



WellCare's New Jersey Preferred Drug List Update

This is a list of changes to our preferred drug list (PDL). These changes are a result of the latest WellCare Pharmacy & Therapeutics meeting held on 01/13/2023.

Please look at these changes and call WellCare of New Jersey Customer Service at **1-888-453-2534 (TTY users may call 1-877-247-6272)** if you have any questions. You can also ask for a printed copy to be mailed to you by calling Customer Service. We are happy to help.

Date of Change: 03/01/2023

Key	
UPPER CASE = Brand Name Drugs	QL = Quantity Limit
Lower case italics = Generic Drugs	ST = Step Therapy
PDL = Preferred Drug List	AL = Age Limit
PA = Prior Authorization	YOA = Years of Age

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/Alternatives
Adlyxin (lixisenatide soln)	Added to the PDL with PA	General PDL Update	Trial and Failure of TWO of biguanides, sulfonylureas, thiazolidinediones, DPP4s, or SGLT2s



Trulicity (dulaglutide soln)	Added to the PDL with PA	General PDL Update	Trial and Failure of TWO of biguanides, sulfonylureas, thiazolidinediones, DPP4s, or SGLT2s
Daliresp (roflumilast)	Added to the PDL with QL	General PDL Update	QL of 1 tablet per day
Zirabev (bevacizumab-bvzr)	Added to the PDL with PA	General PDL Update	
Nucala (mepolizumab)	Removed from the PDL	General PDL Update	Xolair
Genotropin (somatropin)	Removed from the PDL	General PDL Update	Omnitrope, or Zomacton