



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

UPDATE

04/08/2024

‘Ohana QUEST Integration Medicaid Preferred Drug List

Dear Provider,

At the **April 8th, 2024** 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 **06/01/2024** 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: **06/01/2024**

| Drug Name | Therapeutic Class | Change | PDL Alternative (if applicable) |
|-----------------------------|---|---------------------------------------|---------------------------------|
| ADDITIONS TO THE PDL | | | |
| fluticasone HFA AG | Antiasthmatic and Bronchodilator Agents | Added to PDL | |
| fluticasone diskus AG | Antiasthmatic and Bronchodilator Agents | Added to PDL | |
| generic Suprep | Colonoscopy Preparations | Added to PDL | |
| dapagliflozin | Diabetic Therapy SGLT2s | Added to PDL with QL | |
| dapagliflozin/metformin | Diabetic Therapy SGLT2s | Added to PDL with QL | |
| Victoza (liraglutide) | Diabetic Therapy GLP-1s | Added to PDL with PA & QL; Revise the | |

| | | | |
|---|-------------------------------|--|---|
| | | existing PA criteria to co-prefer Bydureon BCise, Byetta, Trulicity, and Victoza | |
| UTILIZATION MANAGEMENT CHANGES | | | |
| Udenyca Onbody (pegfilgrastim-cbqv) Udenyca Auto Injector (pegfilgrastim-cbqv) | Hematopoietic Agents | PA Updated; Update pegfilgrastim criteria to add Udenyca Onbody and Auto Injector to preferred drugs | |
| Orfadin (nitisinone) | Hereditary Tyrossinemia | PA Updated; Add redirection through generic for Orfadin 20mg | |
| REMOVALS FROM THE PDL | | | |
| Siliq (brodalumab) | DMARDS/Inflammatory Condition | Removed from PDL | Taltz |
| Steglatro (ertugliflozin) | Diabetic Therapy SGLT2s | Removed from PDL | dapagliflozin and dapagliflozin/metformin |
| Segluromet (ertugliflozin/metformin) | Diabetic Therapy SGLT2s | Removed from PDL | dapagliflozin and dapagliflozin/metformin |

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.