



AlohaCare
Aloha is the difference

2010
AlohaCare
QUEST Formulary
(List of Covered Drugs – Abridged)

A Guide for AlohaCare Participating Providers

Generally the AlohaCare QUEST formulary is a generic based closed formulary. In some instances there will be brand name drugs listed on the formulary that do not have a generic counterpart. If a drug is not listed on our formulary and a provider would like to request a particular drug then a “Drug Coverage Request Form” provided on page 26 should be completed and faxed to Pharmacy Management at (808) 973-0676 (Oahu) or 1 (888) 667-0680.

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*BRAND drugs are uppercase
*Generic drugs are lowercase

1. ANTI-INFECTIVES

ANTIFUNGAL AGENTS

clotrimazole troche
fluconazole
griseofulvin microsize
griseofulvin ultramicrosize
itraconazole
ketoconazole
nystatin
terbinafine
GRIFULVIN V (500MG TABS)
GRIS-PEG
NOXAFIL

CEPHALOSPORINS

●1ST Generation

cefadroxil hydrate
cephalexin monohydrate
cephradine

●2ND Generation

cefaclor
cefaclor ER
cefprozil
cefuroxime axetil
cefepodoxime proxetil

●3RD Generation

cefdinir
ceftriaxone sodium

FLUOROQUINOLONES

ciprofloxacin
ciprofloxacin extended release
ofloxacin
AVELOX
CIPRO suspension

MACROLIDES

azithromycin
clarithromycin
clarithromycin extended release
erythromycin base
erythromycin ethylsuccinate
erythromycin/sulfisoxazole
erythromycin stearate

PENICILLINS

amoxicillin trihydrate
amoxicillin/potassium clavulanate
ampicillin trihydrate
dicloxacillin sodium
penicillin v potassium
AUGMENTIN (CHEW TABS 125MG, 250MG)
(SUSP 125MG/5ML, 250MG/5ML)
BICILLIN L-A

SULFA & RELATED AGENTS

sulfadiazine
sulfamethoxazole/trimethoprim
sulfisoxazole
trimethoprim

TETRACYCLINES

demeclocycline hcl
doxycycline hyclate
doxycycline monohydrate
minocycline hcl
tetracycline hcl

URINARY TRACT AGENTS

methenamine hippurate
methenamine mandelate
nitrofurantoin
nitrofurantoin macrocrystal
nitrofurantoin monohydrate/macrocrystal
phenazopyridine hcl

MISCELLANEOUS

●Anti-Infectives

clindamycin hcl
dapson
neomycin sulfate
polymyxin B sulfate

●AntiParasitics

mebendazole
metronidazole
metronidazole extended release
paromomycin
pyrantel pamoate OTC
YODOXIN

1. ANTI-INFECTIVES (CONTINUED)

MISCELLANEOUS (CONTINUED)

●AntiMalarials

chloroquine phosphate
hydroxychloroquine sulfate
mefloquine hcl
quinine sulfate

*Effective 7/1/07 antituberculosis medications will be available at the TB clinic at the Lanakila Health center. Antituberculosis medications are available at the retail pharmacy only when the TB clinic at Lanakila Health Center is not available **and** with a prior authorization from the physician.

ANTIVIRALS

●HIV/AIDS Therapy

didanosine
stavudine
zidovudine
AGENERASE
APTIVUS
ATRIPLA
COMBIVIR
CRIXIVAN
EMTRIVA
EPIVIR, EPIVIR HBV
EPZICOM
FORTOVASE
FUZEON
HIVID
INTELENCE
INVIRASE
ISENTRESS
KALETRA
LEXIVA
NORVIR
PREZISTA
RESCRIPTOR
RETROVIR
REYATAZ
SELZENTRY
SUSTIVA

ANTIVIRALS (CONTINUED)

●HIV/AIDS Therapy

TRIZIVIR
TRUVADA
VIDEX
VIDEX EC
VIRACEPT
VIRAMUNE
VIREAD
ZERIT
ZIAGEN

●Miscellaneous

acyclovir
amantadine
famciclovir
foscarnet sodium
ganciclovir
ribavirin
rimantadine
BARACLUDE
COPEGUS
HEPSERA
REBETOL
RELENZA
RIBASPHERE
SYNAGIS
TAMIFLU
TYZEKA
VALCYTE
VALTREX
VISTIDE

2. ANTINEOPLASTIC & IMMUNOSUPPRESSANT

ADJUNCTIVE AGENTS

leucovorin calcium

ALKYLATING AGENTS

cyclophosphamide

ALKERAN

CEENU

LEUKERAN

MYLERAN

ANTIANDROGENS

flutamide

bicalutamide

ANTIESTROGENS

tamoxifen citrate

ANTIMETABOLITES

mercaptopurine

methotrexate sodium

thioguanine

HORMONES

megestrol acetate

IMMUNOSUPPRESSANTS

azathioprine

cyclosporine

cyclosporine, modified

mycophenolate mofetil

tacrolimus

AZASAN

CELLCEPT

IMURAN

MYFORTIC

NEORAL

PROGRAF

RAPAMUNE

SANDIMMUNE

SIMULECT

ZENAPAX

MISCELLANEOUS

etoposide

hydroxyurea

leuprolide

octreotide

tretinoin

EMCYT

HEXALEN

MATULANE

NEXAVAR

REVLIMID

SPRYCEL

SUTENT

TYKERB

ZOLINZA

3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

carbamazepine

clonazepam

divalproex sodium

divalproex sodium extended release

divalproex sodium sprinkles

ethosuximide

gabapentin

lamotrigine

levetiracetam

ANTICONVULSANTS (CONTINUED)

mephobarbital

oxcarbazepine

phenobarbital

primidone

valproic acid

zonisamide

CARBATROL

CELONTIN

DEPAKENE

3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

ANTICONVULSANTS (CONTINUED)

DEPAKOTE
DEPAKOTE ER
DEPAKOTE SPRINKLES
DILANTIN
KLONOPIN
LAMICTAL
MYSOLINE
NEURONTIN
PHENYTEK
STAVZOR
TEGRETOL
TEGRETOL XR
TRILEPTAL
ZARONTIN
ZONEGRAN

ANTIPARKINSONISM

benztropine mesylate
bromocriptine mesylate
carbidopa/levodopa
pergolide mesylate
ropinirole
selegiline hcl
trihexyphenidyl hcl

MIGRAINE/CLUSTER HEADACHE

●Headache Therapy

acetaminophen/butalbital
acetaminophen/caffeine/butalbital
aspirin/caffeine/butalbital
ergotamine/belladonna/phenobarbital
ergotamine/belladonna/phenobarbital/caffeine
ergotamine/caffeine
isometheptene/acetaminophen/dichloralphenazone
isometheptene/acetaminophen/caffeine
sumatriptan injection, nasal spray, tablets
AXERT QL

●Antivertigo/Antiemetic

dimenhydranate
meclizine hcl
ondansetron
ondansetron ODT
granisetron
prochlorperazine maleate
promethazine hcl
trimethobenzamide

●Antivertigo/Antiemetic (CONTINUED)

trimethobenzamide/benzocaine suppository

MUSCLE RELAXANT & ANTISPASMODIC

baclofen
carisoprodol
carisoprodol/aspirin
chlorzoxazone
codeine phosphate/carisoprodol/aspirin
cyclobenzaprine
dantrolene
meprobamate
methocarbamol
orphenadrine citrate
orphenadrine/aspirin/caffeine
tizanidine

