

Rx Prescription Update

To: All Sharp Health Plan Providers
From: Kate Tepedino, PharmD
Date: April 28, 2017

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

Drug/Drug Class	Change
Medication Assisted Therapy (MAT)	
Bunavail, Zubsolv	Removed PA. PA required if MD is not certified to prescribe buprenorphine as MAT therapy. SHP01, Covered CA - Tier 3.
Revia	Removed PA. SHP01, Covered CA - Tier 1.
Suboxone, Subutex	Removed PA. Move generic to Tier 1. Brand remains Tier 3. PA required if MD is not certified to prescribe buprenorphine as MAT therapy. SHP01, Covered CA - Tier 1.
Opioid IR Class	
Codeine/acetaminophen (solution)	Move to Tier 1. Brand is Tier 3. SHP01, Covered CA - Tier 1.
Endocet, Percocet	QL: Tabs: Quantity sufficient to achieve a Max of 4gm APAP/day, Solution: 61 mL/day. SHP01, Covered CA - Tier 1.
Hycet, Zamicet (solution)	QL: 2.5-167/5mL solution = 120 mL/day; 7.5-325/mL solution = 180 mL/day SHP01, Covered CA - Tier 1.
Lortab, Norco, Vicodin/ES	QL: Any product with APAP 300mg = 13 tabs/day; with APAP 325 mg = 12 tabs/day SHP01, Covered CA - Tier 1.
Morphine Sulfate	Move to Tier 1 SHP01, Covered CA - Tier 1.
Primlev	Move to Tier 3. QL: 13 tab/day SHP01 - Tier 2, Covered CA - Tier 3.
Solution (Oxycodone/Acetaminophen)	QL: 61 mL/day. SHP01, Covered CA - Tier 1.

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
Opioid ER Class	
Embeda	QL: 2/day, except for 100mg-4mg caps: 4/day. SHP01, Covered CA - Tier 3.
MS Contin	QL: 3/day. SHP01, Covered CA - Tier 1.
Xtampza ER	SHP01, Covered CA - Tier 2.
Zohydro ER	QL: 2/day SHP01, Covered CA - Tier 3.
Methadone Class	
Dolophine	QL: 5mg - 8/day, 10mg - 4/day. SHP01, Covered CA - Tier 1.
Methadone Diskets	40mg tabs (suspension) - QL: 1/day. SHP01, Covered CA - Tier 1.
Methadone Intensol	10mg/1mL(concentrate) - QL: 4 mL/day. SHP01, Covered CA - Tier 1.
Methadone HCL	5mg/5mL - Move to Tier 1. QL: 40mL/day. 10mg/5mL - Move to Tier 1. QL: 20mL/day. SHP01 - Tier 3, Covered CA - Tier 2.
Miscellaneous	
Adrenaclick (generic)	ST: Generic EpiPen products in previous 120 days. SHP01 - Tier 3, Covered CA - Tier 2.
Adrenaclick (Brand)	ST: Generic EpiPen products in previous 120 days. SHP01, Covered CA - Tier 3.
Auvi-Q	ST: Generic EpiPen and Adrenaclick. QL: 2 injectors in 365 days. SHP01 - Tier 3, Covered CA - Tier 4.
Clindagel 1% gel	PA required - previous use of formulary preferred agents Cleocin T generic or Erythromycin topical. SHP01 - Tier 3, Covered CA - Tier 4.
Differin 0.1% gel	Excluded from coverage.
Envarsus XR, Hecoria	PA required.
EpiPen/EpiPen Jr. (generic)	Added to Tier 1.
EpiPen/EpiPen Jr. (brand)	ST: Generic product in previous 120 days. SHP01, Covered CA - Tier 3.

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Drug/Drug Class	Change
Miscellaneous (continued)	
Lunesta, Sonata, Ambien, Intermezzo	QL: 1/day. No Tier change.
Mifepristone 200mg (RU-486)	PA required. QL: #3 tabs/fill SHP01 - Tier 3, Covered CA - Tier 4.
Narcan nasal spray	Moved to lower Tier. SHP01, Covered CA - Tier 2.
Nuvigil 50mg	QL: 3/day. No Tier change.
PreNatal Plus-DHA	Added to Formulary. SHP01, Covered CA - Tier 3.
Restoril (7.5mg & 22.5mg)	Moved to higher Tier. SHP01, Covered CA - Tier 3.
Rozerem	Moved to higher Tier. SHP01, Covered CA - Tier 3.
Truvada	Removed PA. No Tier change.

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