



3/1/2018

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 3/1/2018**

Drug	Reason	Cost sharing**	Restrictions***
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE	New Drug	Tier 1	
adapalene 0.1 %-benzoyl peroxide 2.5 % topical gel with pump	New Drug	Tier 1	PA
ALIQOPA 60 MG INTRAVENOUS SOLUTION	New Drug	Tier 1	PA LA
aminophylline 250 mg/10 ml intravenous solution	Formulary Addition	Tier 1	
AMNESTEEM 10 MG CAPSULE	New Drug	Tier 1	
AMNESTEEM 20 MG CAPSULE	New Drug	Tier 1	
AMNESTEEM 40 MG CAPSULE	New Drug	Tier 1	
aripiprazole 1 mg/ml oral solution	New Drug	Tier 1	
BAXDELA 300 MG INTRAVENOUS SOLUTION	New Drug	Tier 1	
BENLYSTA 200 MG/ML SUBCUTANEOUS AUTO-INJECTOR	New Drug	Tier 1	
BENLYSTA 200 MG/ML SUBCUTANEOUS SYRINGE	New Drug	Tier 1	

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BORTEZOMIB 3.5 MG INTRAVENOUS SOLUTION	New Drug	Tier 1	PA
BOSULIF 400 MG TABLET	New Drug	Tier 1	PA QL
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR	New Drug	Tier 1	PA QL
CALQUENCE 100 MG CAPSULE	New Drug	Tier 1	PA QL LA
carvedilol phosphate er 80 mg capsule,ext.release24hr multiphase	New Drug	Tier 1	
casprofungin 50 mg intravenous solution	New Drug	Tier 1	PA
dactinomycin 0.5 mg intravenous solution	New Drug	Tier 1	PA
dapsone 5 % topical gel	New Drug	Tier 1	
desogestrel 0.15 mg-ethinyl estradiol 0.03 mg tablet	New Drug	Tier 1	
doxycycline hyclate 150 mg tablet	New Drug	Tier 1	
doxycycline hyclate 75 mg tablet	New Drug	Tier 1	
efavirenz 50 mg capsule	New Drug	Tier 1	
eletriptan hbr 20 mg tablet	New Drug	Tier 1	QL
eletriptan hbr 40 mg tablet	New Drug	Tier 1	QL
estradiol 10 mcg vaginal tablet	New Drug	Tier 1	
ethynodiol diac-eth estradiol 1 mg-35 mcg tablet	New Drug	Tier 1	
FLUOXETINE 60 MG TABLET	Formulary Addition	Tier 1	
fosamprenavir 700 mg tablet	New Drug	Tier 1	
glatiramer 20 mg/ml subcutaneous syringe	New Drug	Tier 1	PA QL
glatiramer 40 mg/ml subcutaneous syringe	New Drug	Tier 1	PA QL
GLYXAMBI 10 MG-5 MG TABLET	Formulary Addition	Tier 1	QL
GLYXAMBI 25 MG-5 MG TABLET	Formulary Addition	Tier 1	QL
haloperidol decanoate 100 mg/ml intramuscular solution (1ml)	New Drug	Tier 1	
HAVRIX (PF) 1,440 ELISA UNIT/ML INTRAMUSCULAR SYRINGE	New Drug	Tier 1	
HAVRIX (PF) 720 ELISA UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	New Drug	Tier 1	

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Drug	Reason	Cost sharing**	Restrictions***
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SUBCUTANEOUS HALF-UNIT PEN	New Drug	Tier 1	ST
IDHIFA 100 MG TABLET	New Drug	Tier 1	PA QL LA
IDHIFA 50 MG TABLET	New Drug	Tier 1	PA QL LA
ISIBLOOM 0.15 MG-0.03 MG TABLET	New Drug	Tier 1	
JADENU SPRINKLE 180 MG ORAL GRANULES IN PACKET	Formulary Addition	Tier 1	PA
JADENU SPRINKLE 360 MG ORAL GRANULES IN PACKET	Formulary Addition	Tier 1	PA
JADENU SPRINKLE 90 MG ORAL GRANULES IN PACKET	Formulary Addition	Tier 1	PA
JULUCA 50 MG-25 MG TABLET	New Drug	Tier 1	
KADCYLA 160 MG INTRAVENOUS SOLUTION	New Drug	Tier 1	PA
KLOR-CON 20 MEQ ORAL PACKET	New Drug	Tier 1	
l norgest/e estradiol-e estrad 0.15 mg-20 mcg/0.15 mg-25 mcg tabs,3mos	New Drug	Tier 1	
lanthanum 1,000 mg chewable tablet	New Drug	Tier 1	
lanthanum 500 mg chewable tablet	New Drug	Tier 1	
lanthanum 750 mg chewable tablet	New Drug	Tier 1	
LARTRUVO 10 MG/ML INTRAVENOUS SOLUTION (19 ML)	New Drug	Tier 1	PA LA
LUPRON DEPOT-PED 30 MG (3 MONTH) INTRAMUSCULAR SYRINGE KIT	New Drug	Tier 1	PA
LYNPARZA 100 MG TABLET	New Drug	Tier 1	PA
LYNPARZA 150 MG TABLET	New Drug	Tier 1	PA
meropenem 1 gram intravenous solution	New Drug	Tier 1	
mesalamine 1.2 gram tablet,delayed release	New Drug	Tier 1	
methotrexate sodium (pf) 25 mg/ml injection solution (10 ml)	New Drug	Tier 1	PA
methylphenidate la 30 mg capsule,extended release biphasic 50-50	New Drug	Tier 1	