MYASTHENIA GRAVIS

pyridostigmine bromide

NARCOTIC ANALGESICS

butorphanol tartrate
codeine sulfate
fentanyl
hydromorphone hcl
levorphanol
meperidine hcl
methadone hcl
morphine sulfate IR
morphine sulfate ER
morphine sulfate suppository
morphine sulfate elixir
oxycodone hcl IR
oxycodone hcl elixir
OXYCONTIN PA

●Combination Products

acetaminophen/butalbital
acetaminophen/caffeine/butalbital
aspirin/caffeine/butalbital
codeine phosphate/acetaminophen
codeine phosphate/aspirin
codeine/acetaminophen/butalbital/caffeine
codeine/aspirin/butalbital/caffeine
dihydrocodeine bit/acetaminophen/caffeine
hydrocodone bit/acetaminophen

-Lorcet, Lortab, Vicodin, Vicodin ES, Vicodin HP

3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

NARCOTIC ANALGESICS (CONTINUED)

●Combination Products (CONTINUED)

hydrocodone bit/ibuprofen
meperidine hcl/promethazine hcl
oxycodone/acetaminophen
-Percocet, Tylox
oxycodone/aspirin
oxycodone/ibuprofen

NON-NARCOTIC ANALGESICS

●NSAIDS/COX-2 Inhibitors

diclofenac potassium
diclofenac sodium
etodolac
etodolac XL
fenoprofen
flurbiprofen
ibuprofen otc/rx
indomethacin
ketoprofen
ketorolac qL
meclofenamate sodium
mefenamic acid
meloxicam
nabumetone
naproxen sodium otc/rx
oxaprozin
piroxicam
sulindac
tolmetin sodium

●SALICYLATES

aspirin otc
diflunisal
salsalate

●MISCELLANEOUS

acetaminophen otc
acetaminophen/phenyltoloxamine
aspirin/meprobamate
pentazocine hcl/acetaminophen
pentazocine hcl/naloxone hcl
tramadol hcl
tramadol hcl/acetaminophen
FEVERALL

●NARCOTIC ANTAGONISTS

naltrexone hcl

PROPOXYPHENE

propoxyphene hcl
propoxyphene hcl/acetaminophen
propoxyphene hcl/aspirin/caffeine
propoxyphene napsylate/acetaminophen

PSYCHOTHERAPEUTIC DRUGS

●Antidepressant Agents

■MAO Inhibitors

tranylcypromine sulfate
EMSAM
MARPLAN
NARDIL

■SSRI

citalopram hbr
fluoxetine hcl
fluvoxamine maleate
paroxetine hcl
sertraline hcl
CELEXA
LEXAPRO
LUVOX
LUVOX CR
PAXIL
PEXEVA
PROZAC
PROZAC WEEKLY
SARAFEM
ZOLOFT

■Tricyclics

amitriptyline hcl
amoxapine
clomipramine hcl
desipramine hcl
doxepin hcl
imipramine hcl
imipramine pamoate
nortriptyline
protriptyline hcl
trimipramine maleate
ANAFRANIL
ASENDIN
ELAVIL
NORPRAMIN
PAMELOR

3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

PSYCHOTHERAPEUTIC DRUGS

●Antidepressant Agents (CONTINUED)

▪Tricyclics (CONTINUED)

SINEQUAN
SURMONTIL
TOFRANIL
TOFRANIL-PM
VIVACTIL

▪Miscellaneous

amitriptyline hcl/chlordiazepoxide
amitriptyline hcl/perphenazine
bupropion hcl
maprotiline hcl
mirtazapine
nefazodone hcl
trazodone hcl
venlafaxine hcl
CYMBALTA
DESYREL
EFFEXOR
EFFEXOR XR
PRISTIQ
REMERON
REMERON SOLTAB
SERZONE
TRIAVIL
WELLBUTRIN
WELLBUTRIN SR
WELLBUTRIN XL

●Antipsychotics

▪Butyrophenones

haloperidol
haloperidol lactate
haloperidol decanoate

▪Phenothiazines

chlorpromazine hcl
fluphenazine hcl
fluphenazine decanoate
perphenazine
thioridazine
trifluoperazine hcl

PSYCHOTHERAPEUTIC DRUGS

●Antidepressant Agents (CONTINUED)

▪Miscellaneous

clozapine
loxapine succinate
thiothixene
risperidone tabs; oral disintegrating tabs
ABILIFY
ABILIFY DISCMELT
CLOZARIL
GEODON
INVEGA
MOBAN
NAVANE
ORAP
RISPERDAL CONSTA
RISPERDAL
RISPERDAL M-TAB
SEROQUEL
SEROQUEL XR
SYMBYAX
ZYPREXA
ZYPRXA ZYDIS

●Anxiolytics

alprazolam
alprazolam XR
buspirone hcl
chlordiazepoxide hcl
chlordiazepoxide/methscopolamine
chlorazepate dipotassium
diazepam
lorazepam
midazolam hcl
oxazepam
NIRAVAM
PAXIPAM
TRAXENE SD

●Hypnotic Agents

chloral hydrate
diphenhydramine hcl otc/RX
estazolam
flurazepam hcl
temazepam
triazolam
zolpidem tartrate

3. AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH (CONTINUED)

PSYCHOTHERAPEUTIC DRUGS

●Miscellaneous

amphetamine salts
amphetamine salts extended release
dexmethylphenidate hcl
dextroamphetamine sulfate
ergoloid mesylates
galantamine hbr
lithium carbonate
-Eskalith, Eskalith CR, Lithobid
lithium citrate
methamphetamine hcl
methylphenidate hcl
-Metadate ER, Methylin, Methylin ER, Ritalin,
Ritalin-SR
pemoline
ADDERALL
ADDERALL XR

PSYCHOTHERAPEUTIC DRUGS

●Miscellaneous (CONTINUED)

CONCERTA
DAYTRANA
DESOXYN
DEXADRINE
DEXTROSTAT
ESKALITH
ESKALITH CR
FOCALIN
FOCALIN XR
LIQUADD
LITHOBID
METADATE CD
RITALIN
RITALIN LA
RITALIN SR
STRATTERA
VYVANSE

4. CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

amiodarone hcl
disopyramide phosphate
flecainide acetate
mexiletine hcl
procainamide hcl
propafenone hcl
quinidine gluconate
quinidine sulfate
sotalol hcl

CARDIAC GLYCOSIDES

digoxin

NITRATES

●Rapid Acting

amyl nitrate
nitroglycerin

●Long Acting

isosorbide dinitrate
isosorbide mononitrate
nitroglycerin

COAGULATION THERAPY

●Heparin

LOVENOX PA

●Hemostatics

aminocaproic acid
gelatin sponge, absorbable
thrombin, bovine

●Vitamin K

MEPHYTON

●Miscellaneous

pentoxifylline

4. CARDIOVASCULAR, HYPERTENSION & LIPIDS (CONTINUED)

ANTIHYPERTENSIVE THERAPY

●ACE Inhibitors

benazepril hcl qL
captopril qL
enalapril maleate qL
fosinopril sodium qL
lisinopril qL
moexipril
quinapril qL
ramipril capsules
trandolapril
ALTACE tablets

