PDL Tracker

Prescription Drug List and Benefit Plan Update

November 2022

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
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
Infertility	cetrorelix (generic Cetrotide)[1,3]	Tier 3	Tier 3/4	11/14/2022
Multiple sclerosis	fingolimod 0.5 mg capsule (generic Gilenya)[2,3]	Tier 2	Excluded	11/18/2022

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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
No update this month			

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
Allergies	Verkazia[3]	Brand	Tier 3/4	Advantage/ Traditional	11/01/2022
Inflammatory conditions	Olumiant 4 mg tablet[3]	Brand	Tier 2	Advantage/ Traditional	11/01/2022
	Skyrizi On-body 360 mg/2.4 mL[3]	Brand	Tier 2	Advantage/ Traditional	10/16/2022

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 eliminates unnecessary costs and allows appropriate clinical programs to be implemented. Not all plans participate in Exclude at Launch. Non-participating plans will have these medications placed on the highest tier.

Therapeutic Use	Medication Name	Clinical Rationale	Alternatives	Effective Date
ADHD	Xelstrym patch	Modified Version of Same Active Ingredient	dextroamphetamine extended-release (generic Dexedrine), Adderall XR	10/26/2022
Cancer	Lytgobi[3]	Unique Active Ingredient	Pemazyre, Truseltiq	11/01/2022
Diuretic	Furoscix 80 mg/10 mL[3]	Same Active Ingredient	furosemide (generic Lasix)	10/20/2022
Gout	Allopurinol 200 mg tablet	Same Active Ingredient	allopurinol 100 mg or 300 mg (generic Zyloprim)	10/18/2022

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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
Inflammatory conditions	Olumiant 4mg[3,4]	Tier 2	31 tablets	11/01/2022
	Skyrizi 360mg[3,4]	Tier 2	1 prefilled cartridge (2.4 mL)/42 days	11/01/2022
Pulmonary arterial hypertension	Tyvaso DPI Maintenance Kit[3,4]	Exclude at Launch	1 kit per month	11/01/2022
	Tyvaso DPI Titration Kit[3,4]	Exclude at Launch	1 kit per year	11/01/2022
Skin conditions	Epsolay 5%[3]	Exclude at Launch	30 grams per copay	11/01/2022

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	Calquence[4]	Tier 2	11/01/2022
	Lytgobi	Exclude at Launch	11/10/2022
Diuretic	Furoscix	Exclude at Launch	11/03/2022

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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
Infections	Vivjoa	Exclude at Launch	11/01/2022
Skin conditions	Epsolay 5%	Exclude at Launch	11/01/2022

Step Therapy[5]

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
No update this month				

[1] Coverage of infertility medications is based on benefit design.
[2] Medication is part of a brand exclusion at generic launch strategy.
[3] Indicates medication is also included in Step Therapy, Prior Authorization/Medical Necessity or Notification.
[4] New strength or dosage form.
[5] Referred to as First Start in New Jersey.

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