



PDL Tracker

Prescription Drug List and Benefit Plan Update

December 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
Infections	Humatin	Brand	Tier 2	Advantage/ Traditional	12/01/2023

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
Gout	colchicine capsules (generic Mitigare)	Tier 2	Tier 2	11/20/2023
Osteoporosis	teriparatide (generic Forteo) ^{1,2}	Excluded	Excluded	11/27/2023
Skin conditions	podofilox gel (generic Condylox)	Tier 3	Tier 3/4	12/12/2023

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	Ogsiveo ²	Tier 3/4	11/29/2023
	Truqap ²	Tier 3/4	11/17/2023
	Xalkori Sprinkle ^{3,4}	Excluded	11/22/2023
Hormone replacement	Bijuva 0.5-100 mg ³	Tier 3	12/06/2023
Postpartum depression	Zurzuvae ²	Tier 3/4	11/07/2023

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	Azstarys ²	Brand	Tier 3	Advantage/ Traditional	12/01/2023
	Jornay PM ²	Brand	Tier 3	Advantage/ Traditional	12/01/2023
Birthmark (hemangioma)	Hemangeol	Brand	Tier 3	Advantage/ Traditional	12/01/2023
Cholesterol/Lipid lowering	Atorvaliq ²	Brand	Tier 3/4	Advantage/ Traditional	12/01/2023
Colonoscopy prep	Suflave	Brand	Tier 3	Advantage/ Traditional	12/01/2023
Women's health	Veozah ²	Brand	Tier 3/4	Advantage/ Traditional	12/01/2023

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
Acne	Cabtreo gel	OTC Differin gel plus clindamycin/benzoyl peroxide (generic Duac)	11/21/2023
Blood disorders	Fabhalta ²	Empaveli	12/08/2023
Cancer	Augtyro ²	Rozlytrek	11/27/2023
	Jylamvo oral solution ²	methotrexate tablets, Xatmep	11/23/2023
Inflammatory conditions	Amjevita (high concentration) ^{2,3}	Adalimumab-adaz (unbranded Hyrimoz), Amjevita (low concentration), Cyltezo, Humira	11/23/2023
Pain & inflammation	Coxanto	Over-the-counter NSAIDs, ibuprofen, naproxen, oxaprozin	12/08/2023

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
Cancer	Vanflyta ²	Tier 3/4	60 tablets per month	12/01/2023
Endocrine disorders	Olpruva 2 gm, 3 gm ²	Exclude at Launch	180 packets per month	12/01/2023
	Olpruva 4 gm, 5 gm, 6 gm, 6.67 gm ²	Exclude at Launch	270 packets per month	12/01/2023

Huntington's disease	Austedo XR titration pack ^{2,3}	Tier 2	42 tablets (1 kit) per year	12/01/2023
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Inflammatory conditions	Cosentyx UnoReady ^{2,3}	Tier 3	1 auto injector pen per month	12/01/2023
	Yuflyma ^{2,3}	Exclusion	2 prefilled syringes per month	12/01/2023

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
Blood disorders	Fabhalta	Exclude at Launch	12/21/2023
Cancer	Augtyro	Tier 3/4	12/07/2023
	Ogsiveo	Tier 3/4	12/08/2023
	Vanflyta	Tier 3/4	12/01/2023
	Xalkori Sprinkle ³	Excluded	12/07/2023
Dry eye disease	Miebo ²	Exclude at Launch	12/01/2023
Non-solid dosage forms	Jylamvo	Exclude at Launch	12/07/2023
Postpartum depression	Zurzuvae	Tier 3/4	12/08/2023

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
Cholesterol/Lipid lowering	Atorvaliq	Tier 3/4	12/01/2023
Dry eye disease	Miebo ²	Exclude at Launch	12/01/2023

Step Therapy⁵

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
ADHD	Azstarys	Tier 3	One of the following: 1) methylphenidate CD, ER or LA (e.g. generic Concerta, generic Ritalin LA). 2.) amphetamine/dextroamphetamine extended-release (generic Adderall XR)	12/01/2023
	Jornay PM	Tier 3	One of the following: 1) methylphenidate CD, ER or LA (e.g. generic Concerta, generic Ritalin LA). 2.) amphetamine/dextroamphetamine extended-release (generic Adderall XR)	12/01/2023

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

³ New strength or dosage form.

⁴ May be eligible for a clinical review.

⁵ Referred to as First Start in New Jersey.