●Angiotensin II Receptor Blockers

DIOVAN qL
DIOVAN HCT qL
MICARDIS qL
MICARDIS HCT

●Adrenergic Antagonists & Related Drugs

clonidine hcl
clonidine hcl transdermal patches
doxazosin mesylate qL
guanabenz acetate
guanfacine hcl
methyldopa
prazosin hcl qL
reserpine
terazosin hcl

●Beta Blockers

acebutolol hcl
atenolol
betaxolol hcl
bisoprolol fumarate
carvedilol
labetalol hcl
metoprolol succinate
metoprolol tartrate
nadolol
pindolol
propranolol hcl
timolol maleate

●Calcium Channel Blockers

■Dihydropyridines

amlodipine besylate
felodipine
isradipine
nicardipine hcl
nifedipine
nifedipine xl
nimodipine
nisoldipine
SULAR

■NonDihydropyridines

diltiazem hcl
diltiazem hcl CD
diltiazem hcl SR
verapamil hcl
verapamil hcl PM
verapamil hcl SR

●Thiazide & Related Diuretics

amiloride hcl
amiloride hcl/hydrochlorothiazide
bumetanide
chlorothiazide
chlorthalidone
eplerenone
furosemide
hydrochlorothiazide
indapamide
methylclothiazide
metolazone
spironolactone
spironolactone/hydrochlorothiazide
torsemide
triamterene/hydrochlorothiazide
DYRENIUM

●Vasodilators

hydralazine hcl
minoxidil
papaverine

4. CARDIOVASCULAR, HYPERTENSION & LIPIDS (CONTINUED)

ANTIHYPERTENSIVE THERAPY

●Other Combinations

amlodipine besylate/benazepril
atenolol/chlorthalidone
benazepril hcl/hydrochlorothiazide qL
bisoprolol fumarate/hydrochlorothiazide
captopril/hydrochlorothiazide qL
enalapril maleate/hydrochlorothiazide qL
fosinopril/hydrochlorothiazide qL
hydralazine/hydrochlorothiazide
hydralazine/hydrochlorothiazide/reserpine
lisinopril/hydrochlorothiazide qL
methyldopa/hydrochlorothiazide
metoprolol/hydrochlorothiazide
moexipril/hydrochlorothiazide
nadolol/bendroflumethiazide
propranolol/hydrochlorothiazide
quinapril hcl/hydrochlorothiazide
reserpine/hydrochlorothiazide
EXFORGE HCT

LIPID/CHOLESTEROL LOWERING AGENTS

cholestyramine/aspartame
cholestyramine/sucrose
colestipol hcl
fenofibrate
fenofibrate, micronized
gemfibrozil
lovastatin
niacin otc
pravastatin sodium
simvastatin

5. DERMATOLOGICALS/TOPICAL THERAPY

ACNE

benzoyl peroxide
benzoyl peroxide/urea
benzoyl peroxide/skin cleanser
clindamycin phosphate
erythromycin phosphate
erythromycin base/benzoyl peroxide
erythromycin base/ethyl alcohol
isotretinoin
metronidazole
sulfacetamide sodium/avobenzone
sulfacetamide sodium/sulfur
sulfacetamide sodium/sulfur/urea
tretinoin
RETIN-A MICRO
METROGEL
METROGEL KIT
NORITATE
ZIANA

ANESTHETICS

benzocaine
hydrocortisone acetate/lidocaine hcl
hydrocortisone acetate/pramoxine hcl/aloë
lidocaine hcl
lidocaine/prilocaine
pramoxine hcl/camphor/zinc acetate

ANTIBACTERIALS

bacitracin
bacitracin/polymyxin B sulfate
gentamicin sulfate
hydrocortisone/iodoquinol
mupirocin
neomycin/bacitracin/polymyxin B
povidone/iodine
sulfacetamide sodium

5. DERMATOLOGICALS/TOPICAL THERAPY

ANTIFUNGALS

ciclopirox
ciclopirox olamine
cioquinol/hydrocortisone
clotrimazole otc/rx
clotrimazole/betamethasone dipropionate
econazole nitrate
ketoconazole
miconazole nitrate otc
nystatin
nystatin/triamcinolone acetonide
terbinafine hcl otc
tolnaftate otc
VUSION

ANTIPSORIATIC & ANTISEBORRHEIC

anthralin
calcipotriene
coal tar
hydrocortisone acetate/pramoxine
selenium sulfide
sulfacetamide sodium
TACLONEX

ANTIVIRALS

ZOVIRAX

BURN THERAPY

silver sulfadiazine

CORTICOSTEROIDS

alclometasone dipropionate
amcinonide
betamethasone dipropionate
betamethasone dipropionate/propylene glycol
betamethasone valerate
clobetasol propionate
clobetasol propionate/emollient
desonide
desoximetasone
diflorasone diacetate
diflorasone diacetate/emollient
fluocinolone acetonide
fluocinonide
fluocinonide/emollient
fluticasone propionate

CORTICOSTEROIDS (CONTINUED)

halobetasol propionate
hydrocortisone otc/rx
hydrocortisone acetate otc/rx
hydrocortisone butyrate
hydrocortisone valerate
mometasone furoate
prednicarbate
triamcinolone acetonide

KERATOLYTICS

salicylic acid otc/rx

TOPICAL ENZYMES

trypsin/balsam peru/castor oil
papain/urea

TOPICAL SCABICIDES & PEDICULICIDES

minoxidil
permethrin
piperonyl butoxide/pyrethrins otc
EURAX
LINDANE

MISCELLANEOUS

aluminum acetate
aluminum chloride
ammonium lactate
benzalkonium chloride
capsaicin otc
chlorhexidine gluconate
doxepin hcl
fluorouracil
hydroquinone
lactic acid
podofilox
silver nitrate
urea otc/rx

6. EAR, NOSE & THROAT MEDICATIONS

INTRANASAL STEROIDS

fluticasone
flunisolide
RHINOCORT AQ PA
VERAMYST AGES 2-4 DOES NOT REQUIRE PA

OTIC STEROID/ANTIBIOTIC

neomycin sulfate/polymyxin B sulfate/hydrocortisone

MISCELLANEOUS OTIC PREPARATIONS

acetic acid
acetic acid/aluminum acetate
acetic acid/hydrocortisone
antipyrine/benzocaine/glycerin
benzocaine
hydrocortisone/pramoxine hcl/chloroxylenol

MISCELLANEOUS AGENTS

chlorhexidine gluconate
ipratropium bromide
saline nasal spray otc

7. ENDOCRINE/DIABETES

ADRENAL HORMONES

cortisone acetate
dexamethasone
fludrocortisone acetate
hydrocortisone
methylprednisolone
prednisolone
prednisolone sodium phosphate
prednisone

ANTITHYROID AGENTS

methimazole
propylthiouracil
SSKI

DIABETES THERAPY

●Insulin Therapy

LANTUS
LANTUS SOLOSTAR
LEVEMIR
LEVEMIR FLEXPEN
NOVOLIN 70/30
NOVOLIN L
NOVOLIN N
NOVOLIN R

DIABETES THERAPY (CONTINUED)

●Insulin Therapy (CONTINUED)

