

QUEST Formulary Updates

Posted August 3rd, 2018



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. Click on "Drug Finder."

These changes apply to AlohaCare QUEST Integration 2018 Formulary.

Generic Drug Additions

Drug	Reason	Cost sharing**	Restrictions***	Date of change
KETOPROFEN 25 MG CAPSULE	Formulary Addition	Tier 1		7/11/2018
COLESEVELAM HCL 3.75 G PACKET	Formulary Addition	Tier 1		7/19/2018
DESOXIMETASONE 0.25% SPRAY	Formulary Addition	Tier 1		7/24/2018

*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
NUPLAZID 10 MG TABLET	Formulary Addition	Tier 1		7/24/2018
NUPLAZID 34 MG CAPSULE	Formulary Addition	Tier 1		7/24/2018
FLUARIX QUAD 2018-2019 SYRINGE	Formulary Addition	Tier 1		7/30/2018
FLUARIX QUAD 2018-2019 SYRINGE	Formulary Addition	Tier 1		7/30/2018
FLUBLOK QUAD 2018-2019 SYRINGE	Formulary Addition	Tier 1		7/30/2018
FLULAVAL QUAD 2018-2019 SYR	Formulary Addition	Tier 1		7/30/2018
FLULAVAL QUAD 2018-2019 VIAL	Formulary Addition	Tier 1		7/30/2018
FLUZONE QUAD PEDI 2018-19 SYR	Formulary Addition	Tier 1		7/30/2018
FLUZONE QUAD 2018-2019 SYRINGE	Formulary Addition	Tier 1		7/30/2018
FLUZONE QUAD 2018-2019 VIAL	Formulary Addition	Tier 1		7/30/2018
FLUZONE HIGH-DOSE 2018-19 SYR	Formulary Addition	Tier 1		7/30/2018
AFLURIA 2018-2019 SYRINGE	Formulary Addition	Tier 1		7/30/2018
AFLURIA 2018-2019 VIAL	Formulary Addition	Tier 1		7/30/2018
AFLURIA QUAD 2018-2019 SYRINGE	Formulary Addition	Tier 1		7/30/2018
AFLURIA QUAD 2018-2019 VIAL	Formulary Addition	Tier 1		7/30/2018
FLUAD 2018-2019 SYRINGE	Formulary Addition	Tier 1		7/30/2018

Drug Removals

None

*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