

# QUEST Formulary Updates

Posted September 7th, 2018



In an effort to cover the most needed, cost-effective prescriptions, the AlohaCare QUEST Formulary is updated weekly. The following are drugs that have been added, removed or have had the status changed.

You'll find the most up-to-date comprehensive version of our formulary on our website, [www.AlohaCare.org](http://www.AlohaCare.org). Click on "Drug Finder."

These changes apply to AlohaCare QUEST Integration 2018 Formulary.

## Generic Drug Additions

Drug	Reason	Cost sharing**	Restrictions***	Date of change
BUTALBITAL-ACETAMINOPHEN 50-300	Formulary Addition	Tier 1		8/20/2018
ADAPALENE 0.1% SOLUTION	Formulary Addition	Tier 1		8/22/2018

## Brand Drug Additions

Drug	Reason	Cost sharing**	Restrictions***	Date of Change
LENVIMA 4 MG CAPSULE	Formulary Addition	Tier 1		8/27/2018
LENVIMA 12 MG DAILY DOSE	Formulary Addition	Tier 1		8/27/2018

\*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

\*\*Tier 1 medications are \$0 co-pay

\*\*\*Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy

## Drug Removals

Drug	Reason	Cost sharing**	Date of Change
LANTUS	Formulary Deletion	Non-Formulary	9/1/2018
LANTUS CARTRIDGES	Formulary Deletion	Non-Formulary	9/1/2018
LANTUS SOLOSTAR	Formulary Deletion	Non-Formulary	9/1/2018
APIDRA SOLOSTAR	Formulary Deletion	Non-Formulary	9/1/2018
APIDRA VIAL	Formulary Deletion	Non-Formulary	9/1/2018
HUMALOG	Formulary Deletion	Non-Formulary	9/1/2018
HUMALOG 3ML	Formulary Deletion	Non-Formulary	9/1/2018
HUMALOG 3ML VIAL	Formulary Deletion	Non-Formulary	9/1/2018
HUMALOG CARTRIDGE	Formulary Deletion	Non-Formulary	9/1/2018
HUMALOG MIX	Formulary Deletion	Non-Formulary	9/1/2018
HUMALOG MIX 200U	Formulary Deletion	Non-Formulary	9/1/2018
HUMALOG MIX 3ML	Formulary Deletion	Non-Formulary	9/1/2018
HUMALOG PEN	Formulary Deletion	Non-Formulary	9/1/2018
NOVOLOG	Formulary Deletion	Non-Formulary	9/1/2018
NOVOLOG 3ML	Formulary Deletion	Non-Formulary	9/1/2018
NOVOLOG MIX	Formulary Deletion	Non-Formulary	9/1/2018
NOVOLOG MIX 3ML	Formulary Deletion	Non-Formulary	9/1/2018
JARDIANCE 10 MG, 25 MG TABLET	Formulary Deletion	Non-Formulary	9/1/2018
TRADJENTA 5 MG TABLET	Formulary Deletion	Non-Formulary	9/1/2018

\*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

\*\*Tier 1 medications are \$0 co-pay

\*\*\*Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy