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San Diego, CA 92123



# Prescription Update

**To:** Sharp Health Plan Providers  
**Attn:** Providers and Provider Office Staff  
**From:** Sharp Health Plan  
**Date:** July 19, 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	
Biktarvy	Specialty. QL: #1 tablet per day Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Erleada	Added PA. Specialty. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Firvanq	Added PA. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 3
Imbruvica	Added PA. Specialty. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Noctiva	QL: 2 bottles per 30 days Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 3
Roweepra XR	QL: #6 tablets per day (500MG) QL: #4 tablets per day (750MG) Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 3
Segluromet	ST: Trial of Invokana, Invokamet, Invokamet XR, Jardiance, Synjardy, or Synjardy XR. QL: #4 tablets per day (2.5-500MG) QL: #2 tablets per day (7.5-500MG, 2.5-1000MG, 7.5-1000MG) Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 3

**PLEASE NOTE THE PHARMACY PRIOR AUTHORIZATION FAX NUMBER FOR SHP: 1-858-357-2534**

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Steglujan	ST: Trial of Invokana, Invokamet, Tradjenta, Jentadueto, Januvia, Janumet, or Janumet XR QL: #1 tablet per day Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 3
Symdeko	Added PA. Specialty. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Symfilo	Specialty. QL: #1 tablet per day Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Zypitamag	ST: Trial of 2 of the following in the last 120 days: lovastatin, atorvastatin, simvastatin, or pravastatin QL: #1 tablet per day Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 3
<b>Additional Updates</b>	
Baraclude (entecavir)	Commercial - Tier 1 (generic only) Covered CA/Mirrored Plans - Tier 1 (generic only)
Codeine & Codeine Containing Products	If used for pain and headaches/migraines: must be 12 years of age or older. If used for cough and cold symptoms, must be 18 years of age or older.
Gilenya	Added QL: #1 cap per day
Lyrica CR	Removed ST. Added PA.
Lysteda	QL: #30 tabs per 5 day supply
Nuedexta	Added PA.
Pradaxa	QL: #2 caps per day
Sorilux	ST change: Trial of Calcipotriene cream, solution, or ointment.
Sprix	Added PA.
Sumavel DosePro	ST change: Trial of 6 of the following: Almotriptan Malate, Eletriptan HBR, Frovatriptan Succinate, Naratriptan HCL, Rizatriptan Benzoate, Sumatriptan, Sumatriptan Succinate, or Zolmitriptan

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

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## Safety Program Update

**Subject:** Point of Sale edit for Covered California members - Screening for Benzodiazepine and Opioid concurrent use

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

For information about calculating a member's total daily dose of opioids, please see the following website:

[https://www.cdc.gov/drugoverdose/pdf/calculating\\_total\\_daily\\_dose-a.pdf](https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf)

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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