

## 2012 AlohaCare Advantage (HMO) and AlohaCare Advantage Plus Formulary (HMO SNP) Drugs with Step Therapy Requirements



AlohaCare requires you to first try one drug to treat your medical condition before we will cover another drug for that condition. Below is the list of drugs with step therapy requirements.

Drug Name	Step Therapy Group	Step Number	Description
<i>glipizide-metformin</i>	Actos Family of Drugs	1	First-line agents are metformin, metformin/glipizide, metformin/glyburide, metformin/repaglinide, metformin/sitagliptin, or metformin/saxagliptin combination products. If any first line agents have been tried and failed on (i.e. subtherapeutic response or intolerance to the agent) in the last 180 days then Actos, Duetact, ActoPlus Met, or ActoPlus Met XR can be used as 2nd-line agents.
<i>glyburide-metformin</i>		1	
JANUMET		1	
KOMBIGLYZE XR		1	
<i>metformin</i>		1	
<i>metformin ER</i>		1	
PRANDIMET		1	
RIOMET Oral Solution		1	
ACTOPLUS MET		2	
ACTOPLUS MET XR		2	
ACTOS		2	
DUETACT		2	
ACTOPLUS MET		Dipeptidyl Peptidase IV Inhibitors	
ACTOPLUS MET XR	1		
<i>glipizide-metformin</i>	1		
<i>glyburide-metformin</i>	1		
<i>metformin</i>	1		
<i>metformin ER</i>	1		
PRANDIMET	1		
RIOMET Oral Solution	1		
JANUMET	2		
KOMBIGLYZE XR	2		
JANUVIA	3		
ONGLYZA	3		
TRADJENTA	3		
<i>cetirizine Oral Solution</i>	Non-Sedating/Low-Sedating Antihistamines (NS/LSA)	1	The first-line NS/LSA drugs are OTC loratadine, prescription generic loratadine, OTC fexofenadine, prescription generic fexofenadine, OTC cetirizine, or prescription generic cetirizine. Brand NS/LSA drugs will be covered as 2nd-line agents where OTC loratadine, prescription
<i>cetirizine</i>		1	
<i>fexofenadine</i>		1	
<i>loratadine</i>		1	
OTC Product		1	
ALLEGRA ORAL SUSP		2	
CLARINEX		2	

CLARINEX ORAL SYRUP		2	generic loratadine, OTC fexofenadine, prescription generic fexofenadine, OTC cetirizine, or prescription generic cetirizine has failed (i.e. no adequate response to therapy, patient has experienced an adverse reaction, or the patient is unable to tolerate any one of the first-line NS/LSA drugs)
XYZAL ORAL SOLUTION		2	
XYZAL		2	
<i>alendronate</i>	Oral Bisphosphonate Agents	1	First-line Oral Bisphosphonate is alendronate or Boniva. Must have tried/failed alendronate or Boniva (i.e. subtherapeutic response or intolerance to the agent) in the last 180 days before using other formulary Oral Bisphosphonate agents.
BONIVA		1	
ACTONEL		2	
ADELVIA		2	
FOSAMAX ORAL SOLUTION		2	
FOSAMAX PLUS D		2	
PREVACID 24HR	Proton Pump Inhibitors (PPIs)	1	First-line PPI's are Prilosec OTC, Prevacid 24Hr, or generic omeprazole. If Prilosec OTC, Prevacid 24Hr, or generic omeprazole have been tried within the last 180 days then pantoprazole or lansoprazole can be used as 2nd-line agents. Dexilant can be used as a 3rd-line agent if either pantoprazole or lansoprazole is tried with in the last 180 days.
PRILOSEC OTC		1	
<i>omeprazole</i>		1	
<i>pantoprazole</i>		2	
<i>lansoprazole</i>		2	
DEXILANT		3	

Updated 10/2011

If you have any questions about the step therapy requirements, 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 users call 1-877-447-5990.

AlohaCare Advantage is a health plan with a Medicare contract. AlohaCare Advantage Plus is a Coordinated Care plan with a Medicare Advantage contract but **without** a contract with the Hawaii Medicaid program.

Call 1-866-973-6395 to receive material in an alternate format or language.