



**2009**  
**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 QL  
griseofulvin microsize  
griseofulvin ultramicrosize  
itraconazole QL  
ketoconazole  
nystatin  
terbinafine  
*GRIFULVIN V* (500mg tab)  
*NOXAFIL*

## CEPHALOSPORINS

### •1<sup>st</sup> Generation

cefadroxil hydrate  
cephalexin monohydrate  
cephradine

### •2<sup>nd</sup> Generation

cefaclor  
cefaclor ER  
cefprozil  
cefuroxime axetil  
cefepodoxime proxetil

### •3<sup>rd</sup> Generation

cefdinir  
ceftriaxone sodium

## FLUOROQUINOLONES

ciprofloxacin  
ciprofloxacin ER  
ofloxacin  
*AVELOX*

## MACROLIDES

azithromycin  
clarithromycin  
clarithromycin ER  
erythromycin base  
erythromycin estolate  
erythromycin ethylsuccinate  
erythromycin stearate

## PENICILLINS

amoxicillin trihydrate  
amoxicillin/potassium clavulanate  
ampicillin trihydrate  
dicloxacillin sodium  
penicillin v potassium  
**AUGMENTIN**  
\*chew tabs 125, 250mg  
\*susp 125mg/5ml, 250mg/5ml  
**BICILLIN L-A**

## SULFA & RELATED AGENTS

sulfadiazine  
sulfamethoxazole/trimethoprim  
sulfisoxazole  
sulfisoxazole/erythromycin  
trimethoprim

## TETRACYCLINES

demeclocycline hcl  
doxycycline hyclate  
doxycycline monohydrate  
minocycline hcl  
tetracycline hcl

## URINARY TRACT AGENTS

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

## MISCELLANEOUS

### •Anti-Infectives

clindamycin hcl  
dapson  
neomycin sulfate  
polymyxin B sulfate

### •AntiParasitics

mebendazole  
metronidazole  
metronidazole ER  
paromomycin  
pyrantel pamoate OTC  
*YODOXIN*

### •AntiMalarials

chloroquine phosphate  
hydroxychloroquine sulfate  
mefloquine hcl  
quinine sulfate

### •AntiMycobacterials

ethambutol hcl  
isoniazid  
pyrazinamide  
rifampin  
rifampin/isoniazid  
*MYCOBUTIN*

\*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*  
*CRIVAN*  
*EMTRIVA*  
*EPIVIR*  
*EPIVIR HBV*  
*EPZICOM*  
*FORTOVASE*  
*FUZEON*  
*HIVID*  
*INTELENCE*  
*INVIRASE*  
*ISENTRESS*  
*KALETRA*  
*LEXIVA*  
*NORVIR*  
*PREZISTA*  
*RESCRIPTOR*  
*REYATAZ*  
*SELZENTRY*  
*SUSTIVA*  
*TRIZIVIR*  
*TRUVADA*  
*VIDEX*  
*VIRACEPT*  
*VIRAMUNE*  
*VIREAD*  
*ZERIT*  
*ZIAGEN*

### •MISCELLANEOUS

acyclovir QL  
amantadine  
famciclovir  
foscarnet sodium  
ganciclovir  
ribavirin  
rimantadine  
*BARACLUDE* QL  
*COPEGUS* QL  
*HEPSERA* QL  
*REBETOL* QL  
*RELENZA* QL  
*RIBASPHERE* QL  
*SYNAGIS* PA.QL  
*TAMIFLU* QL  
*TYZEKA* QL  
*VAL TREX* QL  
*VISTIDE*

## 2. ANTINEOPLASTIC & IMMUNOSUPPRESSANT

### ALKYLATING AGENTS

cyclophosphamide  
*ALKERAN*  
*CEENU*  
*LEUKERAN*  
*MYLERAN*

### ANTIANDROGENS

bicalutamide  
flutamide  
*CASODEX*

### ANTIESTROGENS

tamoxifen citrate

### ANTIMETABOLITES

mercaptopurine  
methotrexate sodium  
thioguanine

### HORMONES

megestrol acetate

### IMMUNOSUPPRESSANTS

azathioprine  
cyclosporine  
cyclosporine, modified  
mycophenolate mofetil  
tacrolimus  
*CELLCEPT*  
*MYFORTIC*  
*PROGRAF*  
*RAPAMUNE*  
*SIMULECT*  
*ZENAPAX*

