

Formulary Updates

Effective November 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>vigabatrin</i>	50 MG/ML ORAL SOLUTION	Tier 1	Seizures
<i>prasugrel hcl</i>	5, 10 MG ORAL TABLET	Tier 1	Blood clots
<i>adapalene benzoyl peroxide</i>	0.1 %-2.5% gel w/pump	Tier 1	Acne
<i>estradiol</i>	10 mcg tablet	Tier 1	Hormone replacement

Brand Drug Additions

Drug Name	Drug Strength	Formulary Status	Condition Used For
ZYTIGA (<i>abiraterone acetate</i>)	500 MG ORAL TABLET	Tier 1	Cancer
IDHIFA (<i>enasidenib mesylate</i>)	50, 100 MG ORAL TABLET	Tier 1	Cancer
LYNPARZA (<i>olaparib</i>)	100, 150 MG ORAL TABLET	Tier 1	Cancer
VYXEOS (<i>daunorubicin / cytarabine Liposomal</i>)	44 MG-100 MG VIAL	Tier 1	Cancer
NERLYNX (<i>neratinib maleate</i>)	40 MG TABLET	Tier 1	Cancer
ISENTRESS HD (<i>raltegravir potassium</i>)	600 MG TABLET	Tier 1	HIV
RADICAVA (<i>edaravone</i>)	30 MG/100 ML BAG	Tier 1	Amyotrophic lateral sclerosis
BENLYSTA (<i>belimumab</i>)	200 MG/ML AUTOINJECT 200 MG/ML SYRINGE	Tier 1	Lupus

Drug Changes

N/A

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 a health plan with a Medicare contract and a contract with the Hawaii Medicaid program. Call 1-866-973-6395 to receive material in an alternate format or language. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/ coinsurance may change on January 1 of each year.