

Rx Prescription Update

To: All Sharp Health Plan Providers
From: Kate Tepedino
Date: September 23, 2016

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

Drug/Drug Class	Change
Anticonvulsant	
Spritam	Add QL - 250mg: 12tabs/day, 500mg: 6 tabs/day, 750mg: 4 tabs/day, 1000mg:3 tabs/day. Add ST: trial of generic levetiracetam 100mg/mL solution in the past 120 days. Tier 3. Covered CA. - Tier 3.
Antipsychotic (Parkinson's Disease Psychosis)	
Nuplazid	Add PA. Add QL: 2 tabs of 17mg (34mg)/day. Add Prescriber Restriction: Prescribed by or in consultation with a neurologist, geriatrician or behavioral health specialist (psychiatry). Add to Specialty Drug List. Tier 3. Covered CA. – Tier 4.
DPP-4 Inhibitors	
Alogliptin, Alogliptin-Metformin, Alogliptin-Pioglitazone,	Add QL: 1/day, Remove ST. Tier 1.
Janumet IR, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Tradjenta	Add ST: trial of generic alogliptin, alogliptin-metformin, or alogliptin-pioglitazone in last 120 days. Tier 3.
Novel Oral Anti-Coagulants (NOACs)	
Eliquis and Xarelto	Preferred NOACs. Tier 2.
Pradaxa and Savaysa	Add ST: trial of Eliquis or Xarelto in the last 120 days. Tier 3.

PA=Prior authorization, QL=Quantity limit, ST=Step therapy, NF=Non-Formulary.

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

PLEASE NOTE THE PHARMACY PRIOR AUTHORIZATION FAX NUMBER FOR SHP: (858) 357-2534

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Drug/Drug Class	Change
Serotonin (5-HT1B/1D) Receptor Agonist	
Maxalt, Maxalt-MLT	Remove ST. Generic Tier 1. Brand Tier 3.
Onzetra Xsail	Add ST: trial of sumatriptan nasal spray. Add QL: 16 nose pieces per 30 days. Tier 3.
Zembrace Symtouch	Add PA. Add QL: 8mL (16 pens) per 28 days. Tier 3.
Axert, Relpax, Frova, Amerge, Sumavel, Treximet, Zomig	ST: prior prescription for sumatriptan or rizatriptan in previous 120 days required. Tier 3.
Interim Updates	
Adzenys XR-ODT	Add PA: ADHD. Add QL: 1 tab/day. Add ST: trial of Adderall XR. Add Age Rest. If over 17 years of age and a new start, must be written by a psychiatrist or PCSD NP. Tier 3.
Allzital	Add PA. Add ST: trial of generic butalbital/acetaminophen combination required. Add QL: 12 tabs/day, generic butalbital 50mg/APAP 300mg tablet; 6 tabs/day. Tier 3.
Androgel 1.62%	PA remains. Tier 2.
Androgel 1%, Androderm, Axiron	PA remains. ST: trial of Androgel 1.62% in previous 120 days. Tier 3.
Bowel Prep Medications	Added to Preventative Care list of medications, available at \$0 co-insurance to member.
Clindamycin 300mg capsules	Preferred generic. Tier 1.
Descovy	Add PA. QL: 1 tab/day. Add to Specialty Drug List. Tier 3. Covered CA - Tier 4.
Emverm	Add PA: approval duration - 30days (1 month). Add ST: trial of pyrantel, pamoate, albendazole, or ivermectin. Add QL: Pinworm - #2 tabs/day, Whipworm, roundworm, hookworm - #6 tabs/day. Tier 3.
Fortesta (generic)	Add PA. Tier 1
Fortesta (brand), Striant	Add PA. ST: trial of Androgel 1.62% in previous 120 days. Tier 3
Humulin R	QL: 8 pens (4 boxes of 2 pens) per 28 days. Tier 2.

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Drug/Drug Class	Change
Interim Updates (cont.)	
Impavido	Add PA. Add QL: #84 caps/28 days. Add to Specialty Drug List. Tier 3. Covered CA - Tier 4.
Odefsey	Add PA. QL: 1 tab/day. Add to Specialty List. Tier 3 Covered CA - Tier 4.
Rosuvastatin	Removed ST. Generic: Tier 1 Brand: Tier 3.
Sernivo	Add ST: trial of Kenalog (triamcinolone acetonide) spray. Tier 3.
Toujeo	Removed ST. Tier 2.
Venclexta	Add PA. Add QL: 10mg - 2/day, 50mg - 1/day, 100mg - 4/day, Titration pack - 42 tabs (1 pack) per 28 days. Add to Specialty Drug List Tier 3. Covered CA - Tier 4.
Vistogard	Add PA. For inpatient use only.
Vraylar	Add PA. Prescriber edit - psychiatrist or PCSD NP. QL: 1.5mg- 4 caps/day, 3mg- 2caps/day, 4.5mg- 1 cap/day, 6mg- 1cap/day, 1 dose-pack/28 days. Tier 3. Covered CA - Tier 4.
Xeljanz XR	Add PA. Added to Specialty Drug List. Tier 3. Covered CA - Tier 4.
Xuriden	Add PA. Prescriber edit: Specialty in inherited metabolic diseases. QL: 4 packets (8 grams) per day. Add to Specialty Drug List. Tier 3. Covered CA - Tier 4.

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