

AlohaCare works hard to ensure that our members receive quality care. For that reason, our Pharmacy and Therapeutics Committee meets at least quarterly to advise AlohaCare on all matters pertaining to the use of medications, including pharmacy programs and medication formularies. Recently, the committee met to review the AlohaCare QUEST Formulary. The following abbreviated tables reflect the committee's recommendations and changes to the formulary's coverage criteria. The changes will take effect on 4/1/11.

The complete AlohaCare QUEST formulary is available online at www.AlohaCare.org. For additional information, call the Pharmacy Help Desk number listed on the footer.

Drug Formulary Additions

Generic Drug Name	Brand Drug Name	Therapeutic Class	Reason
Clindamycin Palmitate	Generic Cleocin Pediatric Suspension	Antibiotic	New Generic
Enoxaparin	Generic Lovenox	Anticoagulant	New Generic
Lansoprazole Solutab	Generic Prevacid Solutab	Proton Pump Inhibitor	New Generic
Metaxalone	Generic Skelaxin	Muscle Relaxant	New Generic
Methamphetamine	Generic Desoxyn	Attention Deficit/ Hyperactivity Disorder	New Generic
Methylphenidate Oral Solution	Generic Methylin	Attention Deficit/ Hyperactivity Disorder	New Generic
Nateglinide	Generic Starlix	Diabetes	New Generic
Venlafaxine ER	Generic Effexor ER	Depression	New Generic

Drug Formulary Deletions

Generic Drug Name	Brand Drug Name	Therapeutic Class	Reason
Sibutramine	Meridia	Weight Loss	Removed from QUEST formulary. The FDA recommended against continued use of this medication and Abbott voluntarily withdrew this medication. The FDA's recommendation for withdrawal is due to the Scout trial demonstrating a 16% increase in major cardiovascular events (non-fatal heart attack, non-fatal stroke, cardiac arrest and cardiovascular death).

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Drug Formulary Deletions (continued)

Generic Drug Name	Brand Drug Name	Therapeutic Class	Reason
Rosiglitazone	Avandia	Diabetes, Thiazoladinedione	<p>Removed from our QUEST formulary due to FDA moving to significantly restricted access to Avandia in response to data that suggest an elevated risk of cardiovascular events such as heart attack and stroke. The FDA will require that GSK develop a restricted access program for Avandia under a risk evaluation and mitigation strategy, or REMS. Under REMS, Avandia will only be available to:</p> <ul style="list-style-type: none"> • <i>Patients who are unable to achieve glucose control on other medications and are unable to take Actos (Pioglitazone).</i> • <i>Patients who are currently on Avandia who are benefiting from the drug.</i> <p>The alternative thiazoladinedione, Actos, will continue to be available on our QUEST formulary.</p>

Drug Formulary Modifications

Drug	Therapeutic Class	Action
Nuva Ring and OrthoEvra Patch	Contraceptive	<p>Removed Prior Authorization Requirement Implemented Automated Point of Sale (POS) Step Therapy Rule:</p> <ul style="list-style-type: none"> • Members who have been on any one of the AlohaCare QUEST formulary oral contraceptives (including Plan B One Step or levonogestrel- Next Choice) in the last 180 days will qualify for NuvaRing or OrthoEvra. • Members who have been on NuvaRing or OrthoEvra prior to this 'step therapy' being implemented will be grandfathered.
Actos	Thiazolidinedione	<p>Implemented Automated Point of Sale (POS) Step Therapy Rule:</p> <ul style="list-style-type: none"> • Members who have been on metformin, metformin XR, the metformin combination products, brand glucophage or glucophage combination products in the last 60 days will qualify for coverage of Actos, Actoplus Met, Actoplus Met XR. • Members who have been on Actos prior to this step therapy being implemented will be grandfathered.
Generic Tretinoin	Anti-acne, Retinoid	<p>Removed age edit <= 25 Implemented age edit <= 35</p>

Durable Medical Equipment/Medical Supplies Access

AlohaCare will be limiting the number of DME/medical supply items covered under the QUEST pharmacy benefit. The items listed below, when medically necessary, will be available through a network pharmacy with a prescription. Other covered DME/medical supply items not on this list are accessible through the QUEST medical benefit and should be billed on a 1500 claim form.