NOVOLOG
NOVOLOG FLEXPEN
NOVOLOG MIX 70/30
NOVOLOG MIX 70/30 FLEXPEN

●Insulin Syringes and Other Supplies

Insulin Needles and Syringes qL
Lifescan Glucose Meters and Supplies qL
Freestyle Test Strips qL

●Non-Insulin Hypoglycemic Agents

acarbose
chlorpropamide
glimepiride
glipizide
glipizide/metformin hcl
glyburide
glyburide, micronized
glyburide/metformin hcl
metformin hcl
nateglinide
tolazamide
tolbutamide
ACTOS qL
ACTOPLUS MET

7. ENDOCRINE/DIABETES

DIABETES THERAPY (CONTINUED)

●Non-Insulin Hypoglycemic Agents

AVANDIA QL
DUETACT

●Glucose Elevating Agents

GLUCAGEN
GLUCAGON
GLUCAGON EMERGENCY KIT

THYROID HORMONES

levothyroxine sodium
liothyronine sodium
thyroid

MISCELLANEOUS HORMONES

●Androgens

danazol
fluoxymesterone
oxandrolone

●Miscellaneous Agents

cabergoline
calcitonin, salmon, synthetic
calcitriol
desmopressin acetate
CYTADREN
SYNAREL

8. GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

●Antidiarrheals

diphenoxylate hcl/atropine sulfate
loperamide hcl otc/rx
paregoric

●Antispasmodics

dicyclomine hcl
glycopyrrolate
hyoscamine
hyoscamine sulfate
propantheline bromide
methscopolamine bromide

●Combination Anticholinergics

atropine
belladonna alkaloids/phenobarbital
clidinium bromide/chlordiazepoxide

ULCER THERAPY

●H2 Antagonists

cimetidine
famotidine otc/rx

ULCER THERAPY (CONTINUED)

●H2 Antagonists (CONTINUED)

nizatidine
ranitidine hcl otc/rx

●Prostaglandins

misoprostol

●Proton Pump Inhibitors

omeprazole
PREVACID SOLUTAB
PRILOSEC OTC

MISCELLANEOUS GASTROINTESTINAL AGENTS

●Antivertigo & Antiemetic Agents

dimenhydrinate
granisetron
meclizine hcl otc/rx
ondansetron
ondansetron ODT
prochlorperazine maleate
promethazine hcl
trimethobenzamide hcl
trimethobenzamide/benzocaine suppository

8. GASTROENTEROLOGY (CONTINUED)

MISC GASTROINTESTINAL AGENTS (CONTINUED)

●Bile Acids

ursodiol

●Bowel Evacuants

polyethylene glycol 3350

-Miralax, Glycolax

Peg 3350/sodium sulfate/sodium

bicarbonate/sodium chloride/potassium chloride

●Digestive Enzymes

amylase/lipase/protease

digestive enzymes

COTAZYM

ENZYMAX

VIOKASE

MISC GASTROINTESTINAL AGENTS (CONTINUED)

●Miscellaneous

bisacodyl otc

calcium carbonate otc

docusate sodium otc

glycerin otc

hydrocortisone

hydrocortisone acetate

hydrocortisone acetate/lidocaine

lactulose

magnesium hydroxide otc

mesalamine kit

metoclopramide hcl

psyllium otc

senna otc

simethicone otc

sodium bicarbonate otc

sodium citrate

sulfasalazine

ASACOL

CANASA

GASTROCROM

PENTASA

9. IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

INTERFERONS

ACTIMMUNE

ALFERON N

AVONEX _{QL}

AVONEX ADMIN PACK _{QL}

BETASERON _{QL}

INFERGEN

INTRON A

PEG-INTRON

PEG-INTRON REDIPEN

PEGASYS

REBIF _{QL}

ROFERON-A

VACCINES & MISCELLANEOUS IMMUNOLOGICALS

BAYRHO-D

ENGERIX-B _{PA}

FLUMIST

GARDASIL _{AGES 19-26}

HYPERRHO S/D

MICRHOGAM

RECOMBIVAX HB _{PA}

RHOGAM

RHOPHYLAC

ROTATEQ

10. MUSCULOSKELETAL & RHEUMATOLOGY

NSAIDS

diclofenac potassium
diclofenac sodium
etodolac
etodolac XL
fenoprofen
flurbiprofen
ibuprofen
indomethacin
ketoprofen
ketorolac
meclofenamate sodium
mefenamic acid
meloxicam
nabumetone
naproxen sodium
oxaprazosin
piroxicam
sulindac
tolmetin sodium

SALICYLATES

aspirin
diflunisal
salsalate

GOUT THERAPY

allopurinol
colchicine
colchicine/probenecid
probenecid

OSTEOPOROSIS THERAPY

calcitonin, salmon, synthetic
alendronate

OTHER RHEUMATOLOGICALS

●Corticosteroids

cortisone acetate
dexamethasone
fludrocortisone acetate
hydrocortisone
methylprednisolone
prednisolone
prednisolone sodium phosphate
prednisone

●Muscle Relaxants & Antispasmodic Therapy

baclofen
carisoprodol
carisoprodol/aspirin
chlorzoxazone
codeine phosphate/carisoprodol/aspirin
cyclobenzaprine hcl
dantrolene
diazepam
meprobamate
methocarbamol
orphenadrine
orphenadrine/aspirin/caffeine
tizanidine

●Miscellaneous

azathioprine
gold sodium thiomalate
hydroxychloroquine sulfate
leflunomide
methotrexate sodium
sulfasalazine
CUPRIMINE
RIDAURA

11. OBSTETRICS & GYNECOLOGY

ESTROGENS & PROGESTINS

●Estrogens

estradiol
estradiol patch
estropipate
ESTRACE cream
PREMARIN

ESTROGENS & PROGESTINS

●Estrogen Combinations

estradiol/norethindrone acetate
methyltestosterone/estrogens, esterified
FEMHRT
PREMPHASE
PREMPRO

11. OBSTETRICS & GYNECOLOGY (CONTINUED)

ESTROGENS & PROGESTINS

●Progestins

medroxyprogesterone acetate
norethindrone acetate
PROMETRIUM

ORAL CONTRACEPTIVES & RELATED AGENTS

●Monophasic/Biphasic/Triphasic

desogestrel-ethinyl estradiol
(i.e. apri, cesia, reclipen, solia, velivet)
desogestrel-ethinyl estradiol/ethinyl estradiol
(i.e. kariva)
drospirenone/ethinyl estradiol
(i.e. ocella)
ethynodiol D/ethinyl estradiol
(i.e. kelnor 1/35, zovia 1/35, zovia 1/5)
levonorgestrel α L
(i.e. next choice)
levonorgestrel/ethinyl estradiol
(i.e. aviane, enpresse, jolessa, lessina, levora, lutera, portia, quasense, sronyx, trivora)
norethindrone A-E estradiol
(i.e. junel, microgestin)
norethindrone A-E estradiol/ferrous fumarate
(i.e. junel Fe, microgestin Fe, Tilia Fe, Tri-Legest Fe)
norethindrone/ethinyl estradiol
(i.e. aranelle, balziva, leena, necon, nortrel, zenchent)
norethindrone/mestranol
(i.e. necon)
norgestimate/ethinyl estradiol
(i.e. mononessa, previfem, sprintec, trinessa, tri-previfem, tri-sprintec)
norgestrel/ethinyl estradiol
(i.e. cryselle, low ogestrel, ogestrel)
PLAN B ONE STEP α L

