

12/10/2020

UPDATE
New Jersey Medicaid
Preferred Drug List

Dear Provider,

At the **December 10, 2020** WellCare Pharmacy & Therapeutics Committee meeting, it was decided that the following changes would be made to the **New Jersey Medicaid Preferred Drug List (PDL)**. They will be effective **1/18/2021**. Please review these changes carefully.

Key	
UPPER CASE = Brand Name Drugs	QL = Quantity Limit
Lower case <i>italics</i> = Generic Drugs	ST = Step Therapy
PDL = Preferred Drug List	AL = Age Limit
PA = Prior Authorization	YOA = Years of Age
SC = Safety Concerns	LU = Low Utilization
PC = Pharmacoeconomic Considerations	DD = Discontinued Drug
GA = Generic Available	

Effective date of change: **1/18/2021**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
ADDITIONS TO THE PDL			
Ogivri (<i>trastuzumab-dkst</i>) Intravenous For Solution 150 MG and 420 MG *Effective 10/26/2020*	Antineoplastics And Adjunctive Therapies	Added to the PDL	
Trazimera (<i>trastuzumab-qyyp</i>) Intravenous For Solution 420 MG *Effective 10/26/2020*	Antineoplastics And Adjunctive Therapies	Added to the PDL	
Semglee (<i>insulin Glargine</i>) Subcutaneous Solution 100 UNIT/ML and Soln Pen-inj 100 UNIT/ML *Effective 1/1/2021*	Antidiabetics	Added to the PDL	
UTILIZATION MANAGEMENT CHANGES			
Creon (<i>pancrelipase</i>) Oral Capsules DR (all strengths) *Effective 1/18/2021*	Digestive Aids	Auto PA Added	
Viokace (<i>pancrelipase</i>) Oral Tablet 10440 UNIT and 20880 UNIT *Effective 1/18/2021*	Digestive Aids	Auto PA Added	



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Zenpep (<i>pancrelipase</i>) Oral Capsules DR (all strengths) *Effective 1/18/2021*	Digestive Aids	Auto PA Added	
Descovy (<i>emtricitabine-tenofovir alafenamide fumarate</i>) Oral Tablet 200-25 MG *Effective 1/18/2021*	Antivirals	Step Therapy added T/F of Truvada for Prep indication	Truvada
REMOVALS TO THE PDL			
Kanjinti (<i>trastuzumab-anns</i>) Intravenous For Solution 150 MG and 420 MG *Effective 10/26/2020*	Antineoplastics And Adjunctive Therapies	Removed from PDL/PC	Ogivri (<i>trastuzumab-dkst</i>) Intravenous For Solution 150 MG and 420 MG AND Trazimera (<i>trastuzumab-qyyp</i>) Intravenous For Solution 420 MG

If you have any questions, New Jersey's Pharmacy Help Desk is available to assist providers at **1-877-389-9457**.

Thank you for your care of New Jersey's Medicaid members.

Sincerely,

WellCare Health Plans, Inc.