



PDL Tracker

Prescription Drug List and Benefit Plan Update

September 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
Friedreich's ataxia	Skyclarys ¹	Brand	Tier 2	Advantage/ Traditional	9/01/2023

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
Acne	tretinoin 0.08% gel (generic Retin-A Micro) ²	Excluded	Excluded	9/08/2023
ADHD	lisdexamfetamine (generic Vyvanse) capsule, chewable tablet ³	Tier 3	Excluded ³	9/08/2023
Contraceptive	levonorgestrel/ethinyl estradiol FE 0.1 mg/20 mcg [Joyeaux (generic Balcoltra)]	Excluded	Excluded	8/23/2023

COPD	tiotropium (generic Spiriva HandiHaler) ⁴	Excluded	Tier 2	9/12/2023
Opioid overuse	naloxone OTC (generic Narcan OTC) ⁵	Tier 1	Tier 2	8/29/2023
Pain & inflammation	indomethacin suppository (generic Indocin) ¹	Tier 3	Tier 3/4	8/14/2023

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
Diabetes	Fiasp PumpCart ⁶	Excluded	8/17/2023

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
Acne	Aklief ¹	Brand	Tier 3/4	Advantage/ Traditional	9/01/2023
High blood pressure	Methyldopa ¹	Brand	Tier 3/4	Advantage/ Traditional	9/01/2023
Seizures	primidone 125 mg	Generic	Tier 1	Advantage/ Traditional	9/01/2023
Thyroid replacement	Ermeza ¹	Brand	Tier 2	Advantage/ Traditional	9/01/2023

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
Anemia due to kidney disease	Jesduvroq ¹	Retacrit	9/13/2023
Asthma	Airsupra	albuterol (generic Proair HFA, Proventil HFA) plus an inhaled corticosteroid (e.g. Arnuity Ellipta)	8/21/2023
Bone growth disorder	Sohonos ¹	Novel agent	8/30/2023
Cancer	Akeega ¹	abiraterone (generic Zytiga) plus Zejula	9/11/2023
	Ojjaara ¹	Jakafi	9/21/2023
Cardiovascular disease	Lodoco	colchicine (generic Colcrys), Mitigare	9/01/2023
Glaucoma	lyuzeh ophthalmic solution	bimatoprost 0.03% (generic Lumigan), latanoprost (generic Xalatan), Lumigan 0.01%	8/17/2023
Infections	Nitrofurantoin 50 mg/5mL	nitrofurantoin 25 mg/5 mL	8/30/2023
Inflammatory conditions	Adalimumab-adbm (unbranded Cyltezo) ¹	Adalimumab-adaz (unbranded Hyrimoz), Amjevita, Cyltezo, Hadlima, Humira	9/19/2023
Low potassium levels	Pokonzo	potassium chloride capsules, packets, tablets (generic Klor-con, generic Micro-K)	9/25/2023
Opioid overuse	Opvee nasal spray	naloxone injection, nasal spray (generic Narcan), Kloxxado nasal spray, Narcan Nasal spray, Zimhi	8/17/2023

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	Stivarga ⁷	Tier 2	84 tablets per month	9/01/2023
	Kalydeco Packets ^{1,6}	Tier 2	62 packets per month & 728 Packets per year	9/01/2023
Cystic fibrosis	Trikafta Packets ^{1,6}	Tier 2	62 packets per month & 728 Packets per year	9/01/2023
Diabetes	Rezvoglar KwikPen	Exclude at Launch	75 mL per copay	9/01/2023
Endocrine disorders	Cuvrior ¹	Exclude at Launch	310 tablets per month	9/01/2023

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
Bone growth disorder	Sohonos	Exclude at Launch	9/13/2023

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
Acne	Aklief ¹	Tier 3/4	9/01/2023
High blood pressure	Methyldopa ¹	Tier 3/4	9/01/2023

Step Therapy⁸

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
<i>No update this month</i>				

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

² 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. Medication is part of a brand over generic strategy.

³ Medication is part of a brand exclusion at generic launch strategy. Due to shortages, brand Vyvanse will be covered in Tier 3 until 1/1/2024.

⁴ Medication is part of a brand over generic strategy.

⁵ Naloxone OTC will be covered with \$0 cost share as part of the Vital Medications program when processed through the pharmacy benefit at a participating pharmacy.

⁶ New strength or dosage form

⁷ Change from QLL to QD

⁸ Referred to as First Start in New Jersey.