



P.O. BOX 31577
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UPDATE

08/20/2025

'Ohana QUEST Integration Medicaid Preferred Drug List

Dear Provider,

At the **August 20th, 2025** 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 **11/01/2025**. 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: **11/01/2025**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
ADDITIONS TO THE PDL			
sacubitril-valsartan (Entresto generic)	Antihypertensive Therapy Agents	Add to Tier G1, add QL/DD of 2.0	Retire Medicaid Criteria CP.PMN.67

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.