



'Ohana QUEST Integration Preferred Drug List Update

This is a list of changes to our preferred drug list. These are a result of the latest WellCare Pharmacy & Therapeutics meeting held on 12/02/2024.

Please look at these changes. Call 'Ohana Customer Service toll-free at **1-888-846-4262** Monday–Friday, 7:45 a.m.–4:30 p.m. Hawaii Standard Time if you have any questions. You can view an updated version of the complete preferred drug list. It is on our website at <https://www.ohanahealthplan.com/member/default>. You can ask for a printed copy to be mailed to you. Just call Member service. They are happy to help.

Date of Change: 03/01/2025

Key	
UPPER CASE = Brand Name Drugs	QL = Quantity Limit
<i>Lower case italics</i> = 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
Trulicity (dulaglutide) Victoza (liraglutide)	PA Updated	General PDL Update	Add minimum age of 10 years to Trulicity and authorized generic liraglutide products (Liraglutide AGs) in HI Medicaid.

Lumakras (sotorasib) Krazati (adagrasib)	PA Updated	General PDL Update	Add redirection from Krazati to Lumakras for non-small cell lung cancer indication (NSCLC) in patients without metastasis to the brain in the initial criteria section (CP PHAR 605)
lisdexamfetamine chewable tablets (Vyvanse)	Added to PDL with PA and QL/DD of 1	General PDL Update	Modify Medicaid PA criteria (CP.PMN.121) to remove the redirection of chewable tablets to regular capsules. Add the redirection of brand Vyvanse products through lisdexamfetamine generics to criteria.
lisdexamfetamine tablets (Vyvanse)	Added to PDL with PA	General PDL Update	Modify Medicaid PA criteria (CP.PMN.121) to remove the redirection of chewable tablets to regular capsules. Add the redirection of brand Vyvanse products through lisdexamfetamine generics to criteria.
Unbranded Novolog (insulin aspart)	Removed from PDL	General PDL Update	
Unbranded Tresiba (insulin degludec)	Removed from PDL	General PDL Update	Retire Tresiba Medicaid prior authorization criteria (CP.PMN.285) to default the class to the non-formulary criteria.



'Ohana Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

(English) Do you need help in another language? We will get you a free interpreter. Call **1-888-846-4262** (TTY: **711**).

(Ilocano) Kasapulam kadi ti tulong para iti sabali a lenguahe? Iyalaandaka iti paraipatarus. Tawagan ti **1-888-846-4262** (TTY: **711**).

(Traditional Chinese) 您是否需要其他語言的協助?我們為您提供免費的口譯服務。請致電 **1-888-846-4262** (TTY: **711**)。

(Korean) 다른 언어로 도움을 받으셔야 합니까? 무료 통역사를 지원해 드립니다. **1-888-846-4262** (TTY: **711**)번으로 연락해 주십시오.

(Vietnamese) Quý vị có cần trợ giúp bằng ngôn ngữ khác không? Chúng tôi sẽ cung cấp cho quý vị một phiên dịch viên miễn phí. Hãy gọi đến số **1-888-846-4262** (TTY: **711**).

(Tagalog) Kailangan ba ninyo ng tulong sa ibang wika? Bibigyan namin kayo ng libreng tagasalin. Tumawag sa **1-888-846-4262** (TTY: **711**).

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