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## UPDATE

3/1/2026

### 'Ohana QUEST Integration Medicaid Preferred Drug List

Dear Provider,

The following change will be made to the **'Ohana QUEST Integration Medicaid Preferred Drug List (PDL)**, effective **4/1/2026**. Please carefully review this change.

Key	
<b>UPPER CASE</b> = Brand Name Drugs	<b>QL</b> = Quantity Limit
<b>Lower case italics</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: **4/1/2026**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
<b>UTILIZATION MANAGEMENT CHANGES</b>			
COMBIVENT RESPIMAT (ipratropium bromide- albuterol sulfate)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Sympathomimetics	Quantity Limit Change from 4 gm (1 inhaler) per 20 days to 4 gm (1 inhaler) per 30 days	

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.*