

# Formulary Updates

## Effective March 1, 2017



In an effort to cover the most needed, cost-effective prescriptions, the AlohaCare Advantage Plus (HMO SNP) Formulary is updated monthly. The following are drugs that have been added, removed or had their status changed since the last time the formulary was printed.

You'll find the most up-to-date comprehensive version of our formulary on our website, AlohaCare.org. Click on the green Drug Finder button.

These changes apply to AlohaCare Advantage Plus (HMO SNP) 2017 Formulary.

### Generic Drug Additions

Drug Name	Drug Strength	Formulary Status	Condition Used For
<i>daptomycin</i>	500 mg vial	Tier 1	Infections
<i>aprepitant</i>	40, 80, 125 mg capsule	Tier 1	Nausea
<i>erythromycin ethylsuccinate</i>	200 mg/5mL suspension	Tier 1	Infections
<i>ofloxacin</i>	300 mg tablet	Tier 1	Infections
<i>allopurinol sodium</i>	500 mg vial	Tier 1	Gout
<i>ergotamine tartrate/caffeine</i>	1 mg-100 mg tablet	Tier 1	Migraines
<i>pramipexole</i>	3.75 mg tablet er 24h	Tier 1	Parkinson's disease
<i>quetiapine fumarate</i>	50, 150, 200, 300, 400 mg tablet er	Tier 1	Behavior health
<i>rasagiline mesylate</i>	1 mg tablet	Tier 1	Parkinson's disease
<i>abacavir sulfate / lamivudine</i>	600-300 mg tablet	Tier 1	HIV
<i>oseltamivir phosphate</i>	30, 45, 75 mg capsule	Tier 1	Flu
<i>valganciclovir hcl</i>	50 mg/mL solution	Tier 1	Infections
<i>metformin hcl 1000</i>	1000 mg tablet 25h	Tier 1	Diabetes
<i>nifedipine</i>	30 mg tab er 24	Tier 1	Blood pressure
<i>nitroglycerin 0.4 mg tab subl</i>	0.3, 0.4, 0.6 mg tab subl	Tier 1	Chest pain
<i>ezetimibe</i>	10 mg tablet	Tier 1 Quantity limit 30/30 days	Cholesterol
<i>olmesartan /amlodipine/ hydrochlorothiazide</i>	20-5-12.5, 40-5-25, 40-10-12.5, 40-10-25, 40-5-12.5 mg tablet	Tier 1	Blood pressure
<i>olmesartan/ hydrochlorothiazide</i>	20-12.5, 40-25, 40-12.5 mg tablet	Tier 1	Blood pressure
<i>amlodipine bes /olmesartan</i>	5-20, 10-40, 10-20 mg tablet	Tier 1	Blood pressure

<i>clindamycin/tretinoin</i>	1.2-0.025% gel	Tier 1	Acne
<i>prednisone</i>	5, 10 mg tab ds pk	Tier 1	Inflammatory conditions
<i>drospir/eth estra/levomefol ca</i>	3-0.02(24) tablet	Tier 1	Birth control
<i>noreth-ethinyl estradiol /iron</i>	0.4-35(21) tab chew	Tier 1	Birth control
<i>norethindrone ac-eth estradiol</i>	1mg-20mcg tablet	Tier 1	Birth control
<i>ethynodiol d-ethinyl estradiol</i>	1 mg-50mcg tablet	Tier 1	Birth control
<i>norgestimate-ethinyl estradiol</i>	7daysx3 28 tablet	Tier 1	Birth control
<i>norgestrel-ethinyl estradiol</i>	0.3-0.03mg tablet	Tier 1	Birth control
<i>methotrexate sodium</i>	25 mg/mL vial	Tier 1	Inflammatory conditions
<i>mycophenolate mofetil hcl 500 mg vial</i>	500 mg vial	Tier 1	Immune conditions
<i>epinephrine</i>	0.15mg/0.3 auto injct	Tier 1	Allergic reaction
<i>levalbuterol tartrate</i>	45 mcg hfa aer ad	Tier 1	Asthma

Brand Drug Additions

Drug Name	Drug Strength	Formulary Status	Condition Used For
EVZIO AUTO-INJECTOR <i>naloxone hcl</i>	2 mg	Tier 1	Opioid overdose
FLOXIN <i>ofloxacin</i>	0.3% EAR DROPS	Tier 1	Infection
FLOXIN OTIC SINGLES <i>ofloxacin</i>	0.3% EAR DROPS	Tier 1	Infection
MORGIDOX <i>doxycycline hyclate</i>	50 MG CAPSULE	Tier 1	Infection
NYATA <i>nystatin</i>	100,000 UNIT/GM POWDER	Tier 1	Infection
ZURAMPIC <i>lesinurad</i>	200 MG TABLET	Tier 1	Gout
ADRIAMYCIN 2 MG/ML VIAL <i>doxorubicin hcl</i>	2 MG/ML VIAL	Tier 1	Cancer
RUBRACA <i>rucaparib camsylate</i>	200, 300 MG TABLET	Tier 1	Cancer
KYPROLIS <i>carfilzomib</i>	30, 60 MG VIAL	Tier 1	Cancer
LARTRUVO <i>olaratumab</i>	500 MG/50 ML VIAL	Tier 1	Cancer
REPATHA <i>evolocumab</i>	420 MG/3.5ML PUSHTRONX	Tier 1	Cholesterol
NITROGLYCERIN <i>nitroglycerin</i>	0.4 MG TABLET SL	Tier 1	Chest pain

