



‘Ohana QUEST Integration Preferred Drug List Update

This is a list of changes to our preferred drug list. These are a result of the latest WellCare Pharmacy & Therapeutics meeting held on **06/13/2019**.

Please look at these changes. Call ‘Ohana Customer Service toll-free at **1-888-846-4262** Monday–Friday, 7:45 a.m.–4:30 p.m. Hawaii Standard Time if you have any questions. You can view an updated version of the complete preferred drug list. It is on our website at <https://www.ohanahealthplan.com/member/default>. You can ask for a printed copy to be mailed to you. Just call customer service. They are happy to help.

Date of Change: 8/27/2019

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/Alternatives
<i>acidophilus/pectin</i>	Added to the PDL	General PDL Update	
<i>fluocinolone acetonide</i> 0.01 % solution	Updated QL	Safety Concerns	QL Updated: QL: 120 ml / 30 Days
<i>fluocinonide</i> 0.05 % cream	Updated QL	Safety Concerns	QL Updated: QL: 120 gm / 30 Days



The changes below are general updates. They will go into effect on 07/19/2019:

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/Alternatives
DULERA 100/5 MCG and 200/5MCG	Removed from the PDL	General PDL Update	WIXELA 100-50MCG, 250-50 MCG, and 500/50MCG (QL: 60 each /30days); ANORO ELLIPTA 62.5-25MCG (QL: 60 each /31 days); COMBIVENT RESPIMAT 20-100MCG (QL: 4gm /20 days)
SYMBICORT 80-4.5MCG and 160-4.5MCG	Removed for ages 13 and older from the PDL	General PDL Update	WIXELA 100-50MCG, 250-50 MCG, and 500/50MCG (QL: 60 each /30days); ANORO ELLIPTA 62.5-25MCG (QL: 60 each /31 days); COMBIVENT RESPIMAT 20-100MCG (QL: 4gm /20 days)

Generic Drugs *italics*

BRAND DRUGS **CAPS**

PDL **Preferred Drug List**

PA **Prior Authorization**

QL **Quantity Limited**

ST **Step Therapy**

AL **Age Limit**

YOA **Years of Age**

CR **Clinical Removal**



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Tài liệu này có thông tin quan trọng từ chương trình bảo hiểm 'Ohana Health Plan'. Quý vị có thể hỏi xin tài liệu này viết bằng Tiếng Việt. Không tốn tiền. Nó có thể đọc lên cho quý vị. Chúng tôi cũng cung ứng bản in chữ lớn, chữ nổi braille cho người mù, ngôn ngữ sign language ra dấu và audio âm thanh. Xin gọi điện thoại chúng tôi số miễn phí 1-888-846-4262. (TTY/TDD: 1-877-247-6272).

這份文件有來自於 'Ohana Health Plan 的重要資訊。您可以要求用中文寫的該文件。沒有費用。您可以讓人把此文件讀給您聽。我們還提供大字體、盲文、手語和音頻文件。請撥打免費電話 1-888-846-4262 (TTY/TDD : 1-877-247-6272) 聯繫我們。

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