### ADJUNCTIVE AGENTS

leucovorin calcium

### MISCELLANEOUS

etoposide  
hydroxyurea  
leuprolide  
octreotide  
tretinoin  
*EMYCT*  
*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  
mephobarbital  
oxcarbazepine  
phenobarbital  
primidone  
valproic acid  
zonisamide  
*CARBATROL*  
*CELONTIN*  
*DEPAKENE*  
*DEPAKOTE\**  
*DEPAKOTE ER*  
*DEPAKOTE SPRINKLES*  
*DILANTIN*  
*KLONOPIN*  
*LAMICTAL*  
*MYSOLINE*  
*NEURONTIN*  
*PHENYTEK*  
*STAVZOR*  
*TEGRETOL*  
*TEGRETOL XR*  
*TRILEPTAL*  
*ZARONTIN*  
*ZONEGRAN*  
\*PA for QUEST SMI

### ANTIPARKINSONISM

benzotropine 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  
trimethobenzamide/benzocaine supp.

### 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

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

#### **NARCOTIC ANALGESICS (CONT)**

##### •COMBINATION PRODUCTS

acetaminophen/butalbital  
acetaminophen/caffeine/butalbital  
aspirin/caffeine/butalbital  
codeine phosphate/acetaminophen  
codeine phosphate/aspirin  
codeine phosphate/acetaminophen/butalbital/caffeine  
codeine phosphate/aspirin/butalbital/caffeine  
dihydrocodeine bit/acetaminophen/caffeine  
hydrocodone bit/acetaminophen  
-Lorcet, Lortab, Norco, Vicodin  
Vicodin ES, Vicodin HP  
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  
meclizolam sodium  
mefenamic acid  
meloxicam  
nabumetone  
naproxen sodium OTC/RX  
oxaprozin  
piroxicam  
sulindac  
tolmetin sodium

##### •SALICYLATES

aspirin OTC  
diflunisal  
salsalate

##### •MISCELLANEOUS

acetaminophen OTC  
acetaminophen/penyltoloxamine  
aspirin/meproamate  
pentazocine hcl/acetaminophen  
pentazocine hcl/naloxone hcl  
tramadol hcl  
tramadol hcl/acetaminophen  
*FEVERALL*

#### **NON-NARCOTIC ANALGESICS**

(CONT)

##### •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*  
*SINEQUAN*  
*SURMONTI*  
*TOFRANIL*  
*TOFRANIL-PM*  
*VIVACTIL*

#### **PSYCHOTHERAPEUTIC DRUGS**

(CONT)

##### •ANTIDEPRESSANT AGENTS

##### •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 decanote

##### •PHENOTHIAZINES

chlorpromazine hcl  
fluphenazine hcl  
fluphenazine decanoate  
perphenazine  
thioridazine  
trifluoperazine hcl

##### •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*  
*ZYPREXA ZYDIS*

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

#### PSYCHOTHERAPEUTIC DRUGS (CONT)

##### •ANXIOLYTICS

alprazolam  
alprazolam XR  
buspirone hcl  
chlordiazepoxide hcl  
chlordiazepoxide/methscopolamin  
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

##### •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*  
*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

##### •ANTICOAGULANTS

warfarin sodium

##### •ANTIPLATELET DRUGS

cilostazol  
dipyridamole  
*PLAVIX QL*

#### COAGULATION THERAPY (CONT)

##### •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 hcl  
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  
methyl dopa  
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*

### ANTIHYPERTENSIVE THERAPY

(CONT)

#### •CALCIUM CHANNEL BLOCKERS

##### •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  
methyclothiazide  
metolazone  
spironolactone  
spironolactone/hydrochlorothiazide  
torsemide  
triamterene/hydrochlorothiazide  
*DYRENIUM*

