



# PDL Tracker

## Prescription Drug List and Benefit Plan Update

### July 2024

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
	Iwilfin <sup>1</sup>	Brand	Tier 2	Advantage/ Traditional	7/01/2024
<b>Cancer</b>	Ogsiveo 50 mg, 150 mg <sup>1</sup>	Brand	Tier 2	Advantage/ Traditional	7/01/2024
	Truqap <sup>1</sup>	Brand	Tier 2	Advantage/ Traditional	7/01/2024
<b>Hormone replacement</b>	norethindrone acetate/ethinyl estradiol 0.5 mg/2.5 mcg [Fyavolv (generic FemHRT)]	Generic	Tier 2	Advantage	7/01/2024
	norethindrone acetate/ethinyl estradiol 1 mg/5 mcg [Jinteli, Fyavolv (generic FemHRT 1/5)]	Generic	Tier 2	Advantage	7/01/2024

<b>Menal health</b>	lurasidone (generic Latuda)	Generic	Tier 2	Advantage	7/01/2024
<b>Rosacea</b>	Mirvaso <sup>1</sup>	Brand	Tier 2	Advantage/ Traditional	7/01/2024

## 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
<b>Duchenne muscular dystrophy</b>	deflazacort (generic Emflaza) <sup>1,2</sup>	Excluded	Excluded	5/29/2024
<b>Heart failure</b>	ivabradine (generic Corlanorl) <sup>1</sup>	Tier 3	Tier 3	7/18/2024

## 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
<b>Cancer</b>	Scemblix 100 mg <sup>1,3</sup>	Tier 3/4	6/24/2024
	Torpenz <sup>1</sup>	Tier 2	6/21/2024
<b>Heart failure</b>	Entresto sprinkle capsules <sup>1,3</sup>	Tier 3/4	7/01/2024
<b>Opioid overdose</b>	naloxone 0.4 mg/mL prefilled syringe <sup>3</sup>	Tier 1	6/27/2024

## 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	mometasone (generic Nasonex)	Generic	Advantage 3; Traditional 1	Advantage/ Traditional	7/15/2024
Cardiovascular disease	Lodoco	Brand	Tier 3/4	Advantage/ Traditional	7/01/2024
Hereditary polyneuropathy	Wainua <sup>1</sup>	Brand	Tier 2	Advantage/ Traditional	7/01/2024
Inflammatory conditions	Entyvio pen for subcutaneous injection <sup>1</sup>	Brand	Tier 3/4	Advantage/ Traditional	7/01/2024
Metabolic disorder	Rivfloza <sup>1</sup>	Brand	Tier 3/4	Advantage/ Traditional	7/15/2024
Tardive dyskinesia	Ingrezza capsule, capsule therapy pak, capsule sprinkle <sup>1</sup>	Brand	Tier 2	Advantage/ Traditional	7/15/2024

## Exclude at Launch

(Only applies to customers and plans that 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 failure	Vafseo <sup>1</sup>	Retracrit	7/18/2024
COPD	Ohtuvayre <sup>1</sup>	roflumilast (generic Daliresp), Anoro Ellipta, Bevespi Aerosphere, Breztri Aerosphere, Serevent Diskus, Spiriva Respimat/HandiHaler, Stiolto Respimat, Trelegy Ellipta	7/01/2024

<b>Diabetes</b>	Sitagliptin-metformin <sup>1</sup>	Jentadueto, Jentadueto XR, Alogliptin/metformin (Kazano authorized generic), Kombiglyze XR	6/18/2024
<b>Endocrine disorders</b>	Acthar gel auto-injector <sup>1,3</sup>	Prednisone	7/08/2024
<b>Inflammatory conditions</b>	Tyenne 162 mg <sup>1</sup>	Actemra	6/25/2024
<b>Nausea &amp; vomiting</b>	Marinol 5 mg, 10 mg <sup>4</sup>	dronabinol (generic Marinol)	6/17/2024
	ondansetron 16 mg ODT	ondansetron 4 mg, 8mg ODT	6/28/2024
<b>Pain and inflammation</b>	Clobetasol ophthalmic solution	prednisolone (generic Pred Forte), loteprednol 0.5% ophthalmic suspension (generic Lotemax), Lotemax Ointment, Maxidex, Vexol	7/05/2024

