



**AlohaCare**  
*Aloha is the difference*

**2011**  
**AlohaCare**  
**QUEST Formulary**  
(List of Covered Drugs – Abridged)

A Guide for AlohaCare Participating Providers

Revised 10/25/11

The AlohaCare QUEST formulary is a generic based formulary. In some instances there will be brand name drugs listed on the formulary due to not having a therapeutically equivalent generic counterpart available.

- Basic Health Hawaii members: only medications listed on the formulary will be covered.
- Quest members: 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 32 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  
itraconazole  
ketoconazole  
nystatin  
terbinafine  
GRIFULVIN V (500MG TABS)  
GRIS-PEG  
NOXAFIL

## CEPHALOSPORINS

### ●1<sup>ST</sup> Generation

cefadroxil hydrate  
cephalexin monohydrate  
cephradine

### ●2<sup>ND</sup> Generation

cefaclor  
cefaclor ER  
cefprozil  
cefuroxime axetil  
cefpodoxime proxetil

### ●3<sup>RD</sup> 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 capsules & solution  
dapsons  
neomycin sulfate  
polymyxin B sulfate

### ●AntiParasitics

mebendazole  
metronidazole  
metronidazole extended release  
paromomycin  
pyrantel pamoate OTC  
YODOXIN

# 1. ANTI-INFECTIVES (CONTINUED)

## MISCELLANEOUS (CONTINUED)

### ●AntiMalarials

atovaquone and proguanil hcl PA  
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

### ●Flu

Tamiflu QL  
Relenza QL

### ● RSV

Synagis PA

### ● Miscellaneous

acyclovir  
amantadine  
famciclovir  
foscarnet sodium  
ganciclovir  
ribavirin  
rimantadine  
BARACLUDGE  
COPEGUS  
HEPSERA  
REBETOL  
RIBASPHERE  
TYZEKA  
VALCYTE  
VALTRES  
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

### KINASE INHIBITOR

Vandetanib

### IMMUNOSUPPRESSANTS

azathioprine

cyclosporine

cyclosporine, modified

mycophenolate mofetil

tacrolimus

AZASAN

CELLCEPT

IMURAN

MYFORTIC

NEORAL

PROGRAF

RAPAMUNE

SANDIMMUNE

SIMULECT

ZENAPAX

### MISCELLANEOUS

etoposide

hydroxyurea

leuprolide

octreotide

EMCYT

HEXALEN

MATULANE

NEXAVAR

REVLIMID

SPRYCEL

SUTENT

TYKERB

ZOLINZA

ZYTIGA

## 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  
KEPPRA  
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 QL  
AXERT QL of 9 tabs

##### ●Antivertigo/Antiemetic

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

##### ●Antivertigo/Antiemetic (CONTINUED)

trimethobenzamide/benzocaine suppository

#### MUSCLE RELAXANT & ANTISPASMODIC

baclofen  
carisoprodol (remove from formulary 10/1/11)  
carisoprodol/aspirin (remove from formulary 10/1/11)  
chlorzoxazone  
codeine phosphate/carisoprodol/aspirin  
(remove from formulary 10/1/11)  
cyclobenzaprine  
dantrolene  
meprobamate  
metaxolone  
methocarbamol  
orphenadrine citrate  
orphenadrine/aspirin/caffeine  
tizanidine

#### MYASTHENIA GRAVIS

pyridostigmine bromide

#### NARCOTIC ANALGESICS

butorphanol tartrate  
codeine sulfate  
fentanyl citrate lozenge  
fentanyl citrate buccal tablets PA  
fentanyl patch  
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  
oxymorphone

