‘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 Centene Corporation Pharmacy & Therapeutics Committee meeting.

Please look at these changes. Call ‘Ohana Customer Service toll-free at **1-888-846-4262** (TTY **711**) 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/members/medicaid/questintegration/pharmacy-services.html. You can ask for a printed copy to be mailed to you. Just call Customer Service. They are happy to help.

Date of Change: 03/01/2026

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
Fulphila (pegfilgrastim-jmdb) Nyvepria (pegfilgrastim-apgf)	Utilization Management Changes	General PDL Update	**Replace redirections to Nyvepria with redirections to Fulphila in applicable Medicaid clinical criteria (CP.PHAR.296 Pegfilgrastim and Biosimilars).**
Cresemba (isavuconazonium) Posaconazole (Noxafil)	Utilization Management Changes	General PDL Update	**Add redirection through posaconazole where clinically appropriate for Medicaid in Cresemba clinical criteria (CP.PMN.15).**
Bilprevda (denosumab-nxxp)	Utilization Management Changes	General PDL Update	**Add Bilprevda (denosumab-nxxp) as a co-preferred drug along with other Xgeva biosimilars (Osenvelt and Wyost)**
Wayrilz (rilzabrutinib)	Utilization Management Changes	General PDL Update	**Add redirection through generic Promacta to Wayrilz clinical criteria.** **Remove reference to "failure of an immune globulin" from Wayrilz clinical criteria.**
Soliris (eculizumab) Bkemv (eculizumab-aeeb) Epysqli (eculizumab-aagh) Ultomiris (ravulizumab-cwvz)	Utilization Management Changes	General PDL Update	**Add redirection of Soliris, Bkemv and Epysqli through Ultomiris for all applicable indications for Medicaid clinical criteria (CP.PHAR.97 Soliris and Biosimilars).**
Botox (botulinum toxin type A)	Utilization Management Changes	General PDL Update	**Remove criterion 5a from Botox clinical criteria CP.PHAR.232 for the migraine diagnosis section.**
Sandostatin LAR Depot & Bynfezia (octreotide) Mycapssa (octreotide)	Utilization Management Changes	General PDL Update	**Align criteria to redirect to lower-cost alternatives.**

Somatuline Depot (lanreotide) Somavert (pegvisomant) Palsonify (paltusotine) Signifor LAR (pasireotide)			

‘Ohana Health Plan complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently because of race, color, national origin, age, disability or sex.

‘Ohana Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, braille,accessible electronic formats, other formats)

‘Ohana Health Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact ‘Ohana Health Plan toll-free 1-888-846-4262 (TTY 711).

If you believe that ‘Ohana Health Plan has failed to provide these services or discriminated in another way, you can file a grievance with:

‘Ohana Health Plan
P.O. Box 31384
Tampa, FL 33637
Phone: **1-888-318-0427** (TTY: **711**)
Fax: **1-866-388-1769**
Email: **SM_Section1557Coord@centene.com**

You can file a grievance by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/ portal/lobby.jsf,** or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, **1-800-537-7697** (TDD)

Complaint forms are available at **https://www.hhs.gov/ocr/complaints/index.html**.

CAD_4331206_ENG_State Approved
05272025

(English) If you need this in another language, or need auxiliary aids and services, large font, oral translation, or other alternative formats, we can provide them to you free of charge. Call ‘Ohana Health Plan toll-free **1-888-846-4262** (TTY: **711**).

(Cantonese) 如您需要以其他語言檢閱此資訊，或需要輔助工具和服務、較大的字型、口譯服務或其他替代格式，我們可以免費為您提供。請撥打 ‘Ohana Health Plan 免費電話 **1-888-846-4262**（TTY：**711**）。

(Chuukese) Ika pwe mi namwot ei non pwan ew fos, are osupwangen aninis me angang mi anisi, font mi watte, affou ren kapas, are pwan ekkoch napanap, sia tongeni awora ngonuk nge ese kamo. Kopwe kokori ‘Ohana Health Plan ese kamo **1-888-846-4262** (TTY: **711**).

(French) Si vous avez besoin d’aides et de services auxiliaires, ou si vous avez besoin de ce document dans une autre langue, dans une police plus grande, dans un autre format ou d’une traduction orale, nous pouvons vous les fournir gratuitement. Appelez gratuitement ‘Ohana Health Plan au **1-888-846-4262** (TTY : **711**).

(German) Sofern Sie diese Informationen in einer anderen Sprache benötigen oder auf zusätzliche Unterstützung und Dienstleistungen, größere Schriftarten, mündliche Übersetzungen oder andere alternative Formate angewiesen sind, können wir Ihnen diese kostenlos zur Verfügung stellen. Rufen Sie ‘Ohana Health Plan gebührenfrei unter **1-888-846-4262** (TTY: **711**) an.

(Hawaiian) Inā makemake ‘oe i kēia ma ka ‘ōlelo ‘ē a‘e, a i ‘ole makemake ‘oe i nā kōkua kōkua a me nā lawelawe, font nui, unuhi waha, a i ‘ole nā p alapala ‘ē a‘e, hiki iā mākou ke hā‘awi iā ‘oe me ka uku ‘ole. Kāhea ‘Ohana Health Plan uku ‘ole **1-888-846-4262** (TTY: **711**).

(Ilocano) No kasapulam daytoy iti sabali a pagsasao, wenno kasapulam dagiti katulongan ken serbisio, dakkel a letra, oral a panagipatarus, wenno dadduma pay nga alternatibo a pormat, mabalinmi nga ipaay dagitoy kenka a libre. Tawagan ti ‘Ohana Health Plan a libre iti **1-888-846-4262** (TTY: **711**).