## 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
<b>Inflammatory conditions</b>	Eohilia 2 mg/10 ml <sup>1</sup>	Exclude at Launch	1 box per month	7/01/2024
	Yuflyma 2 syringe kit 20 mg/0.2 ml <sup>1,3</sup>	Excluded	2 syringes (1 box) per month	7/01/2024
<b>Metabolic disorder</b>	Rivfloza 128 mg/0.8 ml, 160 mg/1 mL <sup>1</sup>	Tier 3/4	1 pre-filled syringe per month	7/01/2024
	Rivfloza 80 mg/0.5 ml <sup>1</sup>	Tier 3/4	2 vials per month	7/01/2024

**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
Anemia due to kidney failure	Vafseo	Exclude at Launch	7/29/2024
COPD	Ohtuvayre	Exclude at Launch	7/12/2024
Endocrine disorders	Acthar gel auto-injector <sup>1,3</sup>	Exclude at Launch	7/23/2024
Heart failure	Entresto sprinkle capsules <sup>1,3</sup>	Tier 3/4	7/12/2024
Huntington's disease	Austedo XR 30 mg, 36 mg, 42 mg, & 48 mg ER 24HR <sup>1,3</sup>	Tier 2	7/22/2024
Inflammatory conditions	Tyenne 162 mg	Exclude at Launch	7/01/2024
	Zoryve 0.15% <sup>1,3</sup>	Exclude at Launch	7/23/2024
Liver disease	Iqirvo 80mg	Exclude at Launch	6/26/2024
Skin conditions	Adbry <sup>1,3</sup>	Tier 2	7/09/2024

**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
Endocrine disorders	Acthar gel auto-injector <sup>1,3</sup>	Exclude at Launch	7/23/2024

<b>Heart failure</b>	Entresto sprinkle capsules <sup>1,3</sup>	Tier 3/4	7/12/2024
<b>Huntington's disease</b>	Austedo XR 30 mg, 36 mg, 42 mg, & 48 mg ER 24HR <sup>1,3</sup>	Tier 2	7/22/2024
<b>Inflammatory conditions</b>	Bimzelx <sup>1</sup>	Exclude at Launch	7/01/2024
	Entyvio <sup>1,3</sup>	Tier 3/4	7/01/2024
	Velsipity <sup>1</sup>	Exclude at Launch	7/01/2024
	Zoryve 0.15% <sup>1,3</sup>	Exclude at Launch	7/23/2024
<b>Metabolic disorder</b>	Rivfloza <sup>1</sup>	Tier 3/4	7/01/2024

### Step Therapy<sup>5</sup>

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
<b>Diabetes</b>	Sitagliptin-metformin	Exclude at Launch	Jentadueto (linagliptin/metformin immediate-release)/Jentadueto XR (linagliptin/metformin extended-release) AND One of the following: Kazano, Kombiglyze XR	7/01/2024
<b>Endocrine disorders</b>	Acthar gel auto-injector <sup>1,3</sup>	Exclude at Launch	corticosteroids	7/25/2024

<b>Inflammatory conditions</b>	Bimzelx <sup>1</sup>	Exclude at Launch	Cosentyx and three of the following: Cimzia, Enbrel, One of the preferred adalimumab products, Skyrizi, Stelara, Tremfya, Otezla	7/01/2024
	Velsipity <sup>1</sup>	Exclude at Launch	Zeposia and three of the following: One of the preferred adalimumab products, Simponi, Stelara, Xeljanz/Xeljanz XR, Rinvoq	7/01/2024

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

<sup>2</sup> 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.

<sup>3</sup> New strength or dosage form.

<sup>4</sup> This is a relaunched brand.

<sup>5</sup> Referred to as First Start in New Jersey.