Medicare Part D Formulary Change

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, www.AlohaCare.org. Click on “Drug Finder.”

The product changes noted below will be implemented on the Medicare Part D Plan:

New Added Products: Effective 6/1/2020

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reason</th>
<th>Cost sharing**</th>
<th>Restrictions***</th>
</tr>
</thead>
<tbody>
<tr>
<td>azelastine-fluticasone 137 mcg-50 mcg/spray nasal spray</td>
<td>New Drug</td>
<td>Tier 1</td>
<td>QL</td>
</tr>
<tr>
<td>CAPLYTA 42 MG CAPSULE</td>
<td>New Drug</td>
<td>Tier 1</td>
<td></td>
</tr>
<tr>
<td>CLOVIQUE 250 MG CAPSULE</td>
<td>New Drug</td>
<td>Tier 1</td>
<td>PA</td>
</tr>
<tr>
<td>colchicine 0.6 mg tablet</td>
<td>Formulary Addition</td>
<td>Tier 1</td>
<td></td>
</tr>
<tr>
<td>esomprazole magnesium dr 10 mg granules delayed release for susp</td>
<td>New Drug</td>
<td>Tier 1</td>
<td>QL</td>
</tr>
<tr>
<td>esomprazole magnesium dr 20 mg granules delayed release for susp</td>
<td>New Drug</td>
<td>Tier 1</td>
<td>QL</td>
</tr>
<tr>
<td>esomprazole magnesium dr 40 mg granules delayed release for susp</td>
<td>New Drug</td>
<td>Tier 1</td>
<td></td>
</tr>
<tr>
<td>everolimus (immunosuppressive) 0.25 mg tablet</td>
<td>New Drug</td>
<td>Tier 1</td>
<td>PA</td>
</tr>
<tr>
<td>everolimus (immunosuppressive) 0.5 mg tablet</td>
<td>New Drug</td>
<td>Tier 1</td>
<td>PA</td>
</tr>
<tr>
<td>everolimus (immunosuppressive) 0.75 mg tablet</td>
<td>New Drug</td>
<td>Tier 1</td>
<td>PA</td>
</tr>
<tr>
<td>IBRANCE 100 MG TABLET</td>
<td>New Drug</td>
<td>Tier 1</td>
<td>PA QL</td>
</tr>
<tr>
<td>IBRANCE 125 MG TABLET</td>
<td>New Drug</td>
<td>Tier 1</td>
<td>PA QL</td>
</tr>
</tbody>
</table>

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

***Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy PRF-C1T
### AlohaCare Advantage Plus Formulary

#### Drug Costs and Restrictions

<table>
<thead>
<tr>
<th>Drug</th>
<th>Reason</th>
<th>Cost sharing**</th>
<th>Restrictions***</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBRANCE 75 MG TABLET</td>
<td>New Drug</td>
<td>Tier 1</td>
<td>PA QL</td>
</tr>
<tr>
<td>ketoprofen 50 mg capsule</td>
<td>New Drug</td>
<td>Tier 1</td>
<td></td>
</tr>
<tr>
<td>ketoprofen 75 mg capsule</td>
<td>New Drug</td>
<td>Tier 1</td>
<td></td>
</tr>
<tr>
<td>NEXLETOL 180 MG TABLET</td>
<td>New Drug</td>
<td>Tier 1</td>
<td>PA</td>
</tr>
<tr>
<td>SOTALOL AF 160 MG TABLET</td>
<td>New Drug</td>
<td>Tier 1</td>
<td></td>
</tr>
<tr>
<td>SOTALOL AF 80 MG TABLET</td>
<td>New Drug</td>
<td>Tier 1</td>
<td></td>
</tr>
</tbody>
</table>

**Future Removed Products:** There are no future removed products this month.

**Cost Sharing Tier Changes:** There were no cost sharing tier changes this month.

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/TDD users call 1-877-447-5990.

AlohaCare Advantage Plus is an HMO SNP with a Medicare contract and a contract with the Hawaii Medicaid program. Enrollment in AlohaCare Advantage Plus depends on contract renewal. The formulary may change at any time. You will receive notice when necessary.

AlohaCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.


---

*Consult your Medical provider for changes or recommendations to your medical care and prescription therapy

**Please consult the plan benefit design for copay/coinsurance amounts

***Indicates a restriction of Step Therapy, Prior Authorization or Quantity Limits may exist [LA] = Limited Access, [PA] = Prior Authorization, [QL] = Quantity Limit, [ST] = Step Therapy PRF-C1T