

Rx Prescription Update

To: All Sharp Health Plan Providers
From: Kate Tepedino, PharmD
Date: June 24, 2016

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

Drug/Drug Class	Change
CNS Stimulant	
Dyanavel XR	Add Age Restriction: 6-17 years (over 17 years of age new start must be written by a psychiatrist or PCSD NP). ST: trial of extended-release amphetamine/dextroamphetamine in past 120 days. Add QL: 240mL/30 days. Tier 3.
Quillichow ER	Add Age Restriction: Limited to use in mbrs <=17 years of age (over 17 years of age new start must be written by a psychiatrist or PCSD NP). QL: 20mg - 1/day. 30mg - 2/day, 40mg - 1/day. ST: trial of Ritalin LA or Metadate CD in the past 120 days. Tier 3.
Endothelin Receptor Antagonists (ERA's)	
Opsumit, Tracleer	PA remains. Add to Formulary. Remains on Specialty Drug List. Tier 2 - Commercial plans. Tier 4 - Covered California/Mirrored plans.
Gastrointestinal Agents	
Lotronex, Viberzi	Add PA. QL: 2 tabs/day. Add to Specialty Drug List. Prescribed by Gastroenterologist. Tier 3 – Commercial plans. Tier 4 – Covered California/Mirrored plans
Long Acting Insulin	
Tresiba	Non-formulary. Add QL: 30ml/28 days. Add ST: Previous use of Lantus in past 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
Miscellaneous	
Alecensa	Add PA. Add to Specialty Drug List. Tier 3 - Commercial plans. Tier 4 - Covered California/Mirrored plans.
Alfuzosin	Remove ST. Tier 1.
Belbucca Buccal Film, Butrans patch	Add PA. Tier 3.
Celebrex generic	Remove PA. Tier 1.
Clindamycin 2% w/applicator, generic	Remove PA. ST: trial of oral metronidazole or vaginal metronidazole within previous 120 days. Tier 1.
Cotellic	Add PA. Tier 3 - Commercial plans. Tier 4 - Covered California/Mirrored plans.
Cupramine	Add PA. Tier 2 - Commercial plans. Tier 4 - Covered California/Mirrored plans.
Enstilar	ST: trial of topical corticosteroid. Tier 3.
Fluoxetine 40mg	Add to Formulary. Tier 1.
Genvoya	QL: 1 tablet/day. Add to Specialty List. Tier 3 - Commercial plans. Tier 4 - Covered California/Mirrored plans.
Humalog U-200	Added to Formulary. Tier 2.
Methyltestosterone	Add PA. QL: 5 caps/day for males, 20 caps/day for female patients for metastatic breast cancer. Tier 1.
Metrogel generic vaginal 0.75%	Remove PA. Tier 1.
Molindone	QL: 25mg- #9tabs/day, 10mg- #8tabs/day, 5mg- #4tabs/day. Must be prescribed by a Psychiatrist or PCSD NP. Tier 3.
Narcan	QL: limit to 2 boxes (4 nasal sprays)/month. Tier 3.
Ninlaro	Add PA. Add to Specialty Drug List. Tier 3 - Commercial plans. Tier 4 - Covered California/Mirrored plans.
Rayos	Add PA. Add to Specialty Drug List. Tier 3 - Commercial plans. Tier 4 - Covered California/Mirrored plans.
Restasis	PA remains. Expand Specialist prescribing to include: Ophthalmology, Optometry, and Rheumatology. Tier 2.
Retin-A micro pump	ST: trial of generic tretinoin microspheres 0.04% and 0.10% gel. Maintain age edit and dx of acne. Tier 3.
Seconal Sodium	Add PA. QL: #8/fill. Tier 3.
Tagrisso	Add PA. Add to Specialty Drug List. Tier 3 - Commercial plans. Tier 4 - Covered California/Mirrored plans.
Tamsulosin	Remove ST. Tier 1.
Taclonex	ST: trial of topical corticosteroid. Tier 3.
Tretinoin Microspheres .04% and .10% gel	ST: trial of tretinoin. Tier 3.
Utibron Inhaler	Add QL: ST: trial of Stiolto Respimat in previous 120 days. Tier 3.
Vivlodex	Add ST: trial of meloxicam. QL: 1 capsule/day. Tier 3.
Zepatier	Add PA. Add to Specialty Drug List. Tier 3 - Commercial plans. Tier 4 - Covered California/Mirrored plans.

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Drug/Drug Class	Change
PDE-5 Inhibitors	
Adcirca	Non-Preferred. QL added: 20mg 2 tabs/day. ST: trial of Revatio tablets. Tier 3 – Commercial plans. Tier 4 - Covered California/Mirrored plans.
Revatio tablets	QL added: 20mg 3 tabs/day. Tier 1 - Commercial plans. Tier 4 - Covered California/Mirrored plans.
Revatio Suspension	PA added. QL added: 10mg/mL 224 (2 bottles)/month. ST: trial of Revatio tabs, or crushed tabs. Add to Specialty Drug List. Tier 3 - Commercial plans. Tier 4 - Covered California/Mirrored plans
Prostanoids	
Orenitram	ST: trial of Upravi. Added to Specialty Drug List. Tier 3 - Commercial plans. Tier 4 - Covered California/Mirrored plans
Upravi	PA added. QL: 200mcg - 8 tabs/day, all other strengths 2 tabs/day, Titration pack: 1 pack/12 months. ST: trial of PDE5 inhibitor and an ERA. Prescribing restricted to Cardiologist or Pulmonologist. Add to Specialty Drug List. Tier 3 – Commercial plans. Tier 4 – Covered California/Mirrored plans
SGC Stimulator	
Adempas	PA required. ST: trial of a PDE-5 inhibitor or ERA. Add to Specialty Drug List. Tier 3 – Commercial plans. Tier 4 – Covered California/Mirrored plans.
Topical Skin Products	
Imiquimod	Remove PA. Apply QL: 24 packs/30 days. Tier 1
Announcements	
Brintellix (vortioxetine)	Indicated for the treatment of major depressive disorder (MDD). Starting June 1, 2016, Brintellix will be marketed in the U.S. under the new name TRINTELLIX (vortioxetine). The name change comes after the manufacturer, Takeda, received reports of name confusion in the marketplace between Brintellix and the anti-blood-clotting therapy Brilinta (ticagrelor).
Bowl Prep Medications for colonoscopy (including Colyte, Gavilyte-C, Golytely)	Bowel prep medications for colonoscopy will process at the pharmacy with no copay or cost share assigned to the member.

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