



8/1/2018

## Medicare Part D Formulary Change

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, [www.AlohaCare.org](http://www.AlohaCare.org). Click on "Drug Finder."

These changes apply to AlohaCare Advantage Plus (HMO SNP) 2018 Formulary.

New Added Products: **Effective 8/1/2018**

Drug	Reason	Cost sharing**	Restrictions***
ciprofloxacin 0.2 % ear drops in a dropperette	New Drug	Tier 1	
colesevelam 625 mg tablet	New Drug	Tier 1	
ESTARYLLA 0.25 MG-35 MCG TABLET	New Drug	Tier 1	
HUMIRA 20 MG/0.2 ML SUBCUTANEOUS SYRINGE KIT	New Drug	Tier 1	PA
MILI 0.25 MG-35 MCG TABLET	New Drug	Tier 1	
NORVIR 100 MG ORAL POWDER PACKET	New Drug	Tier 1	
RHOPRESSA 0.02 % EYE DROPS	Formulary Addition	Tier 1	
SYMFI 600 MG-300 MG-300 MG TABLET	New Drug	Tier 1	
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 1	QL
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 1	QL
SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 1	QL
SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	New Drug	Tier 1	QL

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

\*\*Please consult the plan benefit design for copay/coinsurance amounts

\*\*\*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 PRF-C1T



Drug	Reason	Cost sharing**	Restrictions***
TRI-MILI (28) 0.18 MG(7)/0.215 MG(7)/0.25 MG(7)-35 MCG TABLET	New Drug	Tier 1	

Future Removed Products: **There are no future removed products this month.**

Cost Sharing Tier Changes: **There were no cost sharing tier changes this month.**

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/TDD 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.

AlohaCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-808-973-6395 (TTY: 1-877-447-5990).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-808-973-6395 (TTY: 1-877-447-5990)

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