



PDL Tracker

Prescription Drug List and Benefit Plan Update

July 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.
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Therapeutic Use	Medication Name	Brand/Generic	Tier Placement	PDL Type	Effective Date
Neuropathic pain/Seizures	pregabalin (generic Lyrica®) oral solution	Generic	Advantage Tier 2; Traditional Tier 1	Advantage/Traditional	7/01/2026

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.
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Therapeutic Use	Medication Name	New Tier Placement*	Current Brand Tier	Effective Date
Overactive bladder	mirabegron (generic Myrbetriq®) suspension ¹	Excluded	Excluded	6/18/2026

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
Hemophilia	Hympavzi® 75 mg/0.5 mL auto-injector ^{2,3}	Tier 2	6/24/2026

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
Arrhythmias	Cardamyst™ 2	Brand	Tier 3/4	Advantage/ Traditional	7/01/2026
Cancer	Komzifti™ ²	Brand	Tier 3/4	Advantage/ Traditional	7/01/2026
HIV	Idvynso™	Brand	Tier 3/4	Advantage/ Traditional	7/10/2026
Parkinson's disease	ropinirole ER (generic Requip XL®)	Generic	Advantage Tier 2; Traditional Tier 1	Advantage/ Traditional	7/01/2026
Seizures	Subvenite™ suspension ²	Brand	Tier 3/4	Advantage/ Traditional	7/01/2026

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
ADHD	Atomoxetine oral solution	atomoxetine capsule, Onyda XR (clonidine) oral suspension	7/19/2026

Cancer	Cavhanza™ ²	nilotinib (generic Tasigna®)	7/07/2026
	Veppanu™ ²	Inluriyo™, Orserdu®	6/22/2026
Diabetes	Awikli®	Lantus®, Toujeo®	7/09/2026
Infections	doxycycline hyclate 75 mg	doxycycline hyclate (generic Vibramycin®, Vibra-Tab®), doxycycline monohydrate 50 or 100 mg (generic Monodox®)	7/06/2026
Kidney disease	Trutakna™ ²	Vanrafia®, Filspar®i, Tarpeyo®	7/09/2026
Lipid lowering	Tryngolza™ 50 mg ²	fenofibrate 48 mg, 54 mg, 145 mg, 160 mg tablet (generic Lofibra®, Tricor®, Triglide®), gemfibrozil (generic Lopid®), omega-3-acid ethyl esters (generic Lovaza®)	6/29/2026
Liver disease	Lynavoy™	cholestyramine (generic Questran®), colestevlam (generic Welchol®), colestipol (generic Colestid®), rifampin, naltrexone (generic Revia®), sertraline (generic Zoloft®)	6/22/2026
Mental health	duloxetine	duloxetine (generic Cymbalta®), venlafaxine ER (generic Effexor XR®)	6/23/2026
Nausea & vomiting	Dronabinol oral solution (Syndros® Authorized generic)	dronabinol (generic Marinol®)	6/05/2026
Skin conditions	Pellix	calcipotriene solution	7/03/2026

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
Arrhythmias	Cardamyst™ 2	Tier 3/4	1 box (2 bottles)	7/01/2026
Blood disorders	Aqvesme™ 2	Tier 3/4	60 tablets per month	7/01/2026
Bowel preparation	Sutab®	Tier 3	2 doses (24 Tablets) per copay	7/01/2026
Growth deficiency disorders	Yuwiwel™ 2	Exclude at Launch	4 vials per month	7/01/2026
Hereditary angioedema	Orladeyo® 2,3	Excluded	28 pellets per month	7/01/2026
Infections	Pivya®	Tier 3/4	21 tablets per course of therapy	7/01/2026
Inflammatory conditions	Avtozma™ injection ²	Tier 3	4 syringes or auto injectors per month	7/01/2026
Lipid Lowering	Tryngolza™ 50 mg/0.8 mL ^{2,3}	Exclude at Launch	1 autoinjector (0.8 mL) per month	7/01/2026

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™ 3	Tier 3/4	7/31/2026
	Cavhanza™	Exclude at Launch	7/24/2026
	Veppanu™	Exclude at Launch	7/10/2026
Kidney disease	Trutakna™	Exclude at Launch	7/24/2026

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
Arrhythmias	Cardamyst™ 2	Tier 3/4	7/01/2026
Blood disorders	Aqvesme™ 2	Tier 3/4	7/01/2026
Endocrine disorders	Zycubo™ 2	Tier 3/4	7/01/2026
Eye conditions	Yuvezzi™ 2	Excluded ⁴	7/01/2026
Growth deficiency disorders	Yuviwel™ 2	Exclude at Launch	7/01/2026
Mitochondrial myopathy	Kygevvi™	Tier 3/4	7/01/2026

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
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No update this month

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 New strength or dosage form.

⁴ Convenience medication exclusion

⁵ Referred to as First Start in New Jersey.