



5/1/2018

## 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 5/1/2018**

| Drug   | Reason   | Cost sharing** | Restrictions*** |
|--|----------|----------------|-----------------|
| abacavir 20 mg/ml oral solution  | New Drug | Tier 1         |                 |
| BIKTARVY 50 MG-200 MG-25 MG TABLET                                     | New Drug | Tier 1         |                 |
| DIGOX 125 MCG TABLET   | New Drug | Tier 1         |                 |
| DIGOX 250 MCG TABLET   | New Drug | Tier 1         |                 |
| efavirenz 200 mg capsule   | New Drug | Tier 1         |                 |
| efavirenz 600 mg tablet  | New Drug | Tier 1         |                 |
| ERLEADA 60 MG TABLET   | New Drug | Tier 1         | PA              |
| HALOPERIDOL 5 MG/ML INTRAMUSCULAR SYRINGE                              | New Drug | Tier 1         |                 |
| isotretinoin 10 mg capsule   | New Drug | Tier 1         |                 |
| isotretinoin 20 mg capsule   | New Drug | Tier 1         |                 |
| isotretinoin 30 mg capsule   | New Drug | Tier 1         |                 |
| isotretinoin 40 mg capsule   | New Drug | Tier 1         |                 |
| l norgest/e estradiol-e estrad 0.10 mg-20 mcg (84)/10 mcg(7) tabs,3mos | New Drug | Tier 1         |                 |

\*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*** |
|--|--------------------|----------------|-----------------|
| memantine 14 mg capsule sprinkle,extended release 24hr       | New Drug           | Tier 1         | PA              |
| memantine 21 mg capsule sprinkle,extended release 24hr       | New Drug           | Tier 1         | PA              |
| memantine 28 mg capsule sprinkle,extended release 24hr       | New Drug           | Tier 1         | PA              |
| memantine 7 mg capsule sprinkle,extended release 24hr        | New Drug           | Tier 1         | PA              |
| methotrexate sodium 25 mg/ml injection solution (inj)        | New Drug           | Tier 1         | PA              |
| minocycline er 115 mg tablet,extended release 24 hr          | New Drug           | Tier 1         |                 |
| minocycline er 65 mg tablet,extended release 24 hr           | New Drug           | Tier 1         |                 |
| naloxone 0.4 mg/ml injection syringe                         | New Drug           | Tier 1         |                 |
| NATROBA 0.9 % TOPICAL SUSPENSION                             | New Drug           | Tier 1         |                 |
| NOLIX 0.05 % TOPICAL CREAM                                   | New Drug           | Tier 1         |                 |
| QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL | New Drug           | Tier 1         |                 |
| QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL | New Drug           | Tier 1         |                 |
| sodium phenylbutyrate 500 mg tablet                          | New Drug           | Tier 1         |                 |
| sumatriptan 85 mg-naproxen 500 mg tablet                     | New Drug           | Tier 1         |                 |
| SYMDEKO 100 MG-150 MG (DAY)/150 MG (NIGHT) TABLETS           | New Drug           | Tier 1         | PA QL           |
| SYMPROIC 0.2 MG TABLET                                       | Formulary Addition | Tier 1         |                 |
| trientine 250 mg capsule                                     | New Drug           | Tier 1         | PA              |
| VIDEX EC 125 MG CAPSULE,DELAYED RELEASE                      | Formulary Addition | Tier 1         |                 |
| ZENPEP 25,000-79,000-105,000 UNIT CAPSULE,DELAYED RELEASE    | New Drug           | Tier 1         |                 |

\*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*** |
|--|----------|----------------|-----------------|
| ZENPEP 5,000-17,000-24,000 UNIT<br>CAPSULE,DELAYED RELEASE | 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).

\*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