#### •VASODILATORS

hydralazine hcl  
minoxidil  
papaverine

#### •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  
methyl dopa/hydrochlorothiazide  
metoprolol/hydrochlorothiazide  
moexipril/hydrochlorothiazide  
nadolol/bendroflumethiazide  
propranolol hcl/hydrochlorothiazide  
quinapril hcl/hydrochlorothiazide QL  
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 OTC/RX  
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/aloe  
lidocaine hcl  
lidocaine/prilocaine  
pramoxine hcl/camphor/zinc acetate

### ANTIBACTERIALS

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

### ANTIFUNGALS

ciclopirox  
ciclopirox olamine  
ciclopirox/hydrocortisone  
clotrimazole OTC/RX  
clotrimazole/betamethasone dipropionate  
econazole nitrate  
ketoconazole  
miconazole nitrate OTC  
nystatin  
nystatin/triamcinolone acetonide  
terbinafine hcl OTC  
tolnaftate OTC  
*VUSION*

### ANTIPSORIATIC AND ANTISEBORRHEIC

anthralin  
calcipotriene  
coal tar OTC  
hydrocortisone acetate/pramoxine  
selenium sulfide OTC/RX  
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  
flucinolone acetonide  
flucinonide  
flucinonide/emollient  
fluticasone propionate  
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 AND PEDICULICIDES

minoxidil OTC  
permethrin OTC  
piperonyl butoxide/pyrethrins OTC  
*EURAX*  
*LINDANE*

### MISCELLANEOUS

aluminum acetate  
aluminum chloride OTC/RX  
ammonium lactate OTC/RX  
benzalkonium chloride  
calamine OTC  
capsaicin OTC  
chlorhexidine gluconate  
diphenhydramine OTC  
doxepin hcl  
dioxibenzene/padimate O/hydroquinone  
fluorouracil  
hydroquinone  
hydroquinone/ferric oxide  
lactic acid  
menthol OTC  
methyl salicylate OTC  
podofilox  
silver nitrate  
urea OTC/RX

## 6. EAR, NOSE & THROAT MEDICATIONS

### INTRANASAL STEROIDS

fluticasone  
flunisolide  
*RHINOCORT AQ*st  
*VERAMYST* ages 2-4 requires no 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  
carbamide peroxide OTC  
hydrocortisone/pramoxine  
hcl/chloroxylonol

### MISCELLANEOUS AGENTS

chlorhexidine gluconate  
ipratropium bromide  
oxymetazoline OTC  
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 70/30 INNOLET*  
*NOVOLIN L*  
*NOVOLIN N*  
*NOVOLIN N INNOLET*  
*NOVOLIN R*  
*NOVOLIN R INNOLET*  
*NOVOLOG*  
*NOVOLOG FLEXPEN*  
*NOVOLOG MIX 70/30*  
*NOVOLOG MIX 70/30 FLEXPEN*

### DIABETES THERAPY<sub>(CONT)</sub>

•INSULIN SYRINGES AND OTHER  
SUPPLIES  
Insulin Needles and Syringes QL  
Lifescan Glucose Meters and Supplies QL  
Freestyle Test Strips QL  
OTC Diabetic Supplies 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*  
*AVANDIA* QL  
*DUETACT*

### •GLUCOSE ELEVATING AGENTS

*GLUCAGEN*  
*GLUCAGON*  
*GLUCAGON EMERGENCY KIT*

### THYROID HORMONES

levothyroxine sodium  
liothyronine sodium  
thyroid

### MISCELLANEOUS HORMONES

#### •ANDROGENS

danazol  
fluoxymesterone  
oxandrolone

#### •OVULATORY STIMULANTS

clomiphene citrate

#### •MISCELLANEOUS AGENTS

cabergoline  
calcitonin, salmon, synthetic  
calcitriol  
desmopressin acetate  
*CYTADREN*  
*SYNAREL*

