



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

UPDATE

12/04/2025

'Ohana QUEST Integration Medicaid Preferred Drug List

Dear Provider,

At the **December 4th 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	
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
SC = Safety Concerns	LU = Low Utilization
PC = Pharmacoeconomic Considerations	DD = Discontinued Drug
GA = Generic Available	CR = Clinical Removal

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

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
UTILIZATION MANAGEMENT CHANGES			
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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		other Xgeva biosimilars (Osenvelt and Wyost)	
Wayrilz (rilzabrutinib)	Immune Thrombocytopenia (ITP) Agents	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)	Complement Inhibitors	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)	Migraine Agents	Remove criterion 5a from Botox clinical criteria CP.PHAR.232 for the migraine diagnosis section.	
Sandostatin LAR Depot & Bynfezia (octreotide) Mycapssa (octreotide) Somatuline Depot (lanreotide) Somavert (pegvisomant) Palsonify (paltusotine) Signifor LAR (pasireotide)	Acromegaly Agents	Align criteria to redirect to lower-cost alternatives.	

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.