advantage Tier 3, Traditional Tier 1	Advantage/ Traditional	11/01/2023
Diabetes	Guardian 4 sensors ¹	Brand	Tier 3	Advantage/ Traditional	11/01/2023
	Guardian 4 transmitters ¹	Brand	Tier 3	Advantage/ Traditional	11/01/2023

Oral steroid	prednisolone 5 mg tablet	Generic	Advantage Tier 3, Traditional Tier 1	Advantage/ Traditional	11/01/2023
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Exclude at Launch

(Only applies to customers who 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	Fruzaqla ¹	Stivarga	11/10/2023
Elevated phosphate levels	Xphozah ¹	calcium acetate (eg. PhosLo), sevelamer carbonate (generic Renvela), sevelamer hydrochloride (generic Renagel), Velphoro	11/06/2023
GERD	Voquenza (single ingredient)	omeprazole (generic Prilosec®), pantoprazole (generic Protonix®), rabeprazole (generic Aciphex®), OTC – Nexium 24 HR, Prilosec OTC, Prevacid 24 HR, Zegerid OTC	11/07/2023
Inflammatory conditions	OmvoH ¹	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Humira, Rinvoq, Simponi, Stelara, Xeljanz/Xeljanz XR	11/01/2023

Zepbound has been added to exclude at launch for plans that cover medications for weight management or appetite suppression.

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
Alopecia areata	Litfulo ¹	Tier 3/4	31 capsules per month	11/01/2023
Cancer	Talzenna ^{1,3}	Tier 3/4	31 capsules per month	11/01/2023
	Zejula ^{1,3}	Tier 2	31 tablets per month	11/01/2023
Cystic fibrosis	Kalydeco 5.8 mg ^{1,3}	Tier 2	62 packets per month, one course of therapy	11/01/2023
Diabetes	Humalog Tempo Pen 100U/mL	Excluded	75mL (25 pens per month)	11/01/2023
	Lyumjev Tempo Pen 100U/mL	Excluded	75mL (25 pens per month)	11/01/2023
Dry eye disease	Miebo ¹	Exclude at Launch	3mL (1 bottle) per month	11/01/2023
Growth hormone	Ngenla ¹	Exclude at Launch	4 prefilled pens per month	11/01/2023
Inflammatory conditions	Abrilada ¹	Exclude at Launch	2 autoinjector pens or prefilled syringes per month	10/24/2023
	Adalimumab-fkjp ¹	Exclude at Launch	2 autoinjector pens or syringes per month	11/01/2023
	Hadlima ¹	Tier 2	2 prefilled syringes per month	11/01/2023
	Hadlima Pushtouch ¹	Tier 2	2 auto injector pens per month	11/01/2023

Hulio ¹	Exclude at Launch	2 prefilled syringes or injector pens per month	11/01/2023
Hyrimoz Crohn's disease and Ulcerative colitis or Hidradenitis Suppurativa Starter Package (3 count) ¹	Exclude at Launch	3 auto injector pens (1 carton) per year	11/01/2023
Hyrimoz Plaque Psoriasis Starter Package ¹	Exclude at Launch	3 auto injector pens (1 carton) per year	11/01/2023
Hyrimoz Starter Pack for Pediatric Crohn's Disease (carton of 2) ¹	Exclude at Launch	2 syringes (1 carton) per year	11/01/2023
Hyrimoz Starter Pack for Pediatric Crohn's Disease (carton of 3) ¹	Exclude at Launch	3 syringes (1 carton) per year	11/01/2023
Idacio ¹	Exclude at Launch	2 auto injector pens or syringes	11/01/2023
Idacio Crohn's Disease Starter Kit ¹	Exclude at Launch	6 pens (2 starter kits) per year	11/01/2023
Idacio Plaque Psoriasis Starter Kit ¹	Exclude at Launch	2 pens (1 starter kit) per year	11/01/2023
Yusimry ¹	Exclude at Launch	2 auto injector pens per month	11/01/2023

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	Fruzaqla	Exclude at Launch	11/22/20023
Elevated phosphate levels	Xphozah	Exclude at Launch	11/17/2023
Enzyme replacement therapy	Opfolda	Exclude at Launch	11/20/2023
Growth hormone	Sogroya	Exclude at Launch	11/09/2023

	Abrilada ¹	Exclude at Launch	10/24/2023
	Bimzelx	Exclude at Launch	11/03/2023
Inflammatory conditions	Entyvio Pen Injector	Exclude at Launch	11/20/2023
	OmvoH	Exclude at Launch	11/17/2023
	Velsipity	Exclude at Launch	11/03/2023
Oncology	Truqap	Exclude at Launch	11/30/2023

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	Abrilada ¹	Exclude at Launch	10/24/2023
Women's health	Veozah	Tier 3/4	11/01/2023

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
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No update this month

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

² This medication is excluded for the majority of benefit plans where the generic follows the brand exclusion. For customers not participating in legend medication with OTC equivalent exclusions, this medication may be in the highest tier.

³ New strength or dosage form.

⁴ Referred to as First Start in New Jersey.