Acemannan/Alginate Dressing (e.g. Carraginate)	Glucose Control Solution (OneTouch [®] and Freestyle)
Adhesive Tape (Hypoallergenic, Paper, Cloth, Micropore)	Glucose Meter (OneTouch [®])
Alginate Dressing	Hydrocolloid Dressing
Alginate Dressing/CME-Cell	Vortex (spacer)
Alginate Dressing/Hydrocolloid	Lancets
Bism Tribrom/Petrolatum, White (e.g. Xeroform)	Lancing Device/Lancets
Burn Dressing	Nebulizer
Colostomy Bag, Non-Sterile	Nebulizer Accessories
Colostomy Bags	Nebulizer, Compressor for nebulizer
Colostomy Belt	Needles, Disposable
Colostomy Washer	Needles, Insulin Disp, Safety
Colostomy-Ileos. Set, Nonsterile	Needles, Insulin Disposable
Colostomy-Ileos, Set, Sterile	Non-adherent Bandage/White Petrolatum
Compressor, for nebulizer	Non-adherent Bandage
Condoms, Latex, Lubricated	Ostomy Acces, Filters & Bridges
Condoms, Latex, Non-Lubricated	Ostomy Adhesive
Diaphragm Fitting Set, Arcspring	Ostomy Cap
Diaphragms, Arcspring	Ostomy Disinfectant
Diaphragms, Coil Spring	Ostomy Lubricating Deodorant
Diaphragms, Wide Seal	Ostomy Supply
Drainage Bag	Peak Flow Meter
Elastic Bandage	Sodium Chloride (e.g. Wet Dressing)
Gauze Bandage	Syringe w/needle, disp, insulin
Gauze Bandage/Elastic Bandage	Transparent Dressing
Gel Dressing	Test Strips (OneTouch [®] and Freestyle)
	Wet Dressing

Pharmacy & Therapeutics Committee Meeting (November): Act 205 Formulary Decision Highlights

Earlier this year, the State of Hawaii passed a law that allows restrictions on the use of psychotropic medications for Medicaid beneficiaries. In response, AlohaCare has implemented step therapies and prior authorization criteria for the brand anti-depressants and the brand anti-anxiety medications.

For more details regarding this law (Act 205), please visit www.capitol.hawaii.gov/session2010/bills/GM697_.PDF

The Med-QUEST Division (MQD) has identified health and safety concerns regarding the over-prescribing of psychotropic medications, particularly for children. Therefore, AlohaCare has implemented FDA-approved age and quantity limit restrictions for the psychotropic medications. AlohaCare will continue to provide unrestricted access to prescribed psychotropic medications at doses that are approved by the FDA. These changes will take effect on 4/1/11.

The complete AlohaCare QUEST formulary, plus the specific criteria related to this law, is available at www.AlohaCare.org > **Providers** > **Formulary**.

QUEST Coverage Criteria for the Antidepressant & Anti-Anxiety Medications

Automated Step Therapy: QUEST members are able to access all generic anti-depressants or generic anxiolytic medications without any restrictions. Please note that if the member's age falls outside FDA approved ranges then a prior authorization (PA) will be required.

QUEST members will be able to access brand medications at the pharmacy without a PA if they meet one of the following:

- **Previous use of the brand medication in last 720 days**
- **History of trial of two generic medications within the same drug class in the last 720 days**

Prior Authorization Criteria: The intent of the prior authorization (PA) is to ensure that members who require a brand medication and who have not met the automated step therapy will be evaluated for use of the brand medication. The brand medications will be approved for the member who has tried and failed a generic medication; in some cases two generic medications will be required. The brand medications will also be approved when the member is allergic to or intolerant of two generic medications; if the member has contraindications to the available generic medications; if the member has responded to the brand medication in the past; or if the member is currently on the brand medication, has had an adequate response, and switching may cause harm or health risk. Initiation of a brand medication prescribed for non-FDA approved indications and doses will be evaluated through the prior authorization process.