



8520 Tech Way, Suite 200  
San Diego, CA 92123



# Prescription Update

**To: Sharp Health Plan Providers**  
**Attn: Providers and Provider Office Staff**  
**From: Sharp Health Plan**  
**Date: Sept 28, 2018**  
**Subject: Important Updates to Sharp Health Plan's Drug Formulary and Safety Program**

Attention Provider Partners:

The following changes have been made to the Sharp Health Plan Drug Formulary.

New Drug Updates	
Balcoltra	Commercial - Preventative Covered CA/Mirrored Plans - Preventative
Braftovi	Added PA. Specialty. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Cimduo	Specialty. QL: #1 tablet per day Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Doptelet	Added PA. Specialty. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Imvexxy	Added PA. QL: #18 inserts per 28 days Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 3
Jynarque	Added PA. Specialty. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Kaspargo Sprinkle	ST: Trial of generic metoprolol succinate ER required. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 3
Lucentis	Added PA. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4

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Mektovi	Added PA. Specialty. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Nalocet	QL: #13 tablets per day Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 2
Norvir packets	Specialty. QL: #12 packets per day Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Nuplazid	Added PA. Specialty. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Olumiant	Added PA. Specialty. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Orlissa	Specialty. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Osmolex ER	Specialty. ST: Trial of preferred amantadine required. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Rhopressa	ST: Trial of Xalatan AND Alphagan P or Lumigan required. QL: #1 bottle (2.5ml) per 30 days Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Roxybond	Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Siklos	Added PA. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Symfi	Specialty. QL: #1 tablet per day Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Symtuza	Specialty. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4

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Tavalisse	Added PA. Specialty. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Tibsovo	Added PA. Specialty. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Toujeo Max Solostar	QL: #6 pens (18mls) per 28 days Commercial – Tier 2 Covered CA/Mirrored Plans – Tier 2
Yonsa	Added PA. Specialty. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Zenpep 3-10-14K	Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
<b>Additional Updates</b>	
Amrix	ST change: Trial of generic immediate release cyclobenzaprine required.
Carbinoxamine/Carbinoxamine Containing Products	Age addition: Prior authorization required for members less than or equal to 2 years old.
Drugs Containing Codeine	Age change: Prior authorization required for members less than 18 years old.
Desvenlafaxine Fumarate ER	ST change: Trial of one generic SSRI/SNRI AND Trintellix required.
Desvenlafaxine ER	ST change: Trial of one generic SSRI/SNRI AND Trintellix required.
Duzallo	ST change: Trial of allopurinol required. Removed trial of Uloric.
Fetzima	ST change: Trial of one generic SSRI/SNRI AND Trintellix required.
Livalo	ST change: Trial of 2 of the following: atorvastatin, lovastatin, simvastatin, pravastatin required.
Ozempic	ST change: Trial of metformin required. Commercial – Tier 2 (previously Tier 3) Covered CA/Mirrored Plans – Tier 2 (Previously Tier 3)
Paxil Suspension	ST: Trial of one generic SSRI/SNRI AND Trintellix required.
Pexeva	ST: Trial of one generic SSRI/SNRI AND Trintellix required.
Phenoxybenzamine	Added PA. Covered CA/Mirrored Plans – Tier 4 (Previously Tier 2)

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Trintellix	ST change: Trial of generic one SSRI/SNRI required. Commercial – Tier 2 (previously Tier 3) Covered CA/Mirrored Plans – Tier 2 (Previously Tier 3)
Viibryd	ST change: Trial of one generic SSRI/SNRI AND Trintellix required.
Zurampic	ST change: Trial of allopurinol required. Removed trial of Uloric.
Zypitamag	ST change: Trial of 2 of the following: atorvastatin, lovastatin, simvastatin, pravastatin required.

PA=Prior authorization, QL=Quantity limit, ST=Step therapy NP=Non-Preferred.

## Additional Safety Updates

### Screening for Benzodiazepine and Opioid concurrent use

Effective **August 1, 2018**, a new safety program was implemented for Sharp Health Plan Covered California members. The claim processing system analyzes prescriptions at point of sale to ensure that members are not using benzodiazepines and opioids at the same time (concurrently). If concurrent use is detected, the medication will stop processing and the pharmacist will be required to review the claim(s) for appropriate use. The following messages will be conveyed to the dispensing pharmacy:

- Evaluate patient taking benzodiazepine and opioid concurrently.
- To override concurrent use reject, enter PPS code string DD MO 1B
- Claim conflicts in therapy with member history.

The purpose of this safety program is to alert the pharmacist that concurrent use of benzodiazepines and opioids has been detected, which is a potential safety issue. If the pharmacist determines that the prescription claim(s) and/or concurrent use are appropriate, the pharmacy can override the reject. If the pharmacist determines that the prescription claim(s) and/or concurrent use are not appropriate, the pharmacist will not perform an override. A prior authorization will be required. Prior Authorizations can be submitted by the prescribing physician to Sharp Health Plan at: 1-858-357-2534.

The prescribing physician should indicate on the Prior Authorization request form if the member meets any of the following criteria:

- Cancer diagnosis
- Hospice patient
- Patient is receiving palliative care

### Uloric Clinical News

Please note that Uloric was removed as a step therapy requirement for two medications. This change was based on the results of the CARES study. CARES was a Phase 3, multi-center, double-blind, non-inferiority trial

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comparing cardiovascular outcomes associated with Uloric (febuxostat) and allopurinol in patients with gout and CV disease over 85 months (median follow up was 32 months). The primary efficacy endpoint was MACE (composite of CV death, non-fatal myocardial infarction, nonfatal stroke, or unstable angina requiring urgent coronary revascularization). Cardiovascular risk increased with Uloric in patients with gout.

If you have any questions about the Sharp Health Plan drug formulary or this safety program, please contact Customer Care at 1-858-499-8300, toll-free at 1-800-359-2002 or via e-mail at [customer.service@sharp.com](mailto:customer.service@sharp.com). We are available to assist you Monday – Friday from 8 a.m. – 6 p.m.

Warm regards,

Kate Tepedino, PharmD  
Manager, Pharmacy Benefits

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