



PDL Tracker

Prescription Drug List and Benefit Plan Update

August 2026

The PDL Tracker summarizes changes made outside of our regularly scheduled pharmacy benefit updates, which typically occur two to three times per year. Member communications will be sent as noted below.

Down-tiers		Downtiers refer to medications that move to a lower tier, making them more affordable for members. Downtiers occur throughout the year, helping members take advantage of the cost savings.			
Therapeutic Use	Medication Name	Brand/Generic	Tier Placement	PDL Type	Effective Date
Hemophilia	Adynovate®	Brand	Tier 2	Advantage/ Traditional	8/01/2026
	Afstyla®	Brand	Tier 2	Advantage/ Traditional	8/01/2026
	Altuviiio®	Brand	Tier 2	Advantage/ Traditional	8/01/2026
	Eloctate®	Brand	Tier 2	Advantage/ Traditional	8/01/2026
HIV	abacavir/lamivudine (generic Epzicom®)	Generic	Tier 1	Advantage	8/01/2026
	efavirenz (generic Sustiva®)	Generic	Tier 1	Advantage	8/01/2026
	nevirapine ER tablet (generic Viramune XR®)	Generic	Tier 2	Advantage	8/01/2026
	ritonavir tablet (generic Norvir® tablet)	Generic	Tier 1	Advantage	8/01/2026

Muscle spasms	chlorzoxazone 500 mg (generic Parafon Forte DSC®)	Generic	Tier 2	Advantage	8/01/2026
	tizanidine 2, 4, 6 mg capsules (generic Zanaflex®)	Generic	Tier 2	Advantage	8/01/2026
Parkinson's disease	rasagiline (generic Azilect®)	Generic	Tier 2	Advantage	8/01/2026

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	Yulithira™ ² (branded generic for Afinitor®)	Tier 2	5/07/2026	
Diabetes	sitagliptin/metformin ER (generic Janumet XR®) ¹	Excluded	Excluded	8/03/2026
Infections	rifapentine (generic Prifitin®)	Tier 2	Tier 2	8/04/2026
Neurological disorder	dextromethorphan/quinidine (generic Nuedexta®) ²	Tier 2	Tier 2	8/04/2026
Pain	Fenoprofen 300 mg (branded generic for Nalfon®)	Tier 2	Excluded	8/05/2026
Skin conditions	oxymetazoline 1% cream (generic Rhofade®) ²	Tier 3	Tier 3/4	7/21/2026

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 update 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
Blood disorders	Aqvesme™ 2	Brand	Tier 3/4	Advantage/ Traditional	8/01/2026
Diabetes insipidus	Desmoda™ 2	Brand	Tier 3/4	Advantage/ Traditional	8/01/2026
Erectile dysfunction	Vybrique™ 3	Brand	Tier 3	Advantage/ Traditional	8/01/2026
High blood pressure	amlodipine/olmesartan (generic Azor®)	Generic	Advantage Tier 3, Traditional Tier 1	Advantage/ Traditional	8/01/2026
	Javadin™ oral solution ²	Brand	Tier 3/4	Advantage/ Traditional	8/01/2026
Infections	Pivya®	Brand	Tier 3/4	Advantage/ Traditional	8/01/2026
Inflammatory conditions	Eohilia® 2	Brand	Tier 3/4	Advantage/ Traditional	8/01/2026
Kidney disease	Voyxact® injection for subcutaneous use ²	Brand	Tier 3/4	Advantage/ Traditional	8/01/2026
Mental health	Exxua® extended-release tablet ²	Brand	Tier 3/4	Advantage/ Traditional	8/01/2026
Muscle spasms	Atmeksi™ 2	Brand	Tier 3/4	Advantage/ Traditional	8/01/2026
	Ontralfy™ 2	Brand	Tier 3/4	Advantage/ Traditional	8/01/2026
Opioid overuse	Rezenopy™	Brand	Tier 3	Advantage/ Traditional	8/01/2026
Pulmonary hypertension	Yutrepia® 2	Brand	Tier 2	Advantage/ Traditional	8/01/2026

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
Alzheimer's disease	Leqembi IQLIK® 250 mg ²	Leqembi® - medical benefit	7/29/2026
Asthma	Omlyclo ^{TM2} (biosimilar for Xolair®)	Xolair®	8/07/2026
Cancer	Jideytro ^{TM 2}	Augtyro®, Rozlytrek®, Lorbrena®, Ibtrozi®	7/30/2026
Cholesterol/Lipid lowering	Lipfendra ^{TM 2}	Repatha®	7/22/2026
Contraceptive	Gwyn Lo TM	Xulane® (generic Ortho Evra), Zafemy®, norelgestromin/ ethinyl estradiol patch	8/12/2026
Gallstones	Ursolign TM	ursodiol (generic Actigall®, generic Urso 250®, generic Urso Forte®)	7/21/2026
Migraines	RizaFilm®	rizatriptan (generic Maxalt®, Maxalt-MLT®), almotriptan, eletriptan, frovatriptan, naratriptan, sumatriptan, zolmitriptan	8/17/2026

Quantity Limits

Quantity 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. Quantity Limits may also be applied to existing medications, when appropriate, following utilization review. Quantity 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 Quantity Limit	Effective Date
Cancer	Lifyorli TM 125 mg (1 x 25 mg & 1 x 100 mg) ²	Tier 3/4	2 capsule blister pak	8/01/2026
	Lifyorli TM 125 mg (1 x 25 mg & 1 x 100 mg) ²	Tier 3/4	6 capsule blister pak	8/01/2026

Cancer (cont'd)	Lifyorli™ 125 mg (1 x 25 mg & 1 x 100 mg) ²	Tier 3/4	1 carton (three 6 capsule blister paks)	8/01/2026
	Lifyorli™ 150 mg (2 x 25 mg & 1 x 100 mg) ²	Tier 3/4	3 capsule blister pak	8/01/2026
	Lifyorli™ 150 mg (2 x 25 mg & 1 x 100 mg) ²	Tier 3/4	9 capsule blister pak	8/01/2026
	Lifyorli™ 150 mg (2 x 25 mg & 1 x 100 mg) ²	Tier 3/4	1 carton (three 9 capsule blister paks)	8/01/2026
Diabetic supplies	Diabetic meters	1 meter or meter kit per year	8/01/2026	8/01/2026
Liver disease	Lynavoy™ 40 mg ²	Exclude at Launch	60 tablets per month	8/01/2026

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
Cancer	Besremi® Pen ⁴	Tier 3/4	7/31/2026
	Jideytro™	Exclude at Launch	8/25/2026
Liver disease	Lynavoy™ ²	Exclude at Launch	8/01/2026

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
Diabetes insipidus	Desmoda™	Tier 3/4	8/01/2026

High blood pressure	Javadin™	Tier 3/4	8/01/2026
	Sdamlo™	Exclude at Launch	8/01/2026
Liver disease	Lynavoy™ ²	Exclude at Launch	8/01/2026
Muscle spasms	Atmeksi™	Tier 3/4	8/01/2026
	Ontralfy™	Tier 3/4	8/01/2026

Step Therapy⁴

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
Mental health	Exxua®	Tier 3/4	Must try three: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine IR/ER capsules	8/01/2026

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 Excluded for benefits that exclude sexual dysfunction medications

⁴ Referred to as First Start in New Jersey.