## 8. GASTROENTEROLOGY

### ANTIDIARRHEALS & ANTISPASMODICS

#### •ANTIDIARRHEALS

bismuth subsalicylate OTC  
diphenoxylate hcl/atropine sulfate  
loperamide hcl OTC/RX  
loperamide hcl/simethicone OTC  
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 OTC/RX  
famotidine OTC/RX  
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

#### •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*  
*ENZYMALAX*  
*VIOKASE*

#### •MISCELLANEOUS

bisacodyl OTC  
calcium carbonate OTC  
docusate calcium OTC  
docusate sodium OTC  
glycerin OTC  
hydrocortisone  
hydrocortisone acetate  
hydrocortisone acetate/lidocaine  
ipecac OTC  
lactulose  
magnesium carbonate/aluminum hydroxide OTC  
magnesium hydroxide OTC  
magnesium hydroxide/aluminum hydroxide/simethicone OTC  
magnesium sulfate OTC  
mesalamine kit  
metoclopramide hcl  
psyllium OTC  
senna OTC  
senna/docusate sodium 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/COX-2 INHIBITORS

diclofenac potassium  
diclofenac sodium  
etodolac  
etodolac XL  
fenoprofen  
flurbiprofen  
ibuprofen  
indomethacin  
ketoprofen  
ketorolac QL  
meclofenamate sodium  
mefenamic acid  
meloxicam  
nabumetone  
naproxen sodium  
oxaprozin  
piroxicam  
sulindac  
tolmetin sodium  
CELEBREX PA, QL

### 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*

#### •ESTROGEN COMBINATIONS

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

#### •PROGESTINS

medroxyprogesterone acetate  
norethindrone acetate  
*PROMETRIUM*

### ORAL CONTRACEPTIVES & RELATED AGENTS

#### •MONOPHASIC/BIPHASIC/TRIPHASIC

desogestrel-ethinyl estradiol (Cyclessa, Desogen, Ortho-Cept)  
-apri, cesia, reclipsen, solia, velivet-  
desogestrel-ethinyl estradiol/ethinyl estradiol (Mircette)  
-kariva-  
drospirenone/ethinyl estradiol (Yasmin)  
-ocella-  
ethynodiol D/ethinyl estradiol (Demulen)  
-kelnor 1/35, zovia 1/35, zovia 1/5-  
levonorgestrel (Plan B) QL  
levonorgestrel/ethinyl estradiol (Alesse, Nordette, Triphasil, Tri-Levlen)  
- aviane, enpresse, jolessa, lessina, levora, lutera, Portia, quasense, sronyx, trivora-  
norethindrone A-E estradiol (Loestrin)  
-junel, microgestin-  
norethindrone A-E estradiol/ferrous fumarate (Loestrin Fe, Estrostep Fe)  
-junel Fe, microgestin Fe, Tilia Fe, Tri-Legest Fe-  
norethindrone/ethinyl estradiol (Brevicon, Modicon, Norinyl, Ortho-Novum, Ovcon, Tri-Norinyl)  
-aranelle, balziva, leena, necon, nortrel, zenchent-  
norethindrone/mestranol (Ortho-Novum, Norinyl)  
-necon-  
norgestimate/ethinyl estradiol (ortho-cyclen, ortho-tricyclen)  
-mononessa, previfem, sprintec, trinessa, tri-previfem, tri-sprintec-  
norgestrel/ethinyl estradiol (Lo/Ovral, Ovral)  
-cryselle, low ogestrel, ogestrel-  
*PLAN B* QL  
*PLAN B ONE STEP* QL

