



PDL Tracker

Prescription Drug List and Benefit Plan Update

October 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
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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
Acne	clindamycin/benzoyl peroxide gel (generic Onexton) ¹	Excluded	Excluded	10/04/2023
ADHD	amphetamine/ dextroamphetamine (generic Mydayis) ¹	Excluded	Excluded	10/12/2023
Cancer	pazopanib (generic Votrient) ²	Tier 3	Excluded	10/24/2023
Glaucoma	brimonidine 0.1% (generic Alphagan P) ³	Excluded	Advantage Tier 2; Traditional Tier 1	10/05/2023

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
Asthma/COPD	Breo Ellipta 50-25 mcg ⁴	Tier 3	9/29/2023
Cystic fibrosis	Kalydeco 5.8 mg packet ^{4,5}	Tier 2	10/06/2023

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	Xelstrym ⁵	Brand	Tier 3	Advantage/ Traditional	10/01/2023
Asthma	Tezspire subcutaneous auto-injector ^{4,5}	Brand	Tier 3/4	Advantage/ Traditional	10/01/2023
Bone growth disorder	Sohonos ⁵	Brand	Tier 3/4	Advantage/ Traditional	10/24/2023
Hemophilia	Altuviiio ⁵	Brand	Tier 3/4	Advantage/ Traditional	10/01/2023
Infections	ciprofloxacin/ dexamethasone otic suspension (generic Ciprodex)	Generic	Advantage Tier 3; Traditional Tier 1	Advantage/ Traditional	10/01/2023

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
Diabetes	glipizide 2.5 mg	glipizide 1/2 x 5 mg (generic Glucotrol)	10/18/2023
Enzyme replacement therapy	Opfolda	Lumizyme, Nexviazyme	10/04/2023
Infections	Likmez oral suspension	metronidazole (generic Flagyl)	10/16/2023
Inflammatory conditions	Bimzelx	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cimzia, Cosentyx, Cyltezo, Enbrel, Humira, Stelara, Tremfya, Skyrizi	10/25/2023
	Entyvio pen for subcutaneous injection	Entyvio IV solution	10/06/2023
	Velsipity	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Humira, Simponi, Stelara, Xeljanz/Xeljanz XR, Rinvoq	10/25/2023
Low potassium levels	Pokonzo	potassium chloride capsules, packets, tablets (generic Klor-con, generic Micro-K)	9/25/2023
Seizures	Motpoly ER	carbamazepine (generic Tegretol), divalproex sodium (generic Depakote), lacosamide (generic Vimpat), lamotrigine (generic Lamictal), phenytoin (generic Dilantin)	10/04/2023
Wilson's disease	trientine 500 mg capsule	2 x trientine 250 mg (generic Syprine)	10/04/2023

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
C. diff infections	Vowst	Exclude at Launch	12 capsules per year	10/01/2023
Cancer	Mekinist 0.05mg/ml ^{4,5}	Tier 3	540 ml (6 bottles)	10/01/2023
	Tafinlar 10mg ^{4,5}	Tier 3	372 soluble tablets per month	10/01/2023
Growth hormone	Sogroya ⁵	Exclude at Launch	4 pen-injectors per month	10/01/2023
Heart failure	Inpefa ⁵	Exclude at Launch	31 tablets per month	10/01/2023
Hepatitis C	Epclusa pak ^{4,5}	Tier 2	31 packets per month, one course of therapy	10/01/2023
Migraines	Zavzpret ⁵	Exclude at Launch	6 units (1 box) per copay	10/01/2023
Narcolepsy	Lumryz ⁵	Exclude at Launch	31 packets per month	10/01/2023
Pain	Gralise 450 mg	Excluded	93 tablets per month	10/01/2023
	Gralise 750mg, 900 mg	Excluded	62 tablets per month	10/01/2023
Pulmonary arterial hypertension	Liqrev 10 mg/ml ⁵	Exclude at Launch	186 ml per month	10/01/2023
Sleep	Zolpidem Tartrate 7.5 mg	Exclude at Launch	31 capsules per month	10/01/2023
Women's health	Veozah	Exclude at Launch	31 tablets per month	10/01/2023

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
Anemia due to kidney disease	Jesduvroq ⁵	Exclude at Launch	10/11/2023
Asthma	Tezspire ⁵	Tier 3/4	10/01/2023
Cancer	Akeega ⁵	Exclude at Launch	10/24/2023
	Ojjaara ⁵	Exclude at Launch	10/24/2023
Migraine	Zavzpret ⁵	Exclude at Launch	10/01/2023

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
ADHD	Xelstry ⁵	Tier 3	10/01/2023
Asthma	Tezspire ⁵	Tier 3/4	10/01/2023
<i>C. diff</i> infections	Vowst	Exclude at Launch	10/01/2023
Migraines	Zavzpret ⁵	Exclude at Launch	10/01/2023

Step Therapy⁶

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
Cancer	Brkinsa ⁵	Tier 2	Calquence or Imbruvica	10/01/2023
Heart failure	Inpefa ⁵	Exclude at Launch	Jardiance	10/01/2023
Migraine	Zavzpret ⁵	Exclude at Launch	Nurtec ODT or Ubrovelvy AND one of the following: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan or zolmitriptan)	10/01/2023

¹ 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.

² Medication is part of a brand exclusion at generic launch strategy

³ Medication is part of a brand over generic strategy.

⁴ New strength or dosage form.

⁵ Indicates medication is also included in Step Therapy, Prior Authorization/Medical Necessity or Notification.

⁶ Referred to as First Start in New Jersey.