



SoonerCare Fax Blast

June 16, 2009

SUBJECT: Corrections and Prescription Updates

Dear Provider:

Soon To Be Sooners Coverage Correction

The SoonerCare Pharmacy Update dated June 3, 2009 included a list of medications that will be available to Soon To Be Sooners members without prior authorization. Amoxicillin/clavulanate was incorrectly included on the list. This medication will continue to require prior authorization for Soon To Be Sooners members.

Prior Authorization Update

This update is part of an ongoing series featuring SoonerCare medication prior authorization (PA) criteria. Each update includes current information on different therapeutic categories.

- PA information for all therapeutic categories is available at www.okhca.org/providers/rx/pa.
- PA forms are available at www.okhca.org/rx-forms.

Diabetes Medications

Byetta® Authorization Criteria:

- Member must have Type 2 diabetes and be taking metformin, sulfonylurea, thiazolidinedione, or a combination without achieving adequate glycemic control (HbA1C \geq 6.5).
- Members who have taken a sulfonylurea, metformin, or thiazolidinedione for 90 of the past 180 days will not require prior authorization.
- Clinical exception granted if Byetta is prescribed by an endocrinologist.

Symmlin® Authorization Criteria:

- **Members with Type 1 and Type 2 diabetes using insulin must:**
 - Be using basal-bolus insulin regimen (basal insulin plus rapid acting with meals), and
 - Have failed to achieve adequate glycemic control on basal-bolus regimen or are gaining excessive weight on basal-bolus regimen, and
 - Receive ongoing care under the guidance of a health care professional
- **Members meeting the following criteria should not be considered for Symmlin® therapy:**
 - Poor compliance with insulin regimen
 - Poor compliance with self-monitoring of blood glucose
 - HbA1C > 9%
 - Recurrent severe hypoglycemia requiring assistance in past 6 months
 - Presence of hypoglycemia unawareness
 - Diagnosis of gastroparesis
 - Require use of drugs that stimulate GI motility
 - Pediatric patients (< 15 years old)

Fortamet®, Glumetza® Authorization Criteria:

- Approval will be based on clinical documentation of inability to take other forms of generic metformin ER, after slow titration of 500mg ER at 2-week intervals up to 2000mg daily.