●Progestin Only

norethindrone
(i.e. camila, errin, jolivette, nora-be)

OXYTOCICS

ergonovine maleate
ERGOTRATE

MISCELLANEOUS

●Abortifacients

MIFEPREX PA

●Diaphragms & Other Non-Oral Contraceptives

Over the counter contraceptive medications and devices, including but not limited to diaphragms, condoms, contraceptive foams, contraceptive inserts, contraceptive jellies, contraceptive films, Ortho-Diaphragm, Koro-Flex Arcing Diaphragm, Koromex Coil Spring Diaphragm, Wide Seal Diaphragm

●Vaginal Antifungals

clotrimazole otc
metronidazole
miconazole nitrate otc
nystatin
sodium propionate/inosi/AA14/urea
sodium propionate/amino acid/urea
terconazole

●Vaginal Cleanser/Anti-Infectives

acetic acid/oxyquin sulfate
clindamycin phosphate cream
AVC

●Specialized OB/GYN Drugs

isoxsuprine hcl
terbutaline sulfate
CERVIDIL
PREPIDIL
PROSTIN E2 VAGINAL SUPPOSITORY PA

12. OPHTHALMOLOGY

ANTIBIOTICS

bacitracin
bacitracin/polymyxin B sulfate
ciprofloxacin
erythromycin base
gentamicin sulfate
neomycin sulfate/bacitracin/polymyxin B
neomycin sulfate/gramicidin B/polymyxin B
ofloxacin
polymyxin B sulfate/trimethoprim
tobramycin sulfate drops
TOBREX ointment

ANTIVIRALS

trifluridine
VIDARABINE powder

BETA-BLOCKERS

betaxolol hcl
carteolol
levobunolol hcl
metipranolol
timolol maleate

CHOLINESTERASE INHIBITOR MIOTICS

PHOSPHOLINE IODIDE

CYCLOPLEGIC MYDRIATICS

atropine sulfate
cyclopentolate hcl
homatropine hbr 5%
tropicamide
ISOPTO HYOSCINE
ISOPTO HOMATROPINE 2%

DIRECT ACTING MIOTICS

pilocarpine hcl

NON-STEROIDAL ANTI- INFLAMMATORY

flurbiprofen sodium
diclofenac sodium

ORAL DRUGS FOR GLAUCOMA

acetazolamide
methazolamide
DIAMOX SEQUELS

OTHER GLAUCOMA DRUGS

carbachol
dorzolamide hcl
dorzolamide hcl/timolol maleate
XALATAN

STEROIDS

dexamethasone sodium phosphate
fluorometholone
prednisolone acetate
prednisolone sodium phosphate
MAXIDEX
FML FORTE
FML S.O.P.

STEROID-ANTIBIOTIC COMBINATIONS

neomycin sulfate/bacitracin zinc/polymyxin B/hydrocortisone
neomycin sulfate/polymyxin B sulfate/hydrocortisone
neomycin/polymyxin B sulfate/dexamethasone

STEROID-SULFONAMIDE COMBINATIONS

sulfacetamide sodium/prednisolone sodium phosphate
BLEPHAMIDE
BLEPHAMIDE S.O.P

SULFONAMIDES

sulfacetamide sodium

SYMPATHOMIMETICS

brimonidine tartrate
dipivefrin hcl

VASOCONSTRICTOR DECONGESTANTS

naphazoline hcl otc
phenylephrine hcl otc

12. OPHTHALMOLOGY (CONTINUED)

MISCELLANEOUS

benoximate hcl/fluorescein Na
cromolyn sodium
fluorescein Na
ketotifen fumarate otc/RX
proparacaine hcl
proparacaine hcl/fluorescein Na
tetracaine hcl
CLEERAVUE-M KIT

13. RESPIRATORY, ALLERGY, COUGH & COLD

ANTIHISTAMINE & ANTIALLERGENIC AGENTS

●Antihistamines

brompheniramine maleate
brompheniramine tannate
carbinoxamine maleate
carbinoxamine maleate/carbinoxamine
tannate
cetirizine hcl otc
chlorpheniramine maleate otc
chlorpheniramine maleate/methscopolamine
nitrate
chlorpheniramine tannate
cyproheptadine hcl
dexchlorpheniramine maleate
diphenhydramine hcl otc/RX
diphenhydramine tannate
fexofenadine
hydroxyzine hcl
hydroxyzine pamoate
loratadine otc
promethazine hcl
triprolidine hcl

●Adrenergics

EPIPEN
EPIPEN JR

COUGH & COLD THERAPY

●Antitussive Combinations

benzonatate
dextromethorphan/guaifenesin
dextromethorphan/chlorpheniramine
maleate/methscopolamine
guaifenesin/codeine phosphate
hydrocodone/homatropine
phenylephrine hcl/codeine/promethazine
phenylephrine hcl/DHCodeine
BT/chlorpheniramine
promethazine/codeine
pseudoephedrine/codeine/guaifenesin

●Expectorant Combinations

guaifenesin
guaifenesin/phenylephrine
guaifenesin/pseudoephedrine hcl
guaifenesin/phenylephrine/chlorpheniramine
guaifenesin/potassium
guaiaico/dextromethorphan/pseudoephedrine
guaifenesin/phenylephrine/pyrilamine
guaifenesin/carbetapentane
potassium guaiaico/dextromethorphan
potassium guaiaico/phenylephrine

13. RESPIRATORY, ALLERGY, COUGH & COLD (CONTINUED)

COUGH & COLD THERAPY

●Decongestant/Antihistamine

chlorpheniramine
maleate/phenylephrine/methscopolamine
phenylephrine/chlorpheniramine
maleate/belladonna alkaloids
phenylephrine hcl/chlorpheniramine maleate
phenylephrine hcl/promethazine hcl
phenylephrine & chlorpheniramine
tannate/methscopolamine nitrate
phenylephrine/chlorpheniraminemethscopola
mine tannates
phenylephrine/diphenhydramine tannate
pseudoephedrine hcl otc
pseudoephedrine/methscopolamine
pseudoephedrine hcl/cetirizine hcl otc

PULMONARY AGENTS

●Xanthines

aminophylline
guaifenesin/theophylline
guaifenesin/dyphylline
theophylline anhydrous
THEO-24

●Beta Agonists Oral

albuterol sulfate
metaproterenol sulfate
terbutaline sulfate
VOLMAX

●Beta Agonists Inhalers

albuterol
albuterol sulfate QL - SOLUTION
isoetharine hcl
metaproterenol sulfate
MAXAIR AUTOHALER
PROAIR HFA
PROVENTIL HFA
SEREVENT DISKUS

●Inhaled Corticosteroids

AEROBID
AEROBID M
AZMACORT
budesonide respules UP TO AGE 8
FLOVENT HFA
PULMICORT FLEXHALER
QVAR

●Intranasal Steroids

flunisolide
fluticasone
RHINOCORT AQUA ST
VERAMYST AGE 2-4

●Miscellaneous

acetylcysteine
cromolyn sodium
ipratropium bromide
ipratropium/albuterol sulfate
sodium chloride
ADVAIR DISKUS
ADVAIR HFA
ATROVENT HFA
COMBIVENT
INTAL
PULMOZYME PA
SINGULAIR
SYMBICORT

