



Prescription Update

To: Sharp Health Plan Providers
Attn: Providers and Provider Office Staff
From: Sharp Health Plan
Date: January 26, 2018
Subject: **Important Updates to Sharp Health Plan’s Drug Formulary**

Attention Provider Partner:

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

New Drug Updates	
Armonair Respiclick	ST: Trial of Flovent Diskus or Flovent HFA. QL: #1 inhaler/30 days. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Baxdela	Added PA. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Carospir	Added PA. QL: #600ml/30 days. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Cotempla XR ODT	ST: Trial of Adderall (or generic), or methylphenidate IR, or methylphenidate ER/LA/CD. QL: #1 tab/day. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Duzallo	ST: Trial of Uloric or allopurinol. QL: #1 tab/day. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4
Fiasp and Fiasp FlexTouch	ST: Trial of Humalog or Humalog Kwikpen. QL: #40ml/28 days (vial), #30ml/28 days (FlexTouch). Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4

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 has been received in error, please notify Sharp Health Plan immediately at the telephone number listed above and destroy all information received.





Flolipid	ST: Trial of simvastatin tablets. QL: #15ml/day (20mg/5ml), #5ml/day (40mg/5ml). Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Gocovri	ST: Trial of amantadine. QL: #2 caps/day (137mg), #1 cap/day (68.5mg). Commercial - Tier 3 Covered CA/Mirrored Plans – Tier 4
Humalog Junior Kwikpen	QL: #30ml/28 days Commercial: Tier 1 Covered CA/Mirrored Plans – Tier 2
Idhifa	Added PA. Specialty. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Kamdoy	Added PA. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Mydayis	ST: Trial of Adderall XR (or generic). QL: #1 cap/day. PA required if member <13y/o Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Nityr	Added PA. Specialty. Commercial - Tier 3 Covered CA/Mirrored Plans – Tier 4
Nymalize (new strength)	Added PA. Commercial - Tier 3 Covered CA/Mirrored Plans – Tier 3
Symproic	Added PA. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
Trelegy Ellipta	ST: Trial of 2 preferred COPD inhalers. QL: #1 inhaler/30 days (package size=60), #2 inhalers/30 days (package size=28). Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 4

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 has been received in error, please notify Sharp Health Plan immediately at the telephone number listed above and destroy all information received.





Verzenio	Added PA. Specialty. Commercial - Tier 3 Covered CA/Mirrored Plans - Tier 4
Xigduo XR	QL change #2 tabs per day (2.5mg-1000mg), #1 tab/day (5mg-500mg)
Zodex	ST: Trial of dexamethasone or DexPak. Commercial – Tier 3 Covered CA/Mirrored Plans – Tier 3
HEP C Updates	
Mavyret	Commercial - Tier 3. PA required. Specialty. Covered CA/Mirrored Plans - Tier 4. PA Required. Specialty. Mavyret is Plan co-preferred with Epclusa and Harvoni.
Vosevi	Commercial - Tier 3. PA required. Specialty. Covered CA/Mirrored Plans - Tier 4. PA Required. Specialty. Vosevi is Plan preferred for salvage therapy.

PA=Prior authorization, QL=Quantity limit, ST=Step therapy NP=Non-Preferred.

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.

Warm regards,

Kate Tepedino, PharmD
Manager, Pharmacy Benefits

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 has been received in error, please notify Sharp Health Plan immediately at the telephone number listed above and destroy all information received.