##### ●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**

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/meproamate  
buprenorphine SL tab  
pentazocine hcl/acetaminophen  
pentazocine hcl/naloxone hcl  
tramadol hcl

tramadol hcl/acetaminophen  
tramadol ER  
FEVERALL

##### ● **NARCOTIC ANTAGONISTS**

naltrexone hcl

#### **PSYCHOTHERAPEUTIC DRUGS**

##### ● **Antidepressant Agents**

###### ■ **MAO Inhibitors**

tranylcypromine sulfate  
EMSAM  
MARPLAN  
NARDIL

###### ■ **SSRI**

citalopram hbr  
fluoxetine hcl  
fluvoxamine maleate  
paroxetine hcl  
sertraline hcl

###### ■ **Tricyclics**

amitriptyline hcl  
amoxapine  
clomipramine hcl  
desipramine hcl  
doxepin hcl  
imipramine hcl  
imipramine pamoate  
nortriptyline  
protriptyline hcl  
trimipramine maleate

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

#### PSYCHOTHERAPEUTIC DRUGS

##### •Miscellaneous

amitriptyline hcl/chlordiazepoxide  
amitriptyline hcl/perphenazine  
bupropion hcl  
maprotiline hcl  
mirtazapine  
nefazodone hcl  
trazodone hcl  
venlafaxine hcl  
SAVELLA PA

##### •Antipsychotics

##### •Butyrophenones

haloperidol  
haloperidol lactate  
haloperidol decanoate  
LATUDA

##### •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  
ZYPREXA RELPREVV  
ZYPRXA ZYDIS

##### •Anxiolytics

alprazolam  
alprazolam XR  
buspirone hcl  
chlordiazepoxide hcl  
chlordiazepoxide/methscopolamine  
chlorazepate dipotassium  
diazepam  
diazepam acudial  
lorazepam  
midazolam hcl  
oxazepam

##### •Hypnotic Agents

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

### 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 tabs & solution  
-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  
KAPVAY  
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

##### ●Antiplatelets

cilostazol  
dipyridamole  
PLAVIX

##### ●Heparin

Enoxaparin injectable QL 28 syringes/dispense  
Heparin injectable

##### ●Hemostatics

aminocaproic acid

##### ●Vitamin K

MEPHYTON

##### ●Miscellaneous

pentoxifylline

## 4. CARDIOVASCULAR, HYPERTENSION & LIPIDS (CONTINUED)

### ANTIHYPERTENSIVE THERAPY

#### ●ACE Inhibitors

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

#### ●Angiotensin II Receptor Blockers

Losartan  
Losartan/Hctz

#### ●Adrenergic Antagonists & Related Drugs

clonidine hcl  
clonidine hcl transdermal patches  
doxazosin mesylate  
guanabenz acetate  
guanfacine hcl  
methyldopa  
prazosin hcl  
reserpine  
tamsulosin  
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  
bisoprolol fumarate/hydrochlorothiazide  
captopril/hydrochlorothiazide  
enalapril maleate/hydrochlorothiazide  
fosinopril/hydrochlorothiazide  
hydralazine/hydrochlorothiazide  
hydralazine/hydrochlorothiazide/reserpine  
lisinopril/hydrochlorothiazide  
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  
simvastatin

## 5. DERMATOLOGICALS/TOPICAL THERAPY

### ACNE

adapalene gel & cream  
benzoyl peroxide  
benzoyl peroxide/urea  
benzoyl peroxide/skin cleanser  
clindamycin phosphate  
erythromycin phosphate  
erythromycin base/benzoyl peroxide  
erythromycin base/ethyl alcohol  
isotretinoin  
metronidazole 0.75%  
sulfacetamide sodium/avobenzone  
sulfacetamide sodium/sulfur  
sulfacetamide sodium/sulfur/urea  
tretinoin AGE EDIT: ≤ 35 yrs  
METROGEL 1%  
METROGEL KIT