(Japanese) 他の言語や補助支援およびサービス、大活字、通訳、およびその他の代替形式が必要な場合、無料で提供しています。フリーダイヤル （**1-888-846-4262**）または（TTY：**711**）にて、‘Ohana Health Plan までお問い合わせください。

(Korean) 다른 언어로 필요하거나 보조 도구 및 서비스, 큰 글씨, 구술 번역 또는 다른 대체 형식이 필요한 경우 무료로 제공해 드릴 수 있습니다. ‘Ohana Health Plan 에 **1-888-846-4262**(TTY: **711**)번으로 무료로 전화하십시오.

(Laotian) ຖ້າທ່ານຕ້ອງການບໍລິ ິການນ້ັເປັນພາສາອ່ນ, ຫ ື ຕ ້ອງການການຊ ່ວຍເຫ ື ອ ແລ ະ ການບໍລິ ິການເສ ັ ມ ແບ ບ ພ ິ ເ ສ ດ ອ ັ ກສ ອນຂ ະ ໜ າ ດ ໃ ຫ ຍ ່ , ການແປ ັ ພ າ ສ າ ປ ັ ກ ບ ໍ ່ າ, ຫ ື ຮ ູ ບ ແ ບ ບ ທ ່ າ ງ ເ ວ ັ ກ ອ ່ ນ ໆ, ພ ວ ກ ເ ຮ ົ າ ສ າ ມ າ ດ ໃ ຫ ້ ບ ໍ ລ ິ ິ ການດ ັ ງ ກ ່ າ ວ ໄ ດ ້ ໂ ດ ຍ ບ ໍ ່ ◌ ◌ ສ ຍ ຄ ່ າ ໃ ຊ ້ ຈ ່ າ ຍ ໃ ດ ໆ. ໂ ທ ່ ຫ ຼ ິ ‘Ohana Health Plan ໂ ທ ່ ຟ ຣ ີ **1-888-846-4262** (TTY: **711**).

(Mandarin) 如果您需要其他语言版本，或者需要辅助设备和服务、大号字体、口译服务或其他替代形式，我们可以免费为您提供。请拨打 ‘Ohana Health Plan 免费电话 **1-888-846-4262** (TTY: **711**)。

(Marshallese) Ñe kwoj aikuj i menin ilo juon ba kajin, ak jipañ ko ilo jeje im jerbal ko, jeje killep, ukok ilo ainikien, ak jōt bar jekjek ko rej oktak, jemaroñ lewaj ir ñan eok ilo ejelok wonāān. Kurlok ‘Ohana Health Plan ejelok-wonāān kūrlok **1-888-846-4262** (TTY: **711**).

(Samoan) Afai e te mana’omia lenei lomiga i se isi gagana, pe mana’omia fo’i ni fesoasoani ma ni auaunaga faaopoopo, o ni tusitusiga tetele, o ni faaliliuga i se isi gagana, po o ni isi fo’i ituaiga o faaliliuga, e mafai ona matou saunia mo oe e aunoa ma se totogi. Valaau ‘Ohana Health Plan leai se totogi **1-888-846-4262** (TTY: **711**).

(Spanish) Si necesita esta información en otro idioma, o necesita ayudas y servicios auxiliares, letra grande, traducción oral u otros formatos alternativos, podemos proporcionárselos de manera gratuita. Llame a ʻOhana Health Plan sin cargo al **1-888-846-4262** (TTY: **711**).

(Tagalog) Kung kailangan ninyo ito sa ibang wika, o kung kailangan ninyo ng mga karagdagang tulong at serbisyo, malalaking font, pasalitang pagsasalin, o iba pang alternatibong format, maibibigay namin ang mga ito sa inyo nang libre. Tawagan ang ʻOhana Health Plan nang toll-free sa **1-888-846-4262** (TTY: **711**).

(Thai) **หากคุณ ต้อ งการเนื้อ หานี้เ ป็นี้ภาษาอ่นี้ หร้อต้อ งการคุวามช่วยเหลือ แลัะบรกิ ารเพิ่ ม เต้มิ แบบอกั ษรขน้ีาด ใหญ่ การแป็ลโดยการอา่นี้ออกเสียง หร้อรป็ู แบบที่เ ป็นี้ที่างเลือ กอ่นี้ ๆ เราสีามารถใหคุ้ ณุ ไดโ้ ดยไม่มคุ้า่ ใช่จ่า่ ย โป็รดโที่รหา** ʻOhana Health Plan **ที่ห้ มายเลขโที่รฟร้ 1-888-846-4262** (TTY: **711**)

(Tongan) Kapau ʻoku ke fie maʼu ʻeni ʻi ha toe lea, pe fiemaʻu ha ngaahi tokoni mo e ngaahi sevesi, mataʼitohi lahi, ngutu, liliu lea, pe ko ha toe fometi founga kehe, te mau lava ʻo ʻoatu kinautolu kiate koe taʼetotongi. Taa kihe ʻOhana Health Plan Taʼetotongi **1-888-846-4262** (TTY: **711**).

(Vietnamese) Nếu cần hỗ trợ bằng ngôn ngữ khác hoặc cần dịch vụ và trợ giúp bổ trợ, cỡ chữ lớn, phiên dịch hoặc các định dạng thay thế khác, chúng tôi có thể cung cấp miễn phí cho quý vị. Gọi ʻOhana Health Plan theo số miễn cước **1-888-846-4262** (TTY: **711**).

(Visayan) Kung gikinahanglan nimo kini sa laing lengguwahe, magkinahanglan og auxiliary nga mga tabang ug serbisyo, dagko nga font, oral nga paghubad, o ubang mga alternatibong format, mahatag namo kini nimo nga walay bayad. Libre mutawag sa ʻOhana Health Plan sa **1-888-846-4262** (TTY: **711**).