



‘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 Centene Corporation Pharmacy & Therapeutics Committee meeting.

Please look at these changes. Call ‘Ohana Customer Service toll-free at **1-888-846-4262** (TTY **711**) 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/members/medicaid/questintegration/pharmacy-services.html>. You can ask for a printed copy to be mailed to you. Just call Customer Service. They are happy to help.

Date of Change: 09/01/2026

Key	
UPPER CASE = Brand Name Drugs	QL = Quantity Limit
<i>Lower case italics</i> = 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
Sitagliptin (generic Januvia); Sitagliptin/Metformin (generic Janumet IR) Date of Change: 07/01/2026	Add true generics to Formulary w/ QL	General PDL Update	- Amend existing DPP-4 Inhibitors clinical criteria (CP.PMN.03) for Medicaid to reflect availability of generic Januvia and Janumet IR.
Enoby (denosumab-qbde); Bildyos (denosumab-nxxp)	Add to Formulary w/ PA and QL	General PDL Update	- Add redirection to Bildyos and Enoby as preferred Prolia biosimilars in Medicaid LOB
Prolia/Xgeva (denosomab)	Remove from Formulary	General PDL Update	- Add redirection to Bildyos and Enoby as preferred Prolia biosimilars in Medicaid LOB
Taltz (ixekizumab)	Remove from Formulary	General PDL Update	- Add redirection to preferred agents including biosimilars where appropriate in the Medicaid Taltz criteria - Remove redirection to Taltz for all non-preferred agents except Bimzelx
Zepbound (tirzepatide)	Utilization Management Changes	General PDL Update	- Update claims processor messaging (CPM) and formulary viewer messaging (FVM) as applicable to direct Zepbound to Zepbound KwikPen at POS ("PA Required. Use Zepbound KwikPen") - Note: To implement custom CPMs, Zepbound single use GPIs will be recoded from reject code type MR = Drug Not on Formulary to reject code type 70 = Product/Service Not Covered;

			- Update all applicable criteria to require use of multi-dose Zepbound KwikPens before Zepbound Single-Use Pens for all indications
Yuviwel (navepegritide); Voxzogo (vosoritide)	Utilization Management Changes	General PDL Update	- Add redirection to Voxzogo in Yuviwel criteria for Medicaid - Add specification “Member will not have limb-lengthening surgery during treatment” for both Voxzogo and Yuviwel criteria
Xtrenbo (denosumab-qbde);	Utilization Management Changes	General PDL Update	- Add Xtrenbo (Hikma) and remove Wyost (Sandoz) and Osenvelt (Celltrion) as preferred Xgeva biosimilars
Ofev (nintedanib); Jascayd (nerandomilast)	Utilization Management Changes	General PDL Update	- Combine Commercial/Exchange and Medicaid into a single Ofev criteria Ofev with the following changes: - o Add redirection through generic nintedanib for brand Ofev requests - o Add step through pirfenidone for nintedanib requests for the Idiopathic Pulmonary Fibrosis (IPF) indication - Update redirection from brand Ofev to generic nintedanib in Jascayd criteria for Commercial/Exchange/Medicaid for IPF and Progressive Pulmonary Fibrosis (PPF)

Nucala (mepolizumab); Fasenra (benralizumab)	Utilization Management Changes	General PDL Update	- Separate Commercial criteria from Medicaid/Exchange criteria and add a redirection to Fasenra for Hypereosinophilic Syndrome (HES) in the Nucala Medicaid and Exchange criteria only - o *Pending addition of HES indication to Fasenra criteria
Keytruda IV/QLEX (pembrolizumab, pembrolizumab/berahyaluronidase alfa-pmph)	Utilization Management Changes	General PDL Update	- Add redirection to Keytruda IV/Qlex clinical criteria (CP.PHAR.322) via Imfinzi for biliary tract cancer indication
Adstiladrin (nadofaragene firadenovec-vncg); Inlexzo (gemcitabine); Anktiva (nogapendekin alfa inbakicept-pmIn)	Utilization Management Changes	General PDL Update	- Add “soft” redirection via Adstiladrin to the Inlexzo (CP.PHAR.753) and Anktiva (CP.PHAR.684) clinical criteria: “Provider attestation that Adstiladrin therapy has been considered and not recommended AND provider must submit clinical rationale supporting use of Inlexzo/Anktiva over Adstiladrin”.
Stelara (ustekinumab)	Utilization Management Changes	General PDL Update	- Redirect brand Stelara requests for pediatric Crohn’s disease (where age-appropriate) to: - o a) our preferred Humira biosimilars AND - o (b) unbranded Stelara

‘Ohana Health Plan complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently because of race, color, national origin, age, disability or sex.

‘Ohana Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, braille, accessible electronic formats, other formats)

‘Ohana Health Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact ‘Ohana Health Plan toll-free 1-888-846-4262 (TTY 711).

If you believe that ‘Ohana Health Plan has failed to provide these services or discriminated in another way, you can file a grievance with:

‘Ohana Health Plan
P.O. Box 31384
Tampa, FL 33637
Phone: **1-888-318-0427** (TTY: **711**)
Fax: **1-866-388-1769**
Email: **SM_Section1557Coord@centene.com**

You can file a grievance by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at **<https://www.hhs.gov/ocr/complaints/index.html>**.