●Supplies

Nebulizer machines, tubing and masks
Peak Flow Meters
Spacers

14. UROLOGICALS

ANTICHOLINERGIC & ANTISPASMODICS

flavoxate hcl
oxybutynin chloride
oxybutynin chloride ER

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

doxazosin mesylate
finasteride
terazosin hcl QL

CHOLINERGIC STIMULANTS

bethanechol chloride

URINARY ANESTHETICS

phenazopyridine hcl
phenazopyridine hcl/hyoscamine/butabarbital

MISCELLANEOUS

citric acid/sodium citrate
citric acid/potassium citrate
potassium citrate
sodium/potassium/potassium citrate/sodium
citrate/citric acid

15. VITAMINS, HEMATINICS & ELECTROLYTES

VITAMINS & HEMATINICS

calcium carbonate otc
calcium carbonate with Vitamin D otc
ergocalciferol
ferrous fumarate otc
ferrous gluconate otc
ferrous sulfate otc
Fe fumarate/Vit C/Vit B-12/Stomach Concentrate
Fe fumarate/Vit C/Vit B-12/intrinsic factor/folic Acid
Fe fumarate/folic Acid
Fe sulfate/Vit C/folic acid
Fe sulfate/folic acid/Vit B complex/Vit C
Fluoride Ion/Multivitamins
Fluoride Ion/Multivitamins with Iron
Fluoride Ion/Vitamin A,C,D
Fluoride Ion/Vitamin A,C,D with Iron
Folic Acid otc
Folic Acid/Vitamin B complex/Vitamin C
Iron Polysaccharides Complex
Iron Polysaccharides Complex/Vit B-12/Folic Acid
Pyridoxine HCl
Sodium Fluoride
Various prenatal vitamins otc/RX

ELECTROLYTES

●Potassium

potassium aminobenzoate
potassium bicarbonate/citric acid
potassium chloride
potassium chloride/potassium
bicarbonate/citric acid

●Other Electrolytes

calcium acetate capsules
phosphorus
potassium iodide/iodine
zinc sulfate
PHOSLO tablets

16. DIAGNOSTICS & MISCELLANEOUS AGENTS

ANOREXIANTS

benzphetamine hcl PA
diethylpropion hcl PA
phendimetrazine tartrate PA
phentermine hcl PA
ALLI PA
MERIDIA PA

SMOKING DETERRENTS

buproban
nicotine patches and gum
CHANTIX PA

MISCELLANEOUS

anagrelide hcl
caffeine citrated
etidronate disodium
levocarnitine
midodrine hcl
pilocarpine
sodium fluoride
sodium polystyrene sulfonate
sorbitol
stannous fluoride
triamcinolone acetonide dental paste
ANTABUSE



Dear Health Care Provider:

At AlohaCare, we have a philosophy of “caring and aloha” and are committed to providing medically needed services to our members, your patients.

I am pleased to share with you the updated version of the AlohaCare Formulary. When treating an AlohaCare member, I ask that you utilize this Formulary to guide you in developing your care plans and writing prescriptions. Using the Formulary will help to ensure that your quality care will be delivered in a cost-effective manner.

AlohaCare also has an authorization process that is available to you in the event you have exhausted the use of Formulary drugs or there is no Formulary drug available to treat a particular condition. AlohaCare’s authorization process ensures:

- **coordination, continuity**, and a thoughtful **exchange of information** with Primary Care Providers, Specialists, and others involved with the member’s care;
- **focus on the member** and his/her health conditions;
- members have **access** to medically necessary services, equipment, and medications that are cost-effective;
- members’ **health and safety** are paramount during the review process;
- **quality** is a major factor to the services and medications members receive;
- decision-making is **timely**; and,
- we are **available** to members and providers.

Should you have any difficulty accessing or interpreting any of the information in this Formulary or have any suggestions on how we can better serve you, **please feel free to contact our Pharmacy Management Department at (808) 973-7418 on Oahu or toll free at 1 (866) 973-7418 from Neighbor Islands or the Mainland.**

Thank you for your partnership with AlohaCare. We look forward to working with you to improve the health of Hawaii's communities.

Aloha,

Rio Banner, M.D.
Medical Director
Utilization Management

About AlohaCare

AlohaCare was organized in 1994 through the efforts of the Community Health Centers in Hawaii to ensure that the needs of Hawaii's under-served populations would continue to be met under the State's progressive initiative to enroll Medicaid recipients into managed care (the Hawaii QUEST program).

AlohaCare is Hawaii's only non-profit health plan that serves QUEST and Medicare members exclusively.

The QUEST Story

QUEST stands for **Q**uality care, ensuring **U**niversal access, encouraging **E**fficient utilization, **S**tabilizing costs, and **T**ransforming the way health care is provided to public clients.

QUEST is a Federal/State Medicaid program that was established in 1994. It provides health coverage through managed care health plans for eligible low-income Hawaii residents. With QUEST, the State contributes \$0.42 and the Federal government gives Hawaii \$0.58 for every dollar of medical care. QUEST has saved the State money and provides better access and better quality care. QUEST serves a population of 131,000.

Our Mission

AlohaCare helps the people of Hawaii achieve optimal health through high quality and cost effective health care, education, and community service. This is accomplished with an emphasis on prevention, primary care, and community-governed health centers in collaboration and partnership with health care providers.

Our Philosophy

At AlohaCare, we are dedicated to providing the most efficient and cost-effective services available to our provider partners, as well as our members.

Utilization Strategy

AlohaCare QUEST recognizes that drug formularies are an ever growing part of the health care management system. Therefore, AlohaCare QUEST has developed a generic-based formulary to balance health care needs and provide cost effective care.

AlohaCare QUEST employs various strategies to control rising prescription drug costs, including:

- Drug formularies
- Use of generics whenever available
- Prior Authorization
- Quantity Limits on drug claims and supply amounts
- Step-therapy rules on drug claims
- Concurrent drug utilization review edits at the retail pharmacy level

The AlohaCare QUEST Formulary

The AlohaCare QUEST formulary was developed as the cornerstone of AlohaCare's Pharmacy program. It is a compilation of selected medications that allow health care providers to offer the most cost-effective drug therapy options possible in today's environment of increasing drug prices.

Choosing an appropriate formulary drug can help our members, your patients, take full advantage of their AlohaCare QUEST prescription drug benefits in which they will be able to gain access to medications they require to stay healthy.

The AlohaCare's QUEST Pharmacy and Therapeutics Committee (P&T) is involved in the development and maintenance of the formulary. The AlohaCare QUEST P&T Committee is an independent advisory committee comprised of physicians, pharmacists, and nurses. The committee offers a forum to providers for input on medical efficacy and therapeutic benefit of drug therapies, diagnostic technologies, and alternative treatment interventions. On a quarterly basis, the AlohaCare QUEST P&T Committee reviews new and existing medications to ensure that the AlohaCare formulary remains responsive to the ever changing needs of our members and providers.

