



Rx Prescription Update

To: All Sharp Health Plan Providers
From: Kate Tepedino, PharmD
Date: June 1, 2018

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

New Drug Updates	
Admelog	ST: Trial of Humalog. QL: #40mls (4 vials) per 28 days. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Admelog Solostar	ST: Trial of Humalog. QL: #30mls (10 pens) per 28 days. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Adzenys ER	PA. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Alunbrig	PA. Specialty. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Benznidazole	Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 2
Bydureon Bcise	ST: Trial of Fortamet, Metformin HCL, or Riomet. QL: #1 pen per 7 days. Commercial – Tier 2 Covered CA/Mirrored Plans – Tier 2
Calquence	PA. Specialty. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Clenpiq	Commercial – Preventative Covered CA/Mirrored Plans – Preventative
Impoysz	Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Juluca	Specialty. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4

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

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Lyrica CR	ST: Trial of Lyrica IR and two of the following (Amitriptyline, Fanatrex, Gabapentin, Gralise, or Savella). QL: 165mg and 82.5mg - #3 tabs per day. QL: 330mg - #2 tabs per day. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Methylphenidate ER	PA for Age >= 17 years old. QL: #1 tab per day. Commercial – Tier 1 Covered CA/Mirrored Plans – Tier 1
Odactra	PA. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Ozempic	ST: Trial of two of the following: Bydureon, Byetta, Metformin HCL, or Victoza. QL: 0.25mg/0.2ml - #1.5mls (1 pen) per 28 days. QL: 1mg/0.75ml - #3mls (2 pens) per 28 days. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Prevymis	PA. Specialty. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Qtern	ST: Trial of formulary SGLT2 (Invokana, Invokamet) or DPP4 inhibitor (Tadjenta, Jentaducto, Januvia, Janumet, Janumet XR). QL: #1 tab per day. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Qvar Redihaler	QL: #17.4 grams per 30 days. Commercial – Tier 1 Covered CA/Mirrored Plans – Tier 1
Retin-A Micro Pump	PA. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Solosec	ST: Trial of Metronidazole (oral or intravaginal) or Clindamycin (oral or intravaginal). QL: #1 packet per month. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3

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Steglatro	ST: Trial of Invokana, Invokamet, Invokamet XR, Jardiance, Synjardy, or Synjardy XR. QL: 5mg #2 tabs per day. QL: 15mg #1 tab per day. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Tracleer tablets for suspension	PA. Specialty. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Vyzulta	ST: Trial of Latanoprost AND Lumigan or Alphagan P. QL: #5mls (1 bottle) per 30 days. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Xhance	PA. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Xigduo XR	ST: Trial of Invokana, Invokamet, Invokamet XR, Jardiance, Synjardy, or Synjardy XR. QL: #2 tabs per day. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Ximino	ST: Trial of generic Minocycline IR tablets/capsules AND generic Minocycline ER tablets. QL: #1 cap per day. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Additional Updates	
Chlorambucil	PA. Specialty.
Clozapine	QL: 12.5mg, 25mg, and 100mg - #9 tabs per day. QL: 150mg - #6 tabs per day. QL: 200mg - #5 tabs per day. QL: 50mg/ml - #18mls per day.
Fazaclo	Maintained: Limited to psychiatrist or psychiatric nurse practitioner. ST: Trial of Clozapine, Loxapine Succinate, Olanzapine, Quetiapine Fumarate, Risperidone, Selective Serotonin Reuptake Inhibitor (SSRIs), Serotonin Norepinephrine Reuptake Inhibitors (SNRIs), or Ziprasidone HCL QL: 12.5 mg, 25mg, and 100mg - #9 tabs per day. QL: 150mg - #6 tabs per day. QL: 200mg - #5 tabs per day.
Ferriprox	PA. Specialty.

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Hepatitis C medications: Harvoni, Epclusa, Sovaldi, Vosevi, Mavyret	PA. Specialty. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Keppra XR (levetiracetam)	Removed PA.
Matulane	PA. Specialty.
Mitomycin	PA.
Nilutamide	PA. Specialty.
Selzentry Solution	PA. Specialty.
Spiriva Respimat	Age Limit >= 6 years old. ST: Trial of Beta-adrenergic and Glucocorticoid combinations or orally inhaled Glucocorticoids.
Voriconazole	PA.

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.

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Fax Blast



News Flash

To: Sharp Health Plan Providers
Attn: Providers and Provider Office Staff
From: Sharp Health Plan
Date: June 1, 2018
Subject: **Important Shingrix Shingles Vaccination Reminder**

Attention Provider Partner:

We would like to remind you of the Sharp Health Plan policy for the Shingrix Shingles Vaccination:

- **There is no copay or cost share to our members for this vaccination while following the recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.**

Shingrix Recommendations

CDC recommends Shingrix (recombinant zoster vaccine) as a preferred vaccine over Zostavax (zoster vaccine live) for the prevention of herpes zoster (shingles) and related complications for patients 50 years of age and older. CDC recommends two doses of Shingrix separated by two to six months for immunocompetent adults 50 years of age and older:

- Whether or not they report a prior episode of herpes zoster
- Whether or not they report a prior dose of Zostavax
- Who have chronic medical conditions (e.g., chronic renal failure, diabetes mellitus, rheumatoid arthritis, chronic pulmonary disease), unless a contraindication or precaution exists. Similar to Zostavax, Shingrix may be used for adults who are:
 - Taking low-dose immunosuppressive therapy
 - Anticipating immunosuppression
 - Have recovered from an immunocompromising illness

Zostavax® may still be used to prevent shingles in healthy adults 60 years and older. For example, you could use Zostavax if a person is allergic to Shingrix, prefers Zostavax, or requests immediate vaccination and Shingrix is unavailable.

Please contact SHP Customer Care at (858) 499-8300 if you have any questions.

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