



PDL Tracker

Prescription Drug List and Benefit Plan Update

March 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
Cancer	lenalidomide (generic Revlimid) ^{1,2}	Tier 2	Tier 2	3/14/2022
HIV	maraviroc (generic Selzentry tablets) ¹	Tier 2	Tier 3/4	2/13/2022

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
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No updates 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
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Infections	Brexafemme ¹	Brand	Tier 3/4	Advantage/ Traditional	3/01/2022
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Neuromuscular disorder	Firdapse ¹	Brand	Tier 2	Advantage/ Traditional	3/01/2022
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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 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
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Acne	Twynéo 0.1-3% cream	Same Active Ingredient	OTC benzoyl peroxide + OTC Differin gel or tretinoin cream (generic Retin A)	2/23/2022
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Hemolytic anemia	Pyrukynd	Unique Active Ingredient	folic acid	3/02/2022
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Irritable bowel syndrome	Ibsrela	Unique Active Ingredient	Linzess	3/07/2022
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Mental health	Citalopram Hydrobromide capsule	Same Active Ingredient	citalopram (generic Celexa)	2/22/2022
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Neutropenia

Releuko

Same Active Ingredient

Zarxio

3/02/2022

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	Scemblix ¹	Exclude at Launch	62 tablets per month	3/01/2022
	Tavneos ¹	Exclude at Launch	186 capsules per month	3/01/2022
Dry eye disease	Tyvaya ¹	Exclude at Launch	8.28 mL per month	3/01/2022
Mental health	Sertraline 150, 200 mg	Exclude at Launch	31 capsules per month	3/01/2022
Skin conditions	Dupixent 100 mg/0.67 mL prefilled syringe ^{1,3}	Tier 3/4	2 syringes per month	3/01/2022

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
Atopic dermatitis	Cibinqo	Exclude at Launch	3/04/2022
Cancer	Talzenna 0.5, 0.75 mg ³	Tier 3/4	2/25/2022
Hereditary angioedema	Takhzyro ^{1,3}	Tier 2	3/30/2022

Prior Authorization/Medical Necessity

MN

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
Dry eye disease	Tyrvaya ¹	Exclude at Launch	
Hereditary angioedema	Takhzyro ^{1,3}	Tier 2	
Infections	Brexafemme	Tier 3/4	
Multiple sclerosis	Zeposia ¹	Tier 3	

Step Therapy⁴

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
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No updates this month

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

² Generic manufacturers of lenalidomide (generic Revlimid) are limited in the volume they are allowed to supply to the market

³ New strength or dosage form.

⁴ Referred to as First Start in New Jersey.