# PDL Tracker

Prescription Drug List and Benefit Plan Update

## May 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 |
|---|---|---|---|---|
| **Transplant** | tacrolimus (generic Astagraf™ XL)[1] | Excluded | Excluded | 5/12/2026 |

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## 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 |
|---|---|---|---|
| **Cancer** | Jakafi® XR[2] | Tier 2 | 5/05/2026 |

## 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 |
|---|---|---|---|---|---|
| **Blood disorders** | eltrombopag (generic Promacta™ only) tablets[3] | Generic | Advantage: Tier 3/4<br>Traditional: Tier 1 | Advantage/ Traditional | 5/01/2026 |
| | Wayrilz™ [3] | Brand | Tier 3/4 | Advantage/ Traditional | 5/01/2026 |
| **Diuretic** | Enbumyst™ [3] | Brand | Tier 3/4 | Advantage/ Traditional | 5/01/2026 |
| | Lasix® ONYU[3] | Brand | Tier 3/4 | Advantage/ Traditional | 5/01/2026 |
| **Inflammatory conditions** | Avtozma® auto-injector, prefilled syringe[3] | Brand | Tier 3 | Advantage/ Traditional | 5/01/2026 |
| **Pain and inflammation** | Vyscoxa™ oral suspension[3] | Brand | Tier 3/4 | Advantage/ Traditional | 5/01/2026 |
| **Skin conditions** | Anzupgo® [3] | Brand | Tier 3/4 | Advantage/ Traditional | 5/01/2026 |
| | Rhapsido® [3] | Brand | Tier 2 | Advantage/ Traditional | 5/01/2026 |
| **Women's health** | Lynkuet® [3] | Brand | Tier 3/4 | Advantage/ Traditional | 5/15/2026 |



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## 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 |
|---|---|---|---|
| **Diabetes** | glipizide 15 mg | glipizide 5 mg, 10 mg (generic Glucotrol®) | 5/11/2026 |
| **Ear infections** | Xtoro® | ofloxacin 0.3% solution (generic Floxin®, Ocuflox®) | 5/14/2026 |
| **Glaucoma** | Zolymbus™ | bimatoprost (generic Lumigan®), latanoprost (generic Xalatan®), travoprost (generic Travatan Z®) | 5/08/2026 |
| **High blood pressure** | Baxfendy™ | spironolactone (generic Aldactone®), eplerenone (generic Inspra®) | 5/20/2026 |
| **HIV** | Idvynso™ | Dovato® | 5/06/2026 |
| **Lupus** | Saphnelo® Pen | Benlysta® | 4/29/2026 |
| **Mental health** | Bysanti™ [3] | aripiprazole (generic Abilify®), olanzapine (generic Zyprexa®), quetiapine (generic Seroquel®), risperidone (generic Risperdal®), ziprasidone (generic Geodon®) | 5/14/2026 |
| **Neutropenia** | Armlupeg™ | Neulasta®, Udenyca® | 5/19/2026 |



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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 |
|---|---|---|---|---|
| **Allergies** | Oralair® Adult Starter Pack[2] | Tier 3/4 | 3 tablets per year | 5/01/2026 |
| **Cancer** | Hyrnuo™ tablet[3] | Tier 2 | 120 tablets per month | 5/01/2026 |
| | Xpovio® 80 mg once weekly pack (80 mg strength per tablet)[2] | Tier 3/4 | 4 tablets per month | 5/01/2026 |
| **Cholesterol/Lipid lowering** | Redemplo® Sol prefilled syringe[3] | Exclude at Launch | 1 prefilled syringe (0.5 mL) every 3 months | 5/01/2026 |
| **Diabetes** | Ozempic® tablet[3] | Tier 2 | 30 tablets per month | 5/26/2026 |
| **Diuretic** | Enbumyst™ Sol 0.5 mg/0.1 mL[3] | Tier 3/4 | 12 nasal sprays per copay | 5/01/2026 |
| | Lasix® Onyu 80 mg/2.67 ml[3] | Tier 3/4 | 4 cartridges per copay | 5/01/2026 |
| **Glaucoma** | Zolymbus® 0.01% | Exclude at Launch | 30 single-dose vials per copay | 5/08/2026 |
| **Heart disorders** | Myqorzo® tablet[3] | Exclude at Launch | 30 tablets per month | 5/01/2026 |
| **Mental health** | Vraylar® 0.5 mg capsule[3] | Tier 3/4 | 60 capsules per month | 5/01/2026 |
| | Vraylar® 0.75 mg capsule[3] | Tier 3/4 | 30 capsules per month | 5/01/2026 |



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|---|---|---|---|---|
| **Rett syndrome** | Daybue® Stix[3] | Tier 2 | 120 packets per month | 5/01/2026 |
| **Weight loss** | Wegovy® 1.5 mg tablet[3] | Excluded | 30 tablets per month, up to 60 tablets per year | 5/01/2026 |
| | Wegovy® 4 mg tablet[3] | Excluded | 30 tablets per month, up to 60 tablets per year | 5/01/2026 |
| | Wegovy® 9 mg tablet[3] | Excluded | 30 tablets per month, up to 60 tablets per year | 5/01/2026 |
| | Wegovy® 25 mg tablet[3] | Excluded | 30 tablets per month | 5/01/2026 |

## 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** | Hyrnuo™ | Tier 2 | 5/01/2026 |
| **Cholesterol/Lipid lowering** | Redemplo® [3] | Exclude at Launch | 5/01/2026 |
| **Inflammatory conditions** | Avtozma® [3] | Tier 3 | 5/01/2026 |
| **Motion sickness** | Nereus™ | Exclude at Launch | 5/11/2026 |

## 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 |
|---|---|---|---|
| **Blood disorder** | Wayrilz™ | Tier 3/4 | 5/01/2026 |
| **Cholesterol/Lipid lowering** | Redemplo® [3] | Exclude at Launch | 5/01/2026 |



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|---|---|---|---|
| **Diuretic** | Enbumyst™ | Tier 3/4 | 5/01/2026 |
| **Endocrine disorders** | Nityr® [3] | Excluded | 5/01/2026 |
| | Orfadin® [3] | Tier 2 | 5/01/2026 |
| | Sephience™ | Tier 3/4 | 4/24/2026 |
| **Heart disorders** | Myqorzo® | Exclude at Launch | 5/01/2026 |
| **Inflammatory conditions** | Avtozma® [3] | Tier 3 | 5/01/2026 |
| **Kidney disease** | Vanrafia® [3] | Tier 3/4 | 5/01/2026 |
| **Pain and inflammation** | Vyscoxa™ | Tier 3/4 | 5/01/2026 |
| **Seizures** | Subvenite® | Exclude at Launch | 5/01/2026 |
| **Skin conditions** | Anzupgo® | Tier 3/4 | 5/01/2026 |
| | Rhapsido® | Tier 2 | 5/01/2026 |
| **Women's health** | Lynkuet® | Tier 3/4 | 5/15/2026 |



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## Step Therapy[4]

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 |
|---|---|---|---|---|
| **Blood disorders** | Wayrilz™ [3] | Tier 3/4 | Two of the following: Eltrombopag (e.g. Alvaiz®, generic Promacta®; Doptelet®; Tavalisse® | 5/01/2026 |
| **Inflammatory conditions** | Avtozma® [3] | Tier 3 | Two of the following: one preferred adalimumab product; Cimzia®; Enbrel®; Rinvoq®; Simponi®; Xeljanz®/Xeljanz XR | 5/01/2026 |

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