### ANESTHETICS

benzocaine  
hydrocortisone acetate/lidocaine hcl  
hydrocortisone acetate/pramoxine hcl/aloe  
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

imiquimod 5%

lactic acid

podofilox

silver nitrate

urea otc/RX

## 6. EAR, NOSE & THROAT MEDICATIONS

### INTRANASAL STEROIDS

fluticasone

flunisolide

RHINOCORT AQ ST: failure of fluticasone and

flunisolide

VERAMYST AGE EDIT: 2-4 yrs

### 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 orc

## 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 vial

NOVOLIN L vial

NOVOLIN N vial

NOVOLIN R vial

### 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

pioglitazone and metformin 15mg/500mg &  
15mg/850mg ST, metformin 1st

tolazamide

tolbutamide

ACTOS ST, metformin 1st

## 7. ENDOCRINE/DIABETES

### DIABETES THERAPY (CONTINUED)

#### ●Non-Insulin Hypoglycemic Agents

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

Lansoprazole solutab

Omeprazole OTC

PREVACID 24 OTC

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

gavilyte-G

polyethylene glycol 3350

-Miralax, Glycolax

Peg 3350/sodium sulfate/sodium

bicarbonate/sodium chloride/potassium chloride

##### ●Digestive Enzymes

amylase/lipase/protease

digestive enzymes

COTAZYM

CREON

ENZYMAX

PANCREAZE

VIOKASE

ZENPEP

### 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 <sup>QL</sup>

AVONEX ADMIN PACK <sup>QL</sup>

BETASERON <sup>QL</sup>

INFERGEN

INTRON A

PEG-INTRON

PEG-INTRON REDIPEN

PEGASYS

REBIF <sup>QL</sup>

ROFERON-A

### VACCINES & MISCELLANEOUS

#### IMMUNOLOGICALS

BAYRHO-D

ENGERIX-B <sup>PA</sup>

FLUMIST

GARDASIL <sup>AGES 19-26</sup>

HYPERRHO S/D

MICRHOGAM

RECOMBIVAX HB <sup>PA</sup>

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/probenecid  
COLCRYS  
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  
norethethindrone acetate & ethinyl estradiol  
(i.e. FEMHRT)  
PREMPHASE  
PREMPRO

## 11. OBSTETRICS & GYNECOLOGY (CONTINUED)

### ESTROGENS & PROGESTINS

#### ●Progestins

medroxyprogesterone acetate  
norethindrone acetate  
PROMETRIUM

### ORAL CONTRACEPTIVES & RELATED AGENTS

QUEST members can receive a 3 month supply of oral birth control

#### ●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, gianvi, zarah, yasmin, yaz, syeda)  
ethynodiol D/ethinyl estradiol  
(i.e. kelnor 1/35, zovia 1/35, zovia 1/5)  
levonorgestrel qL  
(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)  
NUVA-RING ST  
ORTHO-EVRA ST  
PLAN B ONE STEP qL

#### ●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  
levofloxacin ophthalmic solution 0.5%  
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

### STERIODS

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

### STERIOD-ANTIBIOTIC COMBINATIONS

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

### STERIOD-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  
PROAIR HFA  
SEREVENT DISKUS  
VENTOLIN HFA

#### ●Inhaled Corticosteroids

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

#### ●Intranasal Steroids

flunisolide  
fluticasone  
RHINOCORT AQUA ST: failure of flunisolide and  
fluticasone  
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 ST  
SYMBICORT  
Zafirlukast ST

#### ●Supplies

Nebulizer machines, tubing and masks (Pari-  
Vios & Devilbiss)  
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  
magnesium gluconate 27mg & 30mg  
magnesium chloride 64mg  
magnesium oxide 250mg & 400mg  
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,

Sharon Tisza, M.D.  
Medical Director

### ***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).

### ***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)



### 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

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

#### MEMBER INFORMATION

<b>NAME:</b>	<b>Member ID#:</b>	<b>DOB:</b>
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#### TURNAROUND TIME REQUESTED

<b>Coverage Determination Review</b> <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)	<b>Coverage Redetermination Review</b> <input type="checkbox"/> Standard – 7 days (ACA/ACAP only) <input type="checkbox"/> Expedited – 72 hours (ACA/ACAP only)	<b>Tier Change Review</b> <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**

<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