



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

UPDATE

03/11/2025

'Ohana QUEST Integration Medicaid Preferred Drug List

Dear Provider,

At the **March 11th 2025** 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 **06/01/2025**. 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: **06/01/2025**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
ADDITIONS TO THE PDL			
Retacrit (epoetin alfa-epbx)	Erythropoiesis- Stimulating Agents (ESAs)	Update criteria for all indications to strengthen the redirection to Epogen as the secondary preferred ESA for other cases outside of Retacrit shortages.	



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Loqtorzi (toripalimab- tpza)	Antineoplastics – Immunotherapy Brand (generic) Name Manufacturer and G	Added to preferred tier with PA; Add redirection of Keytruda and Opdivo clinical criteria to Loqtorzi for nasopharyngeal carcinoma (NPC) indication.	
REMOVALS FROM THE PDL			
Aranesp (darbepoetin alfa)	Erythropoiesis- Stimulating Agents (ESAs)	Removed from PDL	
UTILIZATION MANAGEMENT CHANGES			
Praluent (alirocumab) Repatha (evolocumab)	Antihyperlipidemics – PCSK9 Inhibitors	Remove requirement to try/fail ezetimibe from existing Praluent criteria. Update existing Repatha criteria (Effective 06/01/2025): 1) Remove requirement to try/fail ezetimibe, 2) Reduce required duration of statin therapy from 4 months to 8 weeks, 3) Simplify wording in statin therapy trial.	
Trulance (plecanatide)	Gastrointestinal Agents	Separate Medicaid from Shared Commercial criteria. Remove step through Linzess from the Trulance Medicaid criteria	
Ibsrela (tenapanor)	Gastrointestinal Agents	Separate Medicaid from shared Commercial criteria Move Medicaid to Exchange criteria (HIM.PA.174) to align strategies.	
Generic Motegrity (prucalopride)	Gastrointestinal Agents	Add generic step prior to brand Motegrity to the existing criteria.	

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.

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Sincerely,
'Ohana Health Plan Pharmacy

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