

Rx Prescription Update

To: All Sharp Health Plan Providers
From: Kate Tepedino, PharmD
Date: September 8, 2017

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

Drugs	Change
Acetamin-Caff-Dihydrocodeine 325-30-16mg	QL: 10 tabs/day. ST: trial of generic Acetaminophen-Caff-Dihydrocod 320.5-30mg capsule and medical reason why generic product cannot be used. SHP01 - Tier 3 Covered CA/Mirrored Plans - Tier 2
Airduo Respiclick GENERIC	QL: 1 inhaler in 30 days. SHP01 - Tier 1 Covered CA/Mirrored Plans - Tier 3
Arymo ER	QL: 3tabs/day. ST: trial of MS Contin. SHP01 - Tier 3 Covered CA/Mirrored Plans - Tier 3
Austedo	Add PA. QL: 6mg - 2tabs/day, 9mg and 12mg - 4tabs/day. Added to Specialty Drug List. SHP01 - Tier 3 Covered CA/Mirrored Plans - Tier 4
Climara (estradiol) generic patch	SHP01: Tier 1 Covered CA/Mirrored Plans – Tier 1
Daxbia	Add PA. QL: 12/day. SHP01 - Tier 3 Covered CA/Mirrored Plans - Tier 3
Desonide	SHP01: Tier 1 Covered CA/Mirrored Plans – Tier 1
DexPak	Add PA. SHP01: Tier 2 Covered CA/Mirrored Plans – Tier 2
Dulera	ST: trial of Advair and Breo and generic AirDuo. SHP01 – Tier 3 Covered CA/Mirrored Plans – Tier 3
Emflaza	Add PA. SHP01 - Tier 3 Covered CA/Mirrored Plans - Tier 4
Esbriet	Add PA. Added to Specialty Drug List. SHP01 - Tier 3 Covered CA/Mirrored Plans - Tier 4
Gelnique	ST: Trial of generic Oxybutynin IR. SHP01 - Tier 3 Covered CA/Mirrored Plans - Tier 3

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

The information contained in this message may be privileged and confidential and is only for the use of the individual or entity named on this coversheet. If the reader of this message is not the intended recipient, or the employee of agent responsible to deliver the message to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication was received in error, please notify Sharp Health Plan immediately at the telephone number listed above and destroy all information received.

Gralise	ST: Trial of gabapentin in previous 120 days. SHP01: Tier 3 Covered CA/Mirrored Plans – Tier 3
Ingrezza	Add PA. SHP01 - Tier 3 Covered CA/Mirrored Plans - Tier 4
Kisqali	Add PA. QL: #63/28 days. SHP01 - Tier 3 Covered CA/Mirrored Plans - Tier 4
Locort	Add PA. QL: 2 tabs/day. SHP01 - Tier 3 Covered CA/Mirrored Plans - Tier 3
Motofen	QL: 240 tabs/30 days. Add PA. SHP01 - Tier 3 Covered CA/Mirrored Plans - Tier 4
Opana ER	PA. SHP01: Tier 3 Covered CA/Mirrored Plans – Tier 2
Rhofade	QL: 30gm (1 tube) in 30 days. SHP01 - Tier 3 Covered CA/Mirrored Plans - Tier 3
Ryvent	QL: 4tabs/day. ST: trial of generic carbinoxamine 4mg tabs AND carbinoxamine IR solution (4mg/5mL). SHP01 - Tier 3 Formulary. QL: 4tabs/day. ST: trial of generic carbinoxamine 4mg tabs AND carbinoxamine IR solution (4mg/5mL). Covered CA - Tier 3
Symbicort	ST: trial of Advair and Breo and generic AirDuo. SHP01: Tier 3 Covered CA/Mirrored Plans – Tier 3
Trulance	QL: 1/day. ST: trial of Amitiza or Linzess. SHP01 - Tier 3 Covered CA/Mirrored Plans - Tier 3
Vivelle Dot	SHP01: Tier 3 Covered CA/Mirrored Plans: Tier 3
Xermelo	Add PA. Added to Specialty Drug List. SHP01 - Tier 3 Covered CA - Tier 4
Zolpidem	ST: Trial of lower dose in previous 120 days prior to use of a higher dose. No change in tier.
Zonacort	ST: Trial of generic dexamethasone 1.5mg tablets and brand Dexpak in previous 120 days. SHP01 - Tier 3 Covered CA/Mirrored Plans - Tier 4
Zyflo/Zyflo CR	Add PA. QL: 4 tabs/day. Prescribing limited to Allergy/Immunology/Pulmonology SHP01: Tier 3 Covered CA/Mirrored Plans: Tier 4

PA=Prior authorization, QL=Quantity limit, ST=Step therapy

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 NEW PHARMACY PRIOR AUTHORIZATION FAX NUMBER FOR SHP: (858) 357-2534

The information contained in this message may be privileged and confidential and is only for the use of the individual or entity named on this coversheet. If the reader of this message is not the intended recipient, or the employee of agent responsible to deliver the message to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication has been received in error, please notify Sharp Health Plan immediately at the telephone number listed above and destroy all information received.