



# Prescription Post

**Date:** 02/19/16      **From:** *Kate Tepedino, PharmD*

**To:** All Sharp Health Plan Providers

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

Drug/Drug Class	Change
<b>Angiotensin Receptor Blockers (ARBs)</b>	
All generic ARBs (losartan, candesartan, irbesartan, telmisartan, valsartan, eprosartan)	Formulary (Tier 1). QL 1/day
Benicar	Formulary (Tier 2). ST of Formulary generic ARBs. QL 1/day
Edarbi	Non-Formulary (Tier 3). ST of Formulary (Tier 1) generic ARBs. QL 1/day
<b>Angiotensin Receptor Blockers (ARBs) w/Thiazide</b>	
All generic ARBs combo (losartan/HCTZ, candesartan/HCTZ, irbesartan/HCTZ, telmisartan/HCTZ, valsartan/HCTZ)	Formulary (Tier 1). Remove ST. QL 1/day.
Benicar HCT	Formulary (Tier 2). ST of Benicar. QL 1/day.
Edarbyclor, Teveten HCT	Non-Formulary (Tier 3). ST of eprosartan or azilsartan. QL 1/day
<b>Angiotensin Receptor Blockers (ARBs) Combos</b>	
Azor/Tribenzor	Formulary (Tier 2). ST of Benicar and amlodipine. QL of 1/day.
Exforge, Exforge HCT	Non-Formulary (Tier 3). ST of valsartan and amlodipine. QL of 1/day.
Generic ARB combo (telmisartan/amlodipine)	Formulary (Tier 1). Remove ST. QL of 1/day.
<b>Anti-Hypertensives</b>	
Prestalia	Non-Formulary (Tier 3). ST of perindopril and amlodipine.

**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](mailto: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.**

PAGE 1



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<b>Atypical Antipsychotics</b>	
Generics loxapine, clozapine, olanzapine, olanzapine rapdis, quetiapine, risperidone, risperidone ODT, ziprasidone	Formulary (Tier 1). Written by or in consultation with psychiatry. QL apply.
Abilify, Adasuve, Saphris, Versacloz, Fanapt, Latuda, Invega, Seroquel XR	Non-Formulary (Tier 3). ST of two formulary preferred atypical antipsychotics, SSRIs, or SNRIs. Written by or in consultation with psychiatry. QL apply.
Rexulti	Non-Formulary (Tier 3). ST of two formulary preferred atypical antipsychotics, SSRIs, or SNRIs. Written by or in consultation with psychiatry.
<b>GLP-1s</b>	
Bydureon, Byetta	Formulary (Tier 2). ST of metformin
Tanzeum, Trulicity	Non-Formulary (Tier 3). ST of Byetta, Bydureon or Victoza.
<b>Heart Failure Therapy</b>	
Bisoprolol, Metoprolol	Formulary (Tier 1).
Corlanor	Non-Formulary (Tier 3). Should not be on a beta-blocker concurrently.
Entresto	Non-Formulary (Tier 3). ST of ACE Inhibitor or ARB. Should not be on an ACE Inhibitor concurrently.

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PAGE 2



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<b>Hmg CoA Reductase Inhibitors</b>	
Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Simvastatin	Formulary (Tier 1). Removed ST. QL of 1/day.
Crestor 5mg, 10mg	(Tier 2) ST of: atorvastatin, lovastatin, pravastatin or simvastatin within past 120 days. QL of 1/day.
Altoprev, Lescol XL, Livalo	Non-Formulary (Tier 3). ST of one of the following: atorvastatin, lovastatin, pravastatin or simvastatin. QL of 1/day.
<b>Zetia &amp; Hmg CoA Reductase Inhibitors</b>	
Advicor, Liptruzet, Simcor	Non-Formulary (Tier 3). ST of generic statin: atorvastatin, lovastatin, pravastatin or simvastatin.
Vytorin	Formulary (Tier 2). ST of simvastatin. QL of 1/day.
Zetia	Formulary (Tier 2). Remove PA. QL of 1/day.
<b>MISCELLANEOUS</b>	
Xifaxan	Non-Formulary (Tier 3). PA required. Added to Specialty Drug List.
Treximet	Non-Formulary (Tier 3). QL apply.
Tivorbex	Non-Formulary (Tier 3). PA required.
Irenka	Non-Formulary (Tier 3). ST of duloxetine and an SNRI or SSRI. QL 1/day.
Tuzistra XR	Non-Formulary (Tier 3). ST of promethazine/codeine. QL 200ml per 10 days.
Aptensio XR	Non-Formulary (Tier 3). ST of methylphenidate IR, generic Adderall, long acting formulation of methylphenidate (ER, LA, CD). PA required for new starts over greater than or equal to 17 years of age.

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PAGE 3