#### •PROGESTIN ONLY

norethindrone (Ortho-Micronor)  
-camila, errin, jolivette, nora-be-

### OXYTOCICS

ergonovine maleate PA  
*ERGOTRATE* PA

### 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/inositol/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

### 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

### ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS

#### •ANTI-HISTAMINES

brompheniramine maleate  
brompheniramine tannate  
carbinoxamine maleate  
carbinoxamine maleate/carbinoxamine tannate  
cetirizine hcl OTC  
chlorpheniramine maleate OTC  
chlorpheniramine maleate/methscopolamine nitrate  
chlorpheniramine tannate  
clemastine fumarate OTC  
cyproheptadine hcl  
dexchlorpheniramine maleate  
diphenhydramine hcl OTC/RX  
diphenhydramine tannate  
doxylamine succinate OTC  
fexofenadine  
hydroxyzine hcl  
hydroxyzine pamoate  
loratadine OTC  
promethazine hcl  
triprolidine hcl

#### •ADRENERGICS

*EPIPEN*  
*EPIPEN JR*

### COUGH & COLD THERAPY

#### •ANTITUSSIVE COMBINATIONS

benzonatate  
dextromethorphan OTC  
dextromethorphan/guaifenesin OTC/RX  
dextromethorphan hbr/phenylephrine/chlorpheniramine  
dextromethorphan hbr/promethazine hcl  
dextromethorphan hbr/pseudoephedrine hcl/carbinoxamine  
dextromethorphan hbr/pseudoephedrine hcl/chlorpheniramine OTC  
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 OTC  
guaifenesin/phenylephrine OTC/RX  
guaifenesin/pseudoephedrine hcl OTC/RX  
guaifenesin/phenylephrine/chlorpheniramine  
guaifenesin/potassium guaiaco/dextromethorphan/pseudoephedrine  
guaifenesin/phenylephrine/pyrilamine  
guaifenesin/carbetapentane  
potassium guaiaco/dextromethorphan  
potassium guaiaco/phenylephrine

### COUGH & COLD THERAPY (CONT)

#### •DECONGESTANT/ANTI-HISTAMINE

chlorpheniramine maleate/phenylephrine/methscopolamine  
phenylephrine/chlorpheniramine maleate/belladonna alkaloids  
phenylephrine hcl/chlorpheniramine maleate  
phenylephrine hcl/promethazine hcl  
phenylephrine & chlorpheniramine tannate/methscopolamine nitrate  
phenylephrine/chlorpheniramine/methscopolamine 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

beclomethasone dipropionate  
budesonide flexhaler  
budesonide respules UP TO AGE 8  
flunisolide  
flunisolide/menthol  
fluticasone propionate  
triamcinolone acetonide

#### •INTRANASAL STEROIDS

flunisolide  
fluticasone  
*RHINOCORT AQUA ST*  
*VERAMYST AGE 2-4*

## 13. RESPIRATORY, ALLERGY, COUGH & COLD (CONT)

### PULMONARY AGENTS (CONT)

#### •MISCELLANEOUS

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

### PULMONARY AGENTS (CONT)

#### •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 Polysaccharide Complex/Vit B-12/Folic Acid  
Pyridoxine HCl  
Sodium Fluoride

### VITAMINS & HEMATINICS (CONT)

Various Prenatal Vitamins OTC/RX  
Vitamin A OTC  
Vitamin B-12 OTC  
Vitamin B Complex OTC  
Vitamin C OTC  
Vitamin E OTC

### 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 PA  
nicotine patches and gum PA  
*CHANTIX* PA

### MISCELLANEOUS

anagrelide hcl  
caffeine citrated  
etidronate disodium QL  
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](http://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](http://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](http://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](http://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](http://www.AlohaCareHawaii.org)



AlohaCare

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

Form section for PROVIDER INFORMATION with fields: 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

Form section for MEMBER INFORMATION with fields: NAME, Member ID#, DOB.

TURNAROUND TIME REQUESTED

Form section for TURNAROUND TIME REQUESTED with sub-sections: Coverage Determination Review, Coverage Redetermination Review, Tier Change Review.

REASON FOR REQUEST

Form section for REASON FOR REQUEST with fields: 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

Form section for FOR ALOHACARE USE ONLY with fields: ACA/ACAP Determination, ACA/ACAP Redetermination, QUEST/Q-Net/ACE, Not Approved Date Denied, Denial Reason, Provider/Pharmacy contacted? Yes/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**

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

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