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Drug	Reason	Cost sharing**	Restrictions***
MORPHINE 5 MG/ML INJECTION SYRINGE	New Drug	Tier 1	QL
moxifloxacin 0.5 % eye drops	New Drug	Tier 1	
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION	New Drug	Tier 1	PA LA
NERLYNX 40 MG TABLET	New Drug	Tier 1	LA
OPDIVO 100 MG/10 ML INTRAVENOUS SOLUTION	New Drug	Tier 1	PA
oseltamivir 6 mg/ml oral suspension	New Drug	Tier 1	
oxaliplatin 100 mg intravenous solution	New Drug	Tier 1	PA
paroxetine mesylate (menopausal symptoms suppressant) 7.5 mg capsule	New Drug	Tier 1	QL
peg 3350 240 gram-electrolytes 22.72 gram-6.72 g-5.84 g powdr for soln	New Drug	Tier 1	
piperacillin-tazobactam 2.25 gram intravenous solution	New Drug	Tier 1	
POTASSIUM CHLORIDE 2 MEQ/ML INTRAVENOUS SOLUTION	Formulary Addition	Tier 1	
prasugrel 10 mg tablet	New Drug	Tier 1	
prasugrel 5 mg tablet	New Drug	Tier 1	
PREVYMIS 240 MG TABLET	New Drug	Tier 1	
PREVYMIS 240 MG/12 ML INTRAVENOUS SOLUTION	New Drug	Tier 1	
PREVYMIS 480 MG TABLET	New Drug	Tier 1	
PREVYMIS 480 MG/24 ML INTRAVENOUS SOLUTION	New Drug	Tier 1	
PROFENO 600 MG TABLET	New Drug	Tier 1	
RADICAVA 30 MG/100 ML INTRAVENOUS PIGGYBACK	New Drug	Tier 1	
RITUXAN 10 MG/ML CONCENTRATE,INTRAVENOUS (10 ML)	New Drug	Tier 1	PA
scopolamine 1 mg over 3 days transdermal patch	New Drug	Tier 1	

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sevelamer carbonate 800 mg tablet	New Drug	Tier 1	
SOLQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN	Formulary Addition	Tier 1	
STELARA 45 MG/0.5 ML SUBCUTANEOUS SOLUTION	New Drug	Tier 1	PA
testosterone 30 mg/actuation (1.5 ml) transderm solution metered pump	New Drug	Tier 1	PA
timolol maleate 0.5 % once daily eye drops	New Drug	Tier 1	
tramadol er 100 mg tablet,extended release 24hr mphase	New Drug	Tier 1	PA QL
tramadol er 200 mg tablet,extended release 24hr mphase	New Drug	Tier 1	PA QL
tramadol er 300 mg tablet,extended release 24hr mphase (matrix delivery)	New Drug	Tier 1	PA QL
TREANDA 25 MG INTRAVENOUS POWDER FOR SOLUTION	New Drug	Tier 1	PA
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION	New Drug	Tier 1	QL
TRISENOX 2 MG/ML INTRAVENOUS SOLUTION	New Drug	Tier 1	PA
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE	New Drug	Tier 1	
VAQTA (PF) 25 UNIT/0.5 ML INTRAMUSCULAR SUSPENSION	New Drug	Tier 1	
VAQTA (PF) 50 UNIT/ML INTRAMUSCULAR SUSPENSION	New Drug	Tier 1	
VERZENIO 100 MG TABLET	New Drug	Tier 1	PA QL LA
VERZENIO 150 MG TABLET	New Drug	Tier 1	PA QL LA
VERZENIO 200 MG TABLET	New Drug	Tier 1	PA QL LA
VERZENIO 50 MG TABLET	New Drug	Tier 1	PA QL LA
vigabatrin 500 mg oral powder packet	New Drug	Tier 1	LA
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION	New Drug	Tier 1	PA

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XATMEP 2.5 MG/ML ORAL SOLUTION	New Drug	Tier 1	PA
XURIDEN 2 GRAM ORAL GRANULES IN PACKET	New Drug	Tier 1	
ZENPEP 20,000-63,000-84,000 UNIT CAPSULE,DELAYED RELEASE	New Drug	Tier 1	

Future Removed Products: **Effective 3/1/2018**

Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier
budesonide 32 mcg/actuation nasal spray	The drug, under this trade name, will no longer be covered by the Medicare Part D portion of your benefit.	The drug, under this trade name, is no longer being marketed.	Please contact your doctor.	Will vary based on the drug prescribed.
LORTAB 10 MG-325 MG TABLET	The drug, under this trade name, will no longer be covered by the Medicare Part D portion of your benefit.	The drug, under this trade name, is no longer being marketed.	Please contact your doctor.	Will vary based on the drug prescribed.
LORTAB 5 MG-325 MG TABLET	The drug, under this trade name, will no longer be covered by the Medicare Part D portion of your benefit.	The drug, under this trade name, is no longer being marketed.	Please contact your doctor.	Will vary based on the drug prescribed.
LORTAB 7.5 MG-325 MG TABLET	The drug, under this trade name, will no longer be covered by the Medicare Part D portion of your benefit.	The drug, under this trade name, is no longer being marketed.	Please contact your doctor.	Will vary based on the drug prescribed.

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

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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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