

Rx Prescription Update

To: All Sharp Health Plan Providers
From: Kate Tepedino, PharmD
Date: Feb 24, 2017

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

Drug/Drug Class	Change
Drug Updates	
BROMSITE	SHP01, Covered CA - Tier 3.
BYVALSON	SHP01, Covered CA - Tier 3.
EPZICOM	Add to Specialty Drug List. SHP01 - Brand/generic Tier 3. Covered CA - Brand/generic Tier 4.
MICORT-HC	SHP01, Covered CA - Tier 3.
ORFADIN	SHP01 - Tier 3 (specialty), Covered CA - Tier 4 (specialty).
OTOVEL	Add PA. SHP01, Covered CA - Tier 3.
TRICARE PRENATAL	SHP01, Covered CA - Tier 3.
ZURAMPIC	QL: 1 tab/day, ST trial of allopurinol or Uloric. SHP01, Covered CA - Tier 3.
Interim Updates	
AMITIZA/LINZESS	PA Removed. Amitiza: SHP01/Covered CA - Tier 3 Linzess: SHP01/Covered CA - Tier 2.
BRANDS and GENERICS for: ACTONEL, ATELVIA, BONIVA, MIACALCIN	PA changed to ST: prior use of alendronate in previous 120 days required.
CONDOMS	QL: only #6/month. Preventative Care Drug List. No copay applies.
DIGOXIN 50mcg/ml, DIGOXIN BRAND	Moved to Tier 1. Brand is available at generic copay.
HIV Meds	Removed clinical PA: except for Selzentry, Truvada, and Tivicay.
OXY IR	Remove PA.
RALOXIFENE, TAMOXIFEN	Added to Preventative Care Drug List. No copay applies.
SMOKING CESSATION	Added to Preventative Care Drug List. No copay applies.

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
Interim Updates (cont.)	
TERBINAFINE TABLETS	QL: #1/day. Maximum quantity of 90-day supply/365 days.
Interim Updates - Specialty Meds	
CABOMETYX, CAPRELSA, CAYSTON, COMETRIQ, CERDELGA, CYSTARAN, DEPEN, ERIVEDGE, FARESTON, GILOTRIF, HETLIOZ, INLYTA, IRESSA, JUXTAPID, MEKENIST, NEXAVAR, NYMALIZE, POMALYST, RAVICTI, REVLIMID, SIRTURO, SUCRAID, TAFINLAR, TARCEVA, TARGRETIN, TEMODAR, THALOMID, TOBI, TYKERB, VOTRIENT, XELODA, ZAVESCA, ZELBORAF, and ZYDELIG.	PA added.

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