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

UPDATE

06/09/2026

‘Ohana QUEST Integration Medicaid Preferred Drug List

Dear Provider,

At the **June 9th, 2026** 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 **09/01/2026**. 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: **09/01/2026**

Drug Name	Therapeutic Class	Change
ADDITIONS TO THE PDL		
Sitagliptin (generic Januvia) Sitagliptin/Metformin (generic Janumet IR) **Date of Change: 07/01/2026**	Antidiabetics - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors and Combination Products	Add true generics to Formulary w/ QL; 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)	Calcium and Bone Metabolism Regulators – Prolia Biosimilars	Add to Formulary w/ PA and QL; Add redirection to Bildyos and Enoby as preferred Prolia biosimilars in Medicaid LOB
UTILIZATION MANAGEMENT CHANGES		
Zepbound (tirzepatide)	GLP-1/GIP Receptor Agonists – Zepbound	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

'ohana health plan

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

		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)	Natriuretic Peptides	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)	Calcium and Bone Metabolism Regulators – Xgeva Biosimilars	Add Xtrenbo (Hikma) and remove Wyost (Sandoz) and Osenvelt (Celltrion) as preferred Xgeva biosimilars
Ofev (nintedanimib) Jascayd (nerandomilast)	Idiopathic Pulmonary Fibrosis (IPF) Treatment Agents	Combine Commercial/Exchange and Medicaid into a single Ofev criteria Ofev with the following changes: Add redirection through generic nintedanib for brand Ofev requests. 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)	Asthma/COPD Therapy Agents	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. *Pending addition of HES indication to Fasenra criteria
Keytruda IV/QLEX (pembrolizumab, pembrolizumab/berahyaluronidase alfa-pmph)	Antineoplastics – Biliary Tract Cancer (BTC) Agents	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-pmln)	Antineoplastics – Agents for Non-Muscle Invasive Bladder Cancer (NMIBC)	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".

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

Stelara (ustekinumab)	Disease Modifying Anti-Rheumatoid Drugs (DMARD)	Redirect brand Stelara requests for pediatric Crohn's disease (where age-appropriate) to: a) our preferred Humira biosimilars AND (b) unbranded Stelara
REMOVALS FROM THE PDL		
Prolia/Xgeva denusomab)	Calcium and Bone Metabolism Regulators – Prolia Biosimilars	Remove from Formulary; 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
Taltz (ixekizumab)	Biologic Disease-Modifying Antirheumatic Drug (bDMARDs)	Remove from Formulary; 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

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.