

PROVIDER ADVISORY

NOTICE OF UPDATED MEMBER BENEFITS, CLAIMS, COVERAGE AND ADMINISTRATIVE CHANGES • NOVEMBER 2010

AlohaCare works hard to ensure that our members receive quality care. For that reason, our Pharmacy and Therapeutics Committee meets 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. These changes will take effect on December 10, 2010.

The complete AlohaCare QUEST formulary is available online at www.AlohaCare.org. For additional information, call the Pharmacy Help Desk at 973-7418 or toll-free at 1-866-973-7418, between 7:45 a.m. – 5 p.m.

Drug Formulary Additions

Generic Name	Brand Name	Therapeutic Class	Reason
Norethinedrone Acetate & Ethinyl Estrdiol Tablet 1mg/0.05mg	Generic Femhrt	Obstetrics/Gynecology	New generic
lansoprazole OTC	Prevacid 24 hr OTC (lansoprazole)	Proton Pump Inhibitor	OTC proton pump inhibitor
Tramadol Hydrochloride Extended Release Tablets 100mg, 200mg	Generic Ultram ER	Autonomic/CNS Drugs, Neurology/Psych	New generic
Losartan	Generic Cozaar	Angiotensin II Receptor Blocker	New generic
Losartan/HCTZ	Generic Hyzaar	Angiotensin II Receptor Blocker	New generic

Drug Formulary Deletions

Generic Drug Name	Brand Drug Name	Therapeutic Class	Reason
Omeprazole RX & lansoprazole solutabs	Prilosec RX & Prevacid Solutab	Proton Pump Inhibitor	Shift patients to Prevacid 24hr OTC, Omeprazole OTC and Prilosec OTC.
Propoxyphene and propoxyphene/acetaminophen combination products	Darvocet and Darvocet-N-100	Narcotic Analgesic	Safety and efficacy concerns. Many other narcotic analgesics available on the QUEST Formulary.

Drug Formulary Modifications

Brand Name	Generic Name	Therapeutic Class	Action
Zofran tabs, ODT and solution, Kytril tabs	Ondansetron tabs, ODT and solution, granisetron tabs	5HT3 Receptor	<p>IMPLEMENTED quantity duration rule:</p> <ul style="list-style-type: none"> Allow for a quantity of antiemetic agent sufficient for 14 treatment days per month when prescribed up to the recommended daily dosage, without a coverage review process. Requests are subject to coverage review requirements when prescribed for more than 14 treatment days per month. <p>IMPLEMENTED coverage review process (additional quantity approval will be based on diagnosis):</p> <ul style="list-style-type: none"> In situations where the patient is receiving chemotherapy more than 14 days per month, coverage for cancer chemotherapy-related nausea and vomiting is provided for 12 months at the prescribed dose. Coverage for hyperemesis gravidarum is provided for 3 months at the prescribed quantity. Coverage for radiation therapy, including nausea and vomiting, is provided for 3 months at the prescribed quantity. Coverage for cyclic vomiting syndrome is provided for 3 months at the prescribed dose. Coverage for chronic nausea and/or vomiting due to other causes is provided for 3 months at the prescribed dose.
Oxycontin	Oxycodone ER	Narcotic Analgesic	<p>REMOVED from AlohaCare QUEST Formulary. Member must meet AlohaCare's Coverage Criteria via Prior Authorization to obtain this medication.</p>

Covered OTC List

AlohaCare has been covering a broad number of over-the-counter (OTC) medications. At the February 10, 2010 Pharmacy & Therapeutics Committee meeting, the committee members reviewed the AlohaCare QUEST OTC Formulary to identify essential medications to cover. The following list identifies AlohaCare's covered OTC medications. These OTC medications are covered with a doctor's prescription.

Acetaminophen (drops, suspension, tablets)	Glycerin/propylene glycol eye drops	Polyethylene glycol 3350 (e.g. Miralax)
Alcohol pads	Guaifenesin (e.g. Robitussin)	Polyvinyl alcohol eye drops
Aspirin/APAP/caffeine (e.g. Excedrin)	Guaifenesin/dextromethorphan (e.g. Robitussin DM)	Polyvinyl alcohol/povidone eye drops
Aspirin	Hydrocortisone acetate	Prenatal vitamins
Bacitracin	Ibuprofen	Prilosec OTC
Bendaryl	Ketostix	Pseudoephedrine
Benzoyl Peroxide	Ketotifen fumarate eye drops (e.g. Zaditor)	Psyllium seed (e.g. Metamucil)
Bisacodyl	Lanolin (e.g. Lansinoh)	Pyrantel pamoate (e.g. Pin-X, Reese Pinworm)
Calcium Carbonate (e.g. Tums)	Lanolin/mineral oil (e.g. Eucerin cream)	Pyridoxine hcl (e.g. Vitamin B6)
Calcium Carbonate with Vitamin D (e.g. Caltrate & Oscal)	Loperamide	Ranitidine
Calcium Citrate	Loratadine	Salicylic acid
Calcium Citrate with Vitamin D (e.g. Citracal)	Magnesium citrate	Sennosides
Capsaicin	Magnesium hydroxide (e.g. Milk of Magnesia)	Simethicone
Carboxymethylcellulose sodium eye drops	Meclizine hcl	Sodium bicarbonate
Carbamide peroxide	Miconazole nitrate (e.g. Miconazole 3, Miconazole 7)	Sodium chloride (e.g. Nasal saline)
Cetirizine Hcl	Mineral oil/white petrolatum (e.g. Aquaphor ointment)	Sodium chloride eye ointment and drops
Cetyl Alc/stearyl alc/pg/sls (e.g. Cetaphil cream)	Mineral oil/White petrolatum eye ointment	Sodium chloride for inhalation
Chlorpheniramine maleate	Naproxen sodium	Sorbitol
Clotrimazole	Nasal aspirator	Terbinafine
Clotrimazole (e.g. Vaginal cream, vaginal 3-day)	Neomycin sulfate/bacitracin/polymyxin B	Urea
Dextran 70/hypromellose eye drop (e.g. Tears Naturale)	Neomycin sulfate/polymyxin B	Vitamin B complex
Diphenhydramine	Niacin	Vitamin D
Docusate sodium	Nicotine gum, lozenges and patches (PA required for 2nd treatment cycle)	White petrolatum/lanolin/mineral oil/sodium chloride (e.g. Lubriderm cream)
Doxylamine	Nonoxynol 9	White petrolatum (e.g. Vaseline)
Famotidine	Octoxynol 9	Zinc Oxide (e.g. Desitin)
Ferrous gluconate	Omeprazole OTC	Zinc Oxide/White petrolatum (e.g. Desitin)
Ferrous sulfate	Once daily multivitamin	
Folic acid	Permethrin	
Generic condoms	Phenazopyridine	
Generic Maalox	Phenylephrine	
Generic Mylanta/Mylanta Gas	Phenylephrine eye drops	
Glucosamine	Piperonyl butoxide/pyrethrins/permethrin	
Glucosamine-chondroitin		
Glycerin suppositories		

Pharmacy Help Desk

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**Neighbor Islands (toll-free):
1-866-973-7418**