CAD_4331206_ENG_State Approved
05272025 ©2025 ‘Ohana Health Plan

4331206_HI5CADINSENG_M_0425
OH25 - 026 1557 Long Disclaimer

(English) If you need this in another language, or need auxiliary aids and services, large font, oral translation, or other alternative formats, we can provide them to you free of charge. Call 'Ohana Health Plan toll-free **1-888-846-4262** (TTY: **711**).

(Cantonese) 如您需要以其他語言檢閱此資訊，或需要輔助工具和服務、較大的字型、口譯服務或其他替代格式，我們可以免費為您提供。請撥打 'Ohana Health Plan 免費電話 **1-888-846-4262** (TTY: **711**) 。

(Chuukese) Ika pwe mi namwot ei non pwan ew fos, are osupwangen aninis me angang mi anisi, font mi watte, affou ren kapas, are pwan ekkoch napanap, sia tongeni awora ngonuk nge ese kamo. Kopwe kokori 'Ohana Health Plan ese kamo **1-888-846-4262** (TTY: **711**).

(French) Si vous avez besoin d'aides et de services auxiliaires, ou si vous avez besoin de ce document dans une autre langue, dans une police plus grande, dans un autre format ou d'une traduction orale, nous pouvons vous les fournir gratuitement. Appelez gratuitement 'Ohana Health Plan au **1-888-846-4262** (TTY : **711**).

(German) Sofern Sie diese Informationen in einer anderen Sprache benötigen oder auf zusätzliche Unterstützung und Dienstleistungen, größere Schriftarten, mündliche Übersetzungen oder andere alternative Formate angewiesen sind, können wir Ihnen diese kostenlos zur Verfügung stellen. Rufen Sie 'Ohana Health Plan gebührenfrei unter **1-888-846-4262** (TTY: **711**) an.

(Hawaiian) Inā makemake 'oe i kēia ma ka 'ōlelo 'ē a'e, a i 'ole makemake 'oe i nā kōkua kōkua a me nā lawelawe, font nui, unuhi waha, a i 'ole nā p alapala 'ē a'e, hiki iā mākou ke hā'awi iā 'oe me ka uku 'ole. Kāhea 'Ohana Health Plan uku 'ole **1-888-846-4262** (TTY: **711**).

(Ilocano) No kasapulam daytoy iti sabali a pagsasao, wenno kasapulam dagiti katulongan ken serbisio, dakkel a letra, oral a panagipatarus, wenno dadduma pay nga alternatibo a pormat, mabalinmi nga ipaay dagitoy kenka a libre. Tawagan ti 'Ohana Health Plan a libre iti **1-888-846-4262** (TTY: **711**).

(Japanese) 他の言語や補助支援およびサービス、大活字、通訳、およびその他の代替形式が必要な場合、無料で提供しています。フリーダイヤル（**1-888-846-4262**）または（TTY：**711**）にて、'Ohana Health Plan までお問い合わせください。

(Korean) 다른 언어로 필요하거나 보조 도구 및 서비스, 큰 글씨, 구술 번역 또는 다른 대체 형식이 필요한 경우 무료로 제공해 드릴 수 있습니다. 'Ohana Health Plan 에 **1-888-846-4262**(TTY: **711**)번으로 무료로 전화하십시오.

(Laotian) ຖ້າທ່ານຕ້ອງການບໍລິ ັການນັດບັນພາສາອ່ານ, ຫຼື ຕ້ອງການການຊ່ວຍເຫຼືອ ແລະ ການບໍລິ ັການເສັ້ນ ແບບຕົວອັກສອນຂະຫຼື ນາດໃຫຍ່, ການແປພາສາປາກເບີ າ, ຫຼື ຮູບແບບທາງເລື່ອກອ່ານ, ພວກເຮົາສາມາດໃຫ້ບໍລິ ັການດັ່ງກ່າວໄດ້ໂດຍບໍ່ ສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທຫຼື 'Ohana Health Plan ໂທຟຣີ **1-888-846-4262** (TTY: **711**).

(Mandarin) 如果您需要其他语言版本，或者需要辅助设备和服务、大号字体、口译服务或其他替代形式，我们可以免费为您提供。请拨打 'Ohana Health Plan 免费电话 **1-888-846-4262** (TTY: **711**)。

(Marshallese) Ñe kwoj aikuj i menin ilo juon ba kajin, ak jipañ ko ilo jeje im jermal ko, jeje killep, ukok ilo ainikien, ak jōt bar jekjek ko rej oktak, jemaroñ lewaj ir ñan eok ilo ejelok wonāān. Kurlok 'Ohana Health Plan ejelok-wonāān kūrlok **1-888-846-4262** (TTY: **711**).

(Samoan) Afai e te mana'omia lenei lomiga i se isi gagana, pe mana'omia fo'i ni fesoasoani ma ni auaunaga faaopopo, o ni tusitusiga tetele, o ni faaliliuga i se isi gagana, po o ni isi fo'i ituaiga o faaliliuga, e mafai ona matou saunia mo oe e aunoa ma se totogi. Valaau 'Ohana Health Plan leai se totogi **1-888-846-4262** (TTY: **711**).

(Visayan) Kung gikinahanglan nimo kini sa laing lengguwahe, magkinahanglan og auxiliary nga mga tabang ug serbisyo, dagko nga font, oral nga paghubad, o ubang mga alternatibong format, mahatag namo kini nimo nga walay bayad. Libre mutawag sa 'Ohana Health Plan sa **1-888-846-4262** (TTY: **711**).