

Formulary Updates

Effective September 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>lidocaine hcl</i>	10 mg/mL vial	Tier 1	Pain
<i>clofarabine</i>	20 mg/20 mL vial	Tier 1	Cancer
<i>methotrexate</i>	25 mg/mL	Tier 1	Immunosuppressant

Brand Drug Additions

Drug Name	Drug Strength	Formulary Status	Condition Used For
ZEJULA XR (<i>niraparib tosylate</i>)	100 mg tablet	Tier 1	Cancer
KISQALI FEMARA CO-PACK (<i>ribociclib succinate/letrozole</i>)	200, 400, 600 mg capsule	Tier 1	Cancer
RYDAPT (<i>midostaurin</i>)	25 mg capsule	Tier 1	Cancer
IMFINZI (<i>durvalumab</i>)	120 mg / 2.4 mL, 500 mg / 10 mL vial	Tier 1	Cancer
TYMLOS (<i>abalopraratide</i>)	80 mcg dose pen injector	Tier 1	Osteoporosis
ALUNBRIG (<i>brigatinib</i>)	30 mg tablet	Tier 1	Cancer
Varizig (<i>varicella-zoster immune globulin</i>)	125 unit vial	Tier 1	Chickenpox

Drug Changes

Drug Name	Drug Strength	Formulary Status	Reason for Change	Drug Alternative(s)
<i>Buprenorphine</i>	All	Tier 1 (no quantity limit)	N/A	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.