ALA-CORT <i>hydrocortisone</i>	2.5% CREAM	Tier 1	Allergies
OCALIVA <i>obeticholic acid</i>	5, 10 MG TABLET	Tier 1	Liver disease
PANCREAZE DR <i>lipase/protease/amylase</i>	DR 2,600 UNIT CAP	Tier 1	Pancreas disease
PERTZYE DR <i>lipase/protease/amylase</i>	4,000 UNIT CAPSULE	Tier 1	Pancreas disease
ZINBRYTA <i>daclizumab</i>	150 MG/ML SYRINGE	Tier 1	Multiple sclerosis
MYTESI <i>crofelemer</i>	125 MG DR TABLET	Tier 1	Diarrhea
CAMRESE LO TABLET <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	-	Tier 1	Birth control
ZARAH TABLET <i>ethinyl estradiol/drospirenone</i>	-	Tier 1	Birth control
ALYACEN <i>norethindrone-ethinyl estradiol</i>	1-35-28 TABLET	Tier 1	Birth control
AMETHIA LO TABLET <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>	-	Tier 1	Birth control
CAZIAN 28 DAY TABLET <i>desogestrel-ethinyl estradiol</i>	-	Tier 1	Birth control
FEMYNOR 28 TABLET <i>norgestimate-ethinyl estradiol</i>	-	Tier 1	Birth control
LARISSIA-28 TABLET <i>levonorgestrel-ethinyl estradiol</i>	-	Tier 1	Birth control
AMABELZ 0.5 MG-0.1 MG TABLET <i>estradiol/norethindrone acetate</i>	1-0.5, 0.5-0.1 MG TABLET	Tier 1	Birth control
LOW-OGESTREL-28 TABLET <i>norgestrel-ethinyl estradiol</i>	-	Tier 1	Birth control
GENGRAF <i>cyclosporine, modified</i>	50 MG CAPSULE	Tier 1	Immune condition
ORENCIA CLICKJECT <i>abatacept</i>	125 MG/ML	Tier 1	Rheumatoid arthritis
YUVAFEM <i>estradiol</i>	10 MCG VAGINAL INSERT	Tier 1	Atrophic vaginitis
IMOGAM RABIES-HT <i>rabies immune globulin/pf</i>	150 UNIT/ML	Tier 1	Vaccine
KINRIX TIP-LOK SYRINGE <i>diphtheria,</i>	-	Tier 1	Vaccine

<i>pertussis(acell),tetanus,polio vaccine/pf</i>			
<b>PEDIARIX</b> <i>hep b virus, rcmb/diphth,pertus(acell),tet,p oliovaccine/pf</i>	0.5 ML SYRINGE	Tier 1	Vaccine
<b>ORKAMBI</b> <i>lumacaftor/ivacaftor</i>	100 MG-125 MG TABLET	Tier 1	Cystic fibrosis
<b>SPS</b> <i>sodium polystyrene sulfonate/sorbitol solution</i>	15 GM/60 ML SUSPENSION	Tier 1	Electrolyte imbalance
<b>ZERIT</b> <i>stavudine</i>	1 MG/ML SOLUTION	Tier 1	HIV

Drug Changes

<b>Drug Name</b>	<b>Drug Strength</b>	<b>Formulary Status</b>	<b>Reason for Change</b>	<b>Drug Alternative(s)</b>
<i>None</i>				

Drug Removals

<b>Drug Name</b>	<b>Drug Strength</b>	<b>Reason For Change</b>	<b>Drug Alternative(s)</b>
<i>None</i>			

If you would like to request a formulary exception, tier exception or utilization management exception, you can fill out the [Request for Medicare Prescription Drug Coverage Determination](#) form.

If you have any questions about these changes to the Formulary, please contact Customer Service at 973-6395 or toll free at 1-866-973-6395, 8 a.m. to 8 p.m., 7 days a week. TTY users call 1-877-447-5990.

AlohaCare Advantage Plus is an HMO SNP with a Medicare contract and a contract with the Hawaii Medicaid program. Enrollment in AlohaCare Advantage Plus depends on contract renewal. The formulary may change at any time. You will receive notice when necessary.