

# QUEST Formulary Updates

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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
ALOGLIPTIN 6.25 MG TABLET	Formulary Addition	Tier 1		7/3/2018
ALOGLIPTIN 12.5 MG TABLET	Formulary Addition	Tier 1		7/3/2018
ALOGLIPTIN 25 MG TABLET	Formulary Addition	Tier 1		7/3/2018
ALOGLIPTIN-METFORMIN 12.5-500	Formulary Addition	Tier 1		7/3/2018
ALOGLIPTIN-METFORMIN 12.5-1000	Formulary Addition	Tier 1		7/3/2018
ALOGLIPTIN-PIOGLITAZONE 12.5-15 MG	Formulary Addition	Tier 1		7/3/2018
ALOGLIPTIN-PIOGLITAZONE 12.5-30 MG	Formulary Addition	Tier 1		7/3/2018
ALOGLIPTIN-PIOGLITAZONE 12.5-45 MG	Formulary Addition	Tier 1		7/3/2018
ALOGLIPTIN-PIOGLITAZONE 25-15 MG TB	Formulary Addition	Tier 1		7/3/2018
ALOGLIPTIN-PIOGLITAZONE 25-30 MG TB	Formulary Addition	Tier 1		7/3/2018
ALOGLIPTIN-PIOGLITAZONE 25-45 MG TB	Formulary Addition	Tier 1		7/3/2018

\*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

## Brand Drug Additions

Drug	Reason	Cost sharing**	Restrictions***	Date of Change
ADMELOG 100 UNIT/ML VIAL	Formulary Addition	Tier 1		7/3/2018
ADMELOG SOLOSTAR 100 UNIT/ML	Formulary Addition	Tier 1		7/3/2018
BASAGLAR 100 UNIT/ML KWIKPEN	Formulary Addition	Tier 1		7/3/2018
OZEMPIC 0.25-0.5 MG DOSE PEN	Formulary Addition	Tier 1	PA	7/11/2018
OZEMPIC 1 MG DOSE PEN	Formulary Addition	Tier 1	PA	7/11/2018
SEGLUROMET 2.5 MG-1,000 MG TABLET	Formulary Addition	Tier 1	PA	7/11/2018
SEGLUROMET 2.5 MG-500 MG TABLET	Formulary Addition	Tier 1	PA	7/11/2018
SEGLUROMET 7.5 MG-1,000 MG TABLET	Formulary Addition	Tier 1	PA	7/11/2018
SEGLUROMET 7.5 MG-500 MG TABLET	Formulary Addition	Tier 1	PA	7/11/2018
STEGLATRO 15 MG TABLET	Formulary Addition	Tier 1	PA	7/11/2018
STEGLATRO 5 MG TABLET	Formulary Addition	Tier 1	PA	7/11/2018

## Drug Removals

**None**

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