

# Formulary Updates

## Effective October 1, 2017



In an effort to cover the most needed, cost-effective prescriptions, the AlohaCare Advantage Plus (HMO SNP) Formulary is updated monthly. The following are drugs that have been added, removed or had their status changed since the last time the formulary was printed.

You'll find the most up-to-date comprehensive version of our formulary on our website, AlohaCare.org. Click on the green Drug Finder button.

These changes apply to AlohaCare Advantage Plus (HMO SNP) 2017 Formulary.

### Generic Drug Additions

Drug Name	Drug Strength	Formulary Status	Condition Used For
<i>testosterone</i>	30 mg/actuation	Tier 1	Hormone replacement
<i>meropenem</i>	1000 mg injection	Tier 1	Infection
<i>busulfan</i>	6 mg/mL injection	Tier 1	Cancer
<i>eletriptan</i>	20 mg tablet	Tier 1 Quantity limit 12/30 days	Migraine
<i>eletriptan</i>	40 mg tablet	Tier 1 Quantity limit 8/30 days	Migraine
<i>moxifloxacin</i>	5 mg/mL ophthalmic solution	Tier 1	Infection
<i>mesalamine</i>	1200 mg DR tablet	Tier 1	Ulcerative colitis
<i>sevelamer carbonate</i>	800 mg tablet	Tier 1	High phosphate
<i>desogestrel / ethinyl estradiol</i>	0.15 mg/ 0.03 mg	Tier 1	Contraceptive

### Brand Drug Additions

Drug Name	Drug Strength	Formulary Status	Condition Used For
ORFADIN ( <i>Nitisinone</i> )	20 mg capsule	Tier 1	Hereditary tyrosinemia type 1
ISIBLOOM 28 DAY ( <i>Desogestrel / ethinyl estradiol</i> )	0.15 mg / 0.03 tablet	Tier 1	Contraceptive
BAVENCIO ( <i>avelumab</i> )	20 mg/mL injection	Tier 1	Cancer
ROWEEPRA ( <i>levetiracetam</i> )	750, 1000 mg tablet	Tier 1	Seizures
XATMEP ( <i>methotrexate</i> )	2.5 mg/mL oral solution	Tier 1	Cancer
AMNESTEEM ( <i>isotretinoin</i> )	10, 20, 40 capsule	Tier 1	Acne

### Drug Changes

Drug Name	Drug Strength	Formulary Status	Reason for Change	Drug Alternative(s)
ORENCIA ( <i>abatacept</i> )	All	Tier 1 (add psoriatic arthritis indication)	New FDA indication	N/A

If you would like to request a formulary exception, tier exception or utilization management exception, you can fill out the [Request for Medicare Prescription Drug Coverage Determination](#) form.

If you have any questions about these changes to the Formulary, please contact Customer Service at 973-6395 or toll free at 1-866-973-6395, 8 a.m. to 8 p.m., 7 days a week. TTY users call 1-877-447-5990.

AlohaCare Advantage Plus is a health plan with a Medicare contract and a contract with the Hawaii Medicaid program. Call 1-866-973-6395 to receive material in an alternate format or language. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/ coinsurance may change on January 1 of each year.