# PDL Tracker

Prescription Drug List and Benefit Plan Update

## June 2026

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

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 |
|---|---|---|---|---|---|
| *No update this month* | | | | | |

### 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** | bosutinib (generic Bosulif®)[4] | Tier 2 | Tier 3/4 | 6/16/2026 |
| **Diabetes** | sitagliptin (generic Januvia®)[1] | Excluded | Excluded | 6/02/2026 |
| | sitagliptin/metformin (generic Janumet®)[1] | Excluded | Excluded | 6/02/2026 |

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| **High blood pressure** | azilsartan (generic Edarbi®)[1] | Excluded | Excluded | 6/18/2026 |
| **Inflammatory conditions** | tofacitinib (generic Xeljanz®) tablet, oral solution[2, 4] | Tier 2 | Excluded | 6/10/2026 |
| | tofacitinib extended release (generic Xeljanz XR®)[2, 4] | Tier 2 | Excluded | 6/10/2026 |
| **Pulmonary hypertension** | macitentan (generic Opsumit®)[2, 4] | Tier 2 | Excluded | 6/11/2026 |

## 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 |
|---|---|---|---|
| **COPD** | Breztri Aerosphere® 160-18-4.8 mcg/act[3] | Tier 3 | 6/10/2026 |
| **Mental health** | Auvelity™ titration pack[3,4] | Tier 3/4 | 6/04/2026 |
| **Pulmonary arterial hypertension** | Tyvaso® Kit 48 mcg and 80 mcg[3,4] | Tier 2 | 6/04/2026 |

## 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 |
|---|---|---|---|---|---|
| **Cancer** | Hyrnuo® [4] | Brand | Tier 2 | Advantage/ Traditional | 6/10/2026 |
| **Endocrine disorders** | Harliku™ [4] | Brand | Tier 3/4 | Advantage/ Traditional | 6/01/2026 |
| | Zycubo® [4] | Brand | Tier 3/4 | Advantage/ Traditional | 6/10/2026 |



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| **Genetic disorder** | Kygevvi® [4] | Brand | Tier 3/4 | Advantage/ Traditional | 6/10/2026 |
| **Inflammatory conditions** | Icotyde™ [4] | Brand | Tier 2 | Advantage/ Traditional | 6/01/2026 |
| | Starjemza™ 45 mg, 90 mg[4] | Brand | Tier 2 | Advantage/ Traditional | 6/01/2026 |

## 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** | Atoncy™ | atomoxetine capsule, Onyda® XR (clonidine) oral suspension | 6/02/2026 |
| **Anxiety** | buspirone 2.5 mg, 12.5 mg tablet | buspirone 5 mg, 10 mg (generic Buspar®) | 6/08/2026 |
| **COVID-19 prevention** | Xocova® | N/A | 6/08/2026 |
| **Inflammatory conditions** | Dexlyt™ | dexamethasone (generic Decadron®) | 5/27/2026 |
| **Neutropenia** | Filkri® | Nivestym®, Zarxio® | 5/21/2026 |



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## 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 |
|---|---|---|---|---|
| **Endocrine disorders** | Zycubo 2.9 mg vials[4] | Tier 3/4 | 30 single-dose vials per month | 6/01/2026 |
| **Hereditary angioedema** | Dawnzera 80 mg/0.8 mL auto-injector[4] | Exclude at Launch | 1 auto-injector per month | 6/01/2026 |
| **Pain & inflammation** | Orudis 75mg capsules | Exclude at Launch | 124 capsules per month | 6/01/2026 |
| **Pulmonary arterial hypertension** | Tyvaso DPI Maintenance Kit 32 mcg-64 mcg & 48 mcg-64 mcg[3, 4] | Tier 2 | 224 cartridges per month | 6/01/2026 |
| | Tyvaso DPI Maintenance Kit 80 mcg[3, 4] | Tier 2 | 112 cartridges per month | 6/01/2026 |
| **Pulmonary fibrosis** | Jascayd tablets[4] | Tier 3/4 | 60 tablets per month | 6/01/2026 |

## 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** | Jakafi XR[4] | Tier 2 | 6/25/2026 |
| **Hepatitis D** | Hepcludex | Tier 3/4 | 6/09/2026 |
| **Inflammatory conditions** | Icotyde[4] | Tier 2 | 6/01/2026 |



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| **Mental health** | Bysanti | Exclude at Launch | 6/02/2026 |

## 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 |
|---|---|---|---|
| **Endocrine disorders** | Palsonify[4] | Exclude at Launch | 6/01/2026 |
| **Inflammatory conditions** | Icotyde[4] | Tier 2 | 6/01/2026 |
| **Women's health** | Lynkuet | Tier 3/4 | 6/01/2026 |

## Step Therapy[5]

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** | Auvelity 30 mg/105 mg[3] | Tier 3/4 | N/A | 6/26/2026 |

*[1] This medication is excluded for the majority of benefit plans where the generic followed the brand exclusion. For customers not participating in exclusion or the Exclude at Launch Program, this medication may be in the highest tier.*
*[2] Medication is part of a brand exclusion at generic launch strategy.*
*[3] New strength or dosage form.*
*[4] Indicates medication is also included in Step Therapy, Prior Authorization/Medical Necessity, or Notification.*
*[5] Referred to as First Start in New Jersey.*



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