



'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 WellCare Pharmacy & Therapeutics meeting held on 04/23/2025.

Please look at these changes. Call 'Ohana Customer Service toll-free at **1-888-846-4262** 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/member/default>. You can ask for a printed copy to be mailed to you. Just call Member service. They are happy to help.

Date of Change: 07/01/2025 & 08/01/2025

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
generic Vesicare (solifenacin); generic Toviaz (fesoterodine) (Effective Date 08/01/2025)	Added to Tier F	General PDL Update	Update PA Criteria to add generic Vesicare/Toviaz to the list of "formulary overactive bladder agents" (step 3 of criteria)



<p>Otulfi; Yesintek; Steqeyma; Selarsdi</p> <p>(Effective Date 07/01/2025)</p>	<p>Moved to Tier F with PA</p>	<p>General PDL Update</p>	<p>Redirect brand Stelara to the preferred Stelara biosimilars.</p> <p>For non-preferred drugs with shared indications, and where clinically appropriate, update applicable PA policies and criteria to ensure that Stelara biosimilars are co-preferred with other preferred/rebated drugs.</p>
<p>Pyzchiva (ustekinumam-ttwe) (NDCs 61314065494; 61314065101; 61314065201)</p> <p>(Effective Date 07/01/2025)</p>	<p>Moved to Tier 2 with PA</p>	<p>General PDL Update</p>	<p>Redirect brand Stelara to the preferred Stelara biosimilars.</p> <p>For non-preferred drugs with shared indications, and where clinically appropriate, update applicable PA policies and criteria to ensure that Stelara biosimilars are co-preferred with other preferred/rebated drugs.</p>



'Ohana Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

(English) Do you need help in another language? We will get you a free interpreter. Call **1-888-846-4262** (TTY: **711**).

(Ilocano) Kasapulam kadi ti tulong para iti sabali a lenguahe? Iyalaandaka iti paraipatarus. Tawagan ti **1-888-846-4262** (TTY: **711**).

(Traditional Chinese) 您是否需要其他語言的協助?我們為您提供免費的口譯服務。請致電 **1-888-846-4262** (TTY: **711**)。

(Korean) 다른 언어로 도움을 받으셔야 합니까? 무료 통역사를 지원해 드립니다. **1-888-846-4262** (TTY: **711**)번으로 연락해 주십시오.

(Vietnamese) Quý vị có cần trợ giúp bằng ngôn ngữ khác không? Chúng tôi sẽ cung cấp cho quý vị một phiên dịch viên miễn phí. Hãy gọi đến số **1-888-846-4262** (TTY: **711**).

(Tagalog) Kailangan ba ninyo ng tulong sa ibang wika? Bibigyan namin kayo ng libreng tagasalin. Tumawag sa **1-888-846-4262** (TTY: **711**).

OH19-114 1557 Short Disclaimer State Approved 07182019

HI2CADINS91902E_1200