



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

## UPDATE

12/04/2025

### ‘Ohana QUEST Integration Medicaid Preferred Drug List

Dear Provider,

At the **December 4<sup>th</sup> 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 **03/01/2026**. Please carefully review these changes.

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

Effective Date: **03/01/2026**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
<b>UTILIZATION MANAGEMENT CHANGES</b>			
Fulphila (pegfilgrastim-jmdb) Nyvepria (pegfilgrastim-apgf)	Hematopoietic Agents – Long-Acting Colony Stimulating Factors	Replace redirections to Nyvepria with redirections to Fulphila in applicable Medicaid clinical criteria (CP.PHAR.296 Pegfilgrastim and Biosimilars).	
Cresemba (isavuconazonium) Posaconazole (Noxafil)	Antifungals	Add redirection through posaconazole where clinically appropriate for Medicaid in Cresemba clinical criteria (CP.PMN.15).	
Bilprevda (denosumab-nxxp)	Bone Density Regulators	Add Bilprevda (denosumab-nxxp) as a co-preferred drug along with	



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		<b>other Xgeva biosimilars (Osenvelt and Wyost)</b>	
Wayrilz (riltzabrutinib)	<b>Immune Thrombocytopenia (ITP) Agents</b>	<b>Add redirection through generic Promacta to Wayrilz clinical criteria. Remove reference to "failure of an immune globulin" from Wayrilz clinical criteria.</b>	
Soliris (eculizumab) Bkemv (eculizumab-aeeb) Ephysqli (eculizumab-aagh) Ultomiris (ravulizumab-cwvz)	<b>Complement Inhibitors</b>	<b>Add redirection of Soliris, Bkemv and Ephysqli through Ultomiris for all applicable indications for Medicaid clinical criteria (CP.PHAR.97 Soliris and Biosimilars).</b>	
Botox (botulinum toxin type A)	<b>Migraine Agents</b>	<b>Remove criterion 5a from Botox clinical criteria CP.PHAR.232 for the migraine diagnosis section.</b>	
Sandostatin LAR Depot & Bynfezia (octreotide) Mycapssa (octreotide) Somatuline Depot (lanreotide) Somavert (pegvisomant) Palsonify (paltusotin) Signifor LAR (pasireotide)	<b>Acromegaly Agents</b>	<b>Align criteria to redirect to lower-cost alternatives.</b>	

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.*

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