All recommendations from the P&T Committee are reviewed by AlohaCare's Clinical and Service Quality Improvement Committee (CASQIC). The CASQIC is responsible for assessing the status and progress of all quality improvement efforts. The CASQIC is responsible for recommending and/or monitoring the implementation of corrective action plans. The CASQIC reviews outcome studies and recommends action based upon results. The CASQIC also makes recommendations regarding the AlohaCare QUEST formulary and use of diagnostic and treatment technologies.

Product Selection Criteria

The AlohaCare P&T Committee considers clinical information on new-to-market drugs, both brands and generics that are within covered therapeutic categories. The evaluation includes all or part of the following:

- Safety and Efficacy
- Approved indication
- Pharmacokinetics
- Adverse effects
- Comparison studies
- Patient administration/compliance considerations
- Comparative cost benefit analysis
- Contraindications/Warnings/Precautions

Formulary Subject to Change

Generally, the AlohaCare QUEST P&T Committee reviews the formulary regularly to ensure its continued effectiveness and is updated quarterly. There are some brand name drugs listed on the AlohaCare QUEST formulary that do not have a generic counterpart. Once a generic becomes available, the brand product will be removed from the formulary and will be replaced with its generic equivalent.

If we remove a drug from our formulary we must notify the providers and the affected members of the removal at least 30 days prior to the effective change. If the Food and Drug Administration deems a drug on our formulary to be unsafe or a drug manufacturer removes the drug from the market, we will remove the drug from our formulary immediately and provide notice to the providers, as well as members who currently are taking the medication.

Formulary updates are also found on our website at www.AlohaCareHawaii.org.

Drug Coverage

Covered drugs are limited to those listed on the AlohaCare QUEST formulary and are limited to a 30 day supply at one time. All non-formulary and some formulary drugs, require prior authorization. Brand name drugs, with a generic counterpart, require prior authorization. In addition, prior authorization is required for early refills for vacation supply, changes in dosage, and other “refill too soon” situations.

The following are exclusions and are not covered by the QUEST pharmacy benefit:

- Drugs not approved by the U.S. Food and Drug Administration or deemed “less than effective” (DESI 5 and 6) by Centers for Medicare & Medicaid Services (CMS)
- Drugs prescribed by a dentist that are not primarily medical in nature (dental coverage is provided by the Medicaid fee-for-service program)
- Experimental and investigational drugs that are generally an unproven benefit
- Drugs related to gender reassignment
- Hansen’s Disease drug treatment
- Drugs related to in-vitro fertilization, reversal of sterilization, artificial insemination and to test fertility
- Drugs related to food supplements and prepared formulas
- Immunizations for travel (domestic or foreign)
- Pulmonary tuberculosis treatment, when treatment is available at no charge to the general public
- Drugs excluded by the Hawaii Medicaid Program
- Sexual dysfunction drug treatments

AlohaCare’s QUEST- Net and QUEST ACE plans have a strict formulary with very limited pharmacy benefits. Please refer to the separate QUEST-Net/ACE formulary available on the AlohaCare website at www.AlohaCareHawaii.org.

AlohaCare members who have been determined to have a serious mental illness (SMI) are enrolled into the State’s Behavioral Health Managed Care (BHMC) Plan. When an AlohaCare member is enrolled in the BHMC Plan, AlohaCare is only responsible for providing medical services and non-behavioral health drugs. The BHMC Plan has administrative and financial responsibility for all mental health and chemical dependency services, including medications prescribed to treat these diagnoses.

Formulary Restrictions

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** AlohaCare QUEST requires a prior authorization for select drugs. These drugs are generally those that have a high side effect potential, those that should be reserved for specific FDA indications, or those that have a high misuse or abuse potential. This means that an approval is needed from AlohaCare QUEST before these drugs can be filled at a participating retail pharmacy and covered by AlohaCare. If an approval is not obtained, members may experience a delay in accessing drugs at a participating retail pharmacy.
- **Quantity Limits:** In order to minimize the potential for adverse drug reactions due to over utilization, AlohaCare QUEST has implemented a dispensing limit on select medications. These quantities were determined based on the FDA dosing recommendations. If it is determined that it is medically necessary for an AlohaCare QUEST member to take a larger amount, a request to make an exception to this restriction can be made. To find out if a drug has a quantity limit, you may call AlohaCare’s Pharmacy Management at 973-7418 (Oahu) or 1 (866) 973-7418 (Neighbor Islands or Mainland).
- **Step Therapy:** In some cases, certain drugs to treat a medical condition should be tried first before AlohaCare QUEST will cover another drug for that condition. For example, if Drug A and Drug B both treat a medical condition, AlohaCare QUEST may not cover drug B unless Drug A is tried first. If Drug A does not work, AlohaCare QUEST will then consider coverage of Drug B.

These drugs with restrictions or limits are indicated in the QUEST formulary with a **PA** (Prior Authorization), **QL** (Quantity Limit) or **ST** (Step Therapy) following its drug name.

You may ask AlohaCare QUEST to make an exception to these restrictions or limits. Please refer to the section entitled, “Request for an exception to the AlohaCare QUEST formulary?” on page 24 for information about how to request an exception.

Request additions / deletions to the Formulary

If you are a provider and would like to request a drug addition to or deletion from the AlohaCare QUEST Formulary, you need to complete an AlohaCare “Request for Addition /Deletion of Medication to Formulary” form, which will be reviewed by the AlohaCare P&T Committee. For your convenience, a copy of this form is provided on page 27. To request an electronic copy of this form, please call AlohaCare’s Pharmacy Management at 973-7418 (Oahu) or toll-free 1 (866) 973-7418 (Neighbor Islands or Mainland). Also, this form is available on AlohaCare’s website at www.AlohaCareHawaii.org.

Request for an exception to the AlohaCare QUEST Formulary

Providers may ask AlohaCare QUEST to make an exception to our coverage rules. The following are types of exceptions that you may ask us to make:

- You may request that we make an exception to cover a drug that is not listed on the AlohaCare QUEST Formulary.
- You may request that we make an exception and reconsider coverage restrictions or limits on a drug. For example, for certain drugs, AlohaCare QUEST limits the amount of the drug that we will cover. If a drug has a quantity limit, you may request that we make an exception and reconsider the limit and cover more if needed.

Generally, AlohaCare QUEST will only approve your request for an exception if the drugs included on the plan's formulary have been shown to be less effective in treating a patient's condition or would cause an adverse medical effect to a patient.

Providers should contact us for an initial coverage decision on a QUEST Formulary or utilization restriction exception by completing the AlohaCare "Drug Coverage Request Form" provided on page 26. Completed forms should be faxed to Pharmacy Management at (808) 973-0676 Oahu or 1 (888) 667-0680.

When requesting a formulary or utilization restriction exception, you should submit a statement supporting your request on the Drug Coverage Request Form or as an attachment. In general, a decision will be made within (7) business days unless we require additional information from you.

Request a copy of the AlohaCare QUEST Formulary

The AlohaCare QUEST Formulary is one of many valuable tools available to you to ensure that our members receive the highest quality of care in a cost-effective manner

The enclosed formulary/drug list is current as of January 1, 2009. To request a copy of the AlohaCare QUEST Formulary or for more detailed information about the AlohaCare QUEST benefits, please call AlohaCare's Customer Service at 973-1650 (Oahu) or 1 (800) 434-1002 (Neighbor Islands or Mainland).

