



P.O. BOX 31577
Tampa, FL 33631-3577

UPDATE

12/02/2024

'Ohana QUEST Integration Medicaid Preferred Drug List

Dear Provider,

At the **December 2nd 2024** WellCare Pharmacy & Therapeutics Committee meeting, it was decided that the following changes will be made to the **'Ohana QUEST Integration Medicaid Preferred Drug List (PDL)**, effective **03/01/2025**. Please carefully review these changes.

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	CR = Clinical Removal

Effective Date: **03/01/2025**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
ADDITIONS TO THE PDL			
lisdexamfetamine chewable tablets (Vyvanse)	Attention Deficit- Hyperactivity Disorder (ADHD) Therapy	Added to PDL with PA and QL/DD of 1; 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.	



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lisdexamfetamine tablets (Vyvanse)	Attention Deficit- Hyperactivity Disorder (ADHD) Therapy	Added to PDL with PA; 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.	
REMOVALS FROM THE PDL			
Unbranded Novolog (insulin aspart)	Novo Nordisk Rapid-Acting and Basal Insulins	Removed from PDL	
Unbranded Tresiba (insulin degludec)	Novo Nordisk Rapid-Acting and Basal Insulins	Removed from PDL; Retire Tresiba Medicaid prior authorization criteria (CP.PMN.285) to default the class to the non-formulary criteria.	
UTILIZATION MANAGEMENT CHANGES			
Trulicity (dulaglutide) Victoza (liraglutide)	Diabetic Therapy - GLP-1 Receptor Agonists	PA updated; Add minimum age of 10 years to Trulicity and authorized generic liraglutide products (Liraglutide AGs) in HI Medicaid.	
Lumakras (sotorasib) Krazati (adagrasib)	Antineoplastics - KRAS Inhibitors	PA updated; 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).	



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If you have questions, 'Ohana Health Plan's Pharmacy Help Desk is available to assist providers at **1-888-846-4262**.

Thank you for your care of 'Ohana Medicaid members.

Sincerely,
'Ohana Health Plan Pharmacy

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.