



6/1/2018

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. Click on "Drug Finder."

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

New Added Products: **Effective 6/1/2018**

Drug	Reason	Cost sharing**	Restrictions***
ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	New Drug	Tier 1	
ALIMTA 100 MG INTRAVENOUS SOLUTION	New Drug	Tier 1	PA
DALIRESP 250 MCG TABLET	New Drug	Tier 1	PA
FABRAZYME 5 MG INTRAVENOUS SOLUTION	New Drug	Tier 1	
GLATOPA 40 MG/ML SUBCUTANEOUS SYRINGE	New Drug	Tier 1	PA QL
HAEGARDA 2,000 UNIT SUBCUTANEOUS SOLUTION	New Drug	Tier 1	PA LA
HAEGARDA 3,000 UNIT SUBCUTANEOUS SOLUTION	New Drug	Tier 1	PA LA
hydrocortisone-pramoxine 1 %-1 % rectal cream	New Drug	Tier 1	
IBU 600 MG TABLET	New Drug	Tier 1	
IBU 800 MG TABLET	New Drug	Tier 1	
ILARIS (PF) 150 MG/ML SUBCUTANEOUS SOLUTION	New Drug	Tier 1	PA LA
IMBRUVICA 140 MG TABLET	New Drug	Tier 1	PA QL
IMBRUVICA 280 MG TABLET	New Drug	Tier 1	PA 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***
IMBRUVICA 420 MG TABLET	New Drug	Tier 1	PA QL
IMBRUVICA 560 MG TABLET	New Drug	Tier 1	PA QL
IMBRUVICA 70 MG CAPSULE	New Drug	Tier 1	PA QL
INTRON A 10 MILLION UNIT/ML INJECTION SOLUTION	New Drug	Tier 1	PA
ISENTRESS HD 600 MG TABLET	New Drug	Tier 1	
KELNOR 1-50 1 MG-50 MCG TABLET	New Drug	Tier 1	
lamotrigine 25 mg (35) tablets in a dose pack	New Drug	Tier 1	
lamotrigine 25 mg (42)-100 mg (7) tablets in a dose pack	New Drug	Tier 1	
lamotrigine 25 mg (84)-100 mg (14) tablets in a dose pack	New Drug	Tier 1	
levoleucovorin 50 mg intravenous powder for solution	New Drug	Tier 1	
MELODETTA 24 FE 1 MG-20 MCG (24)/75 MG (4) CHEWABLE TABLET	New Drug	Tier 1	
ORFADIN 20 MG CAPSULE	New Drug	Tier 1	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 1	PA
OZEMPIC 1 MG/0.75 ML (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR	New Drug	Tier 1	PA
palonosetron 0.25 mg/5 ml intravenous solution	New Drug	Tier 1	
PLEGRIDY 63 MCG/0.5 ML-94 MCG/0.5 ML SUBCUTANEOUS SYRINGE	New Drug	Tier 1	PA QL
ritonavir 100 mg tablet	New Drug	Tier 1	
RUBRACA 250 MG TABLET	New Drug	Tier 1	PA QL LA
SYLVANT 400 MG INTRAVENOUS SOLUTION	New Drug	Tier 1	PA
SYMFI LO 400 MG-300 MG-300 MG TABLET	New Drug	Tier 1	
SYNAGIS 100 MG/ML INTRAMUSCULAR SOLUTION	New Drug	Tier 1	LA
tiagabine 12 mg tablet	New Drug	Tier 1	
tiagabine 16 mg tablet	New Drug	Tier 1	

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triamcinolone acetonide 40 mg/ml suspension for injection	New Drug	Tier 1	
TYDEMY 3 MG-0.03 MG-0.451 MG (21)(7) TABLET	New Drug	Tier 1	
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION	Formulary Addition	Tier 1	
ZYTIGA 500 MG TABLET	New Drug	Tier 1	PA QL

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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