For more information

If you have questions about AlohaCare QUEST prescription drug coverage, please call AlohaCare's Pharmacy Management at 973-7418 (Oahu) or toll-free 1 (866) 973-7418 (Neighbor Islands or Mainland). Our office is open Monday – Friday from 7:45 a.m. to 5:00 p.m. Also, you may visit our website at www.AlohaCareHawaii.org.



Drug Coverage Request Form Elements
Behavioral Health/ Medical Management/ Pharmacy Management
To be used for all AlohaCare Plans

**ALL ELEMENTS MUST BE COMPLETED TO FACILITATE COVERAGE REVIEW
MISSING OR INCOMPLETE FORM FIELDS WILL DELAY COVERAGE REVIEW**

PROVIDER INFORMATION

Prescribing Provider Name – Prescribing Provider’s first and last name.
Specialty – Prescribing Provider’s specialty, if any.
Phone # – Prescribing Provider’s office telephone number.
Fax # – Prescribing Provider’s office fax number. Ensure this is a fax that can accept private and confidential patient health information.
Office Contact Person – Prescribing Provider’s designated individual who AlohaCare staff may be able to speak to in the event additional information on the member is needed.
Pharmacy Name (if known) – Pharmacy where prescription will be dispensed.
Phone # – Office Contact Person’s telephone number.
If pharmacy is affiliated with a clinic/facility, pls. indicate facility name – Name of the Clinic or Facility if the pharmacy has any affiliation.
Date of Request – Date of facsimile to AlohaCare

MEMBER INFORMATION

Name – Patient’s first and last name.
Member ID# – Patient’s AlohaCare member identification number.
DOB – Patient’s date of birth.

TURNAROUND TIME REQUESTED

Coverage Determination Review * – First level coverage review for AlohaCare Advantage (ACA), AlohaCare Advantage Plus (ACAP), AlohaCare QUEST/QUEST-Net/Ace members. The standard turnaround time for ACA and ACAP is 72 hours. The standard turnaround time for QUEST/QUEST-Net/ACE is 7 business days. The expedited turnaround time for ACA and ACAP is 24 hours.
Coverage Redetermination Review – First level of the appeal process for AlohaCare Advantage and Advantage Plus members. Does not apply to AlohaCare QUEST/QUEST-Net/ACE. The standard turnaround time for ACA and ACAP is 7 days. The expedited turnaround time for ACA and ACAP is 72 hours. Expedited turn-around requests only apply to situations where the prescribing Provider must state that the patient’s life, health, or ability to regain full function will be put in danger if an expedited 24-hour coverage determination is not granted.
Tier Change Review – Coverage review for AlohaCare Advantage and Advantage Plus members only. Does not apply to AlohaCare QUEST/QUEST-Net. ACA and ACAP members may request an enhancement to their pharmacy benefit, which is the ability to pay for a brand name drug (Tier 2) at a generic drug co-insurance or co-payment (Tier 1), as an example.

REASON FOR REQUEST

Diagnosis – Diagnosis related to drug being requested. When other diagnosis exists and must be taken into consideration, please provide additional diagnosis to justify request.
Medication Name – Name of medication to be prescribed.
Strength & Dosage – Medication strength and dosage (i.e., how many times a days will it be prescribed).
of Refills – Number of prescription refills needed for prescription.
NDC # (if available) – National Drug Code number of medication to be prescribed.
Other Medications Tried – List of ALL medications attempted and failed during patient’s lifetime. Failure may entail no therapeutic response to the medication, evidence of side effects and/or adverse drug reaction. Length of therapy should be taken into consideration to evaluate therapeutic response.
Reason for Exception – Provide all clinical justification needed to substantiate an exception. Supporting clinical journal articles, paper abstracts, etc. can be facsimiled along with the Drug Coverage Request Form when the medication is not widely used for diagnosis listed previously.
Provider Signature – Prescribing Provider’s signature.
Date – Date of prescribing Provider’s signature.

* Please refer to separate ACA and ACAP Formularies available on our website at www.AlohaCareHawaii.org



Drug Coverage Request Form
 Behavioral Health/ Medical Management/ Pharmacy Services Fax #: 973-0676
 ACA: AlohaCare Advantage; ACAP: AlohaCare Advantage Plus; QUEST; Q-Net/ACE

PROVIDER INFORMATION

Prescribing Provider Name:		Specialty:
Phone #:	Fax #:	Office Contact Person:
Pharmacy Name (if known):		Phone #:
If pharmacy is affiliated with a clinic/facility, pls. indicate facility name:		Date of Request:

MEMBER INFORMATION

NAME:	Member ID#:	DOB:
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TURNAROUND TIME REQUESTED

Coverage Determination Review <input type="checkbox"/> Standard – 72 hours (ACA/ACAP only) <input type="checkbox"/> Expedited – 24 hours (ACA/ACAP only) <input type="checkbox"/> Standard – 7 Business Days (QUEST)	Coverage Redetermination Review <input type="checkbox"/> Standard – 7 days (ACA/ACAP only) <input type="checkbox"/> Expedited – 72 hours (ACA/ACAP only)	Tier Change Review <input type="checkbox"/> Standard – 72 hours (ACA/ACAP only)
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REASON FOR REQUEST

Diagnosis: _____

Medication Name: _____

Strength & Dosage: _____ **# of Refills:** _____ **NDC # (if available):** _____

Other Medications Tried: _____

Reason for Exception: _____

Provider Signature: _____ **Date:** _____

FOR ALOHACARE USE ONLY: PLAN – QU Q-N/Q-A ACA ACAP

ACA/ACAP Determination: Approved Date Approved*: _____ # Refills/Approved through Date: _____

ACA/ACAP Redetermination: Approved Date Approved*: _____ # Refills/Approved through Date: _____

QUEST/Q-Net/ACE: Approved Date Approved*: _____ # Refills/Approved through Date: _____

Not Approved Date Denied: _____ Denial Reason: _____

Provider/Pharmacy contacted? Yes, Date: _____ Name: _____ No Processor Initial/Date: _____

Not Approved Date Denied: _____ Denial Reason: _____

Provider/Pharmacy contacted? Yes, Date: _____ Name: _____ No Processor Initial/Date: _____

*No prior authorization number required for pharmacy approved requests.



**Request for Addition / Deletion of Medication
 To Formulary**
**ACA: AlohaCare Advantage • ACAP: AlohaCare Advantage Plus
 QUEST • QUEST-Net • QUEST ACE**

REQUESTING PROVIDER INFORMATION	
Requesting Provider Name:	Specialty:
Phone #:	Fax #:
Date of Request:	Office Contact Person:
Medication Recommended to: <input type="checkbox"/> Add <input type="checkbox"/> Delete	
RATIONALE (Does drug fill therapeutic niche not currently available on formulary?) Please Provide Supporting Documentation Attach additional sheet(s) as needed.	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Provider Signature: _____	Date: _____

ALOHACARE • 1357 Kapiolani Blvd., Suite 1250 Honolulu, HI 96814
 Phone: 973-1650 QUEST • Neighbor Island : 888-434-1002 • Fax: 973-0676 • Neighbor Island Fax: 888-667-0680
 Phone: 973-6395 ACA/ACAP • Neighbor Island: 866-973-6395 • Fax: 973-0676 • Neighbor Island Fax: 888-667-0680
 TTY/TTD: 877-447-5990