



PDL Tracker

Prescription Drug List and Benefit Plan Update

January 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
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No updates 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	adapalene/benzoyl peroxide 0.3/2.5% gel (generic Epiduo Forte) ¹	Excluded	Excluded	1/01/2022
Elevated ammonia levels	carglumic (generic Carbaglu) ^{2,3}	Tier 2	Excluded	12/23/2021
Excessive secretions	glycopyrrolate oral solution (generic Cuvposa)	Tier 3	Tier 3/4	1/06/2022

Narcotic overdose	naloxone nasal spray (generic Narcan)	Tier 1	Tier 2	12/29/2021
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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
Blood clots	Xarelto oral suspension ⁴	Tier 2	12/18/2021
Sickle cell disease	Oxbryta 300 mg tablet for oral suspension ^{2,4}	Tier 3/4	12/23/2021

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
Heart failure	Verquvo ²	Brand	Tier 3/4	Advantage/ Traditional	1/01/2022

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
Cancer	Eulexin	Same Active Ingredient	flutamide (generic Eulexin)	12/02/2021
Cushing's disease	Recorlev	Modified Version of Same Active Ingredient	ketoconazole (generic Nizoral), Isturisa	1/10/2022
Diabetes	Gvoke kit	Same Active Ingredient	glucagon (generic Glucagon Emergency Kit), Baqsimi, Zegalogue	12/06/2021

Endocrine disorders	Cortrophin gel ²	Same Active Ingredient	corticosteroids (e.g., prednisone, methylprednisone), Acthar	12/02/2021
Excessive secretions	Dartisla ODT	Same Active Ingredient	glycopyrrolate tablet (generic Robinul)	1/04/2022
Heart failure	Soanz	Same Active Ingredient	toremide (generic Demadex)	1/09/2022
Inflammatory conditions	Adbry ²	Unique Active Ingredient	Medium to very-high potency topical steroids [e.g., mometasone (generic Elidel), fluocinolone (generic Synalar), fluocinonide (generic Lidex)], topical calcineurin inhibitor [pimecrolimus (generic Elidel), tacrolimus (generic Protopic)], Eucrisa, Dupixent	1/12/2022
Kidney disease	Tarpeyo ²	Same Active Ingredient	prednisone, methylprednisone	1/28/2021

Supply Limits

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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
Cancer	Truseltiq ²	Tier 3/4	1 blister pack per month	1/01/2022
	Welireg 40 mg ²	Tier 3/4	93 tablets per month	1/01/2022
COVID-19 treatment	Paxlovid 100 mg/150 mg	Tier 3	30 tablets per fill and 60 tablets per year	1/05/2022

Migraine	Cafergot 1 mg/100 mg	Tier 3/4	10 tablets per copay	1/01/2022
Oral steroid	Prednisolone 20 mg/5 mL	Tier 1	2 bottles (474 mL) per copay	1/01/2022
Pseudobulbar affect	Nuedexta 20 mg/10 mg ^{2,4}	Tier 2	62 capsules per month	1/01/2022
Uterine bleeding	Myfembree 40 mg/1 mg/0.5 mg ²	Tier 3/4	31 tablets per month	1/01/2022

Prior Authorization/Notification

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Prior Authorization requires physicians to provide additional clinical information to verify member benefit coverage.

Therapeutic Use	Medication Name	Current Tier	Effective Date
Growth hormone	Skytrofa	Exclude at Launch	1/12/2022
Kidney disease	Tarpeyo	Exclude at Launch	1/26/2022
Sickle cell disease	Oxbryta ⁴	Tier 3/4	1/26/2022
Inflammatory conditions	Adbry	Exclude at Launch	1/12/2022

Prior Authorization/Medical Necessity

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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
ALS	Exservan	Exclude at Launch	1/01/2022
Liver disease	Bylvay	Tier 3/4	1/01/2022
Migraine	Qulipta	Exclude at Launch	1/01/2022

Sickle cell disease

Oxbryta⁴

Tier 3/4

1/26/2022

Step Therapy⁵

STEP

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
Migraine	Qulipta ²	Exclude at Launch		1/01/2022

¹ 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.

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

³ Medication is part of a brand over generic strategy.

⁴ New strength or dosage form.

⁵ Referred to as First Start in New Jersey.