



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

## UPDATE

03/10/2026

### ‘Ohana QUEST Integration Medicaid Preferred Drug List

Dear Provider,

At the **March 10<sup>th</sup>, 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 **06/01/2026**. Please carefully review these changes.

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: **06/01/2026**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
<b>ADDITIONS TO THE PDL</b>			
Omnipod Products	Diabetic Supplies	Add to Formulary w/ PA and QL; Update insulin administration methods (criterion 6) to 3 months, and blood glucose monitoring (criterion 7) to 2 months in corporate criteria (CP.PHAR.534 Insulin Delivery Systems (V-Go, Omnipod, InPen)).	
generic Teriparatide	Bone Formation Stimulating Agents - Parathyroid Hormone	Add to Formulary	



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

UTILIZATION MANAGEMENT CHANGES			
Botox (onabotulinumtoxinA)	Neuromuscular Therapy Agents	Update Medicaid criteria 5: Remove CGRP trial timeframe requirement. Removal of documentation of number of headache days per month and change to prescriber attestation of continuing disability and need for additional treatment	
Aqvesme (mitapivat)	Hematopoietic Agents	Update the clinical criteria to add a step through Reblozyl for transfusion- dependent beta thalassemia	
Jascayd (nerandomilast)	Pulmonary Fibrosis Treatment Agents	Update Jascayd clinical criteria (new starts only) to redirect through both Ofev and generic Esbriet for idiopathic pulmonary fibrosis, and through Ofev for progressive pulmonary fibrosis	
Zilbrysq (zilucoplan)	Antimyasthenic Agents	Add redirection of Zilbrysq via Ultomiris for generalized myasthenia gravis (gMG) indication into corporate criteria (CP.PHAR.616 Zilucoplan (Zilbrysq)).	

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.*