



Changes to Preferred Brands of Insulin – *Effective January 1, 2010*

‘OHANA HEALTH PLAN
A PLAN OFFERED BY
WELLCARE HEALTH INSURANCE OF ARIZONA,
INC.

January 14, 2010

Dear Medicare Provider,

‘Ohana Health Plan (the Plan) is making changes to the list of preferred brands of insulin, as part of ongoing efforts to offer members access to quality, cost-effective health care. These changes are detailed in this notice.

Effective January 1, 2010, Eli Lilly brand insulin products (Humalog and Humulin) will no longer be covered for Medicare members enrolled in ‘Ohana Health Plans.

In the instances when overwhelming clinical reasons dictate the continuation of a non-preferred agent due to medical necessity, the Plan asks that you request an override. To request an override, please fax a completed Coverage Determination Request (Prior Authorization) form, available on the Plan’s Web site under *Medicare Forms* (http://www.ohanahealthplan.com/provider/ohana_medicare_forms), with written clinical justification to **1-866-388-1767**.

Outlined on the next page is a list of the Eli Lilly insulin products (Humalog and Humulin) that will become non-preferred on January 1, 2010. The Novo Nordisk (Novolog and Novolin) insulin products that will become the preferred insulin products, as of January 1, 2010, are also listed.

Thank you for your attention to this notice. We appreciate the care you render to our members. Should you have any questions, please contact Medicare Provider Services at **1-888-505-1201**.

Thank you,

‘Ohana Health Plan

94-450 Mokuola Street, Suite 106
Waipahu, HI 96797
Medicaid Toll-Free Telephone: (888) 846-
4262
Medicare Toll-Free Telephone: (888) 505-
1201
Web Address:
www.ohanahealthplan.com



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Insulin Preferred Brand Changes – Effective January 1, 2010

NON-PREFERRED	PREFERRED
<ul style="list-style-type: none"> ▪ Humulin[®] R 100 UNIT/ML Soln ▪ Humulin[®] R U-500 (Concentrated) 	<ul style="list-style-type: none"> ▪ Novolin[®] R 100 UNIT/ML Soln (Quantity Limit; 60mL per 31 days)
<ul style="list-style-type: none"> ▪ Humulin[®] N 100 UNIT/ML Susp ▪ Humulin[®] N U-100 Pen 100 UNIT/ML Susp 	<ul style="list-style-type: none"> ▪ Novolin[®] N 100 UNIT/ML Soln (Quantity Limit; 60mL per 31 days)
<ul style="list-style-type: none"> ▪ Humulin[®] 70/30 Susp ▪ Humulin[®] 70/30 Pen Susp 	<ul style="list-style-type: none"> ▪ Novolin[®] 70/30 Susp (Quantity Limit; 60mL per 31 days)
<ul style="list-style-type: none"> ▪ Humulin[®] 50/50 Susp 	--
<ul style="list-style-type: none"> ▪ Humalog[®] Pen 100 UNIT/ML Soln ▪ Humalog[®] 100 UNIT/ML Soln ▪ Humalog[®] Kwikpen[™] 100 UNIT/ML Soln 	<ul style="list-style-type: none"> ▪ Novolog[®] Flexpen[®] 100 UNIT/ML Soln (Quantity Limit; 60mL per 31 days)
<ul style="list-style-type: none"> ▪ Humalog[®] Mix 50/50[™] Susp ▪ Humalog[®] Mix 50/50[™] Kwikpen[™] Susp ▪ Humalog[®] Mix 50/50[™] Pen Susp 	--
<ul style="list-style-type: none"> ▪ Humalog[®] Mix 75/25[™] Susp ▪ Humalog[®] Mix 75/25[™] Kwikpen[™] Susp ▪ Humalog[®] Mix 75/25[™] Pen Susp 	--
--	<ul style="list-style-type: none"> ▪ Novolog[®] Mix 70/30 Susp (Quantity Limit; 60mL per 31 days) ▪ Novolog[®] Mix 70/30 Prefilled Flexpen[®] Susp (Quantity Limit; 60mL per 31 days)

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