

Pharmacy Services (800) 522-0114, option 4

December 17, 2018

Step Therapy Tier Changes

The following changes will take effect January 1, 2019. Complete tier lists and prior authorization (PA) criteria can be found on our website at www.okhca.org/pa. Pharmacy prior authorization forms can now be found at www.okhca.org/pa. Pharmacy prior authorization forms can now be found at www.okhca.org/pa. Pharmacy prior authorization forms can now be found at www.okhca.org/pa. Pharmacy prior authorization forms can now be found at www.okhca.org/rxforms.

Analgesics [Non-steroidal Anti-inflammatory Drugs (NSAIDs)]

• Flector[®] Patch (diclofenac topical patch) and Voltaren[®] Gel (diclofenac topical gel) will be available in Tier-1

Angiotensin II Receptor Blocker (ARB)/Calcium Channel Blocker (CCB) Combination Medications

• Exforge[®] HCT (amlodipine/valsartan/hydrochlorothiazide) will be **BRAND** preferred and available in Tier-1; the generic formulation will require prior authorization

Anti-Emetic Medications

• Diclegis[®] (doxylamine/pyridoxine) will be available without prior authorization

Bladder Control Medications

- Sanctura[®] (trospium) will move from Tier-2 to Tier-1
- Detrol LA® (tolterodine extended-release) will move from Tier-3 to Tier-2

Cholesterol and Triglyceride Medications:

• Zetia[®] (ezetimibe) and Lovaza[®] (omega-3-acid ethyl esters) will no longer require prior authorization

Diabetic Medications

- Jentadueto[®] (linagliptin/metformin) and Tradjenta[®] (linagliptin): move from Tier-3 to Tier-2
- Onglyza[®] (saxagliptin) and Kombiglyze[®] XR (saxagliptin/metformin): move from Tier-2 to Tier-3 (current users will be grandfathered despite move up in Tiers)

Fibromyalgia Medications

• Lyrica® (pregabalin) will be available without prior authorization or step therapy criteria

Gonadotropin-Releasing Hormone Medications

• Triptodur[®] (triptorelin) will be available without prior authorization

Stimulant Medications

• Adderall XR[®] (amphetamine/dextroamphetamine extended-release) will no longer be **BRAND** preferred; the brand formulation will require prior authorization, the generic will remain in Tier-2 and will be preferred

Topical Agents

- Eucrisa® (crisaborole) will require a step through a topical corticosteroid
- Desonide 0.05% lotion and desonide emollient 0.05% cream and ointment: move from Tier-2 to Tier-3
- Fluocinolone acetonide 0.01% cream: move from Tier-1 to Tier-2

Opioid Analgesic Morphine Milligram Equivalent (MME) Limits

Effective January 7, 2019, opioid MME daily totals exceeding 240 will require prior authorization with patient-specific, clinically significant reasoning why the member requires more than 240 MME per day. This limit will be gradually decreased over time, allowing providers to develop tapering plans for appropriate patients and implement them when possible. MME override request via form PHARM-111, available on the SoonerCare website www.okhca.org/rxforms.

Thank you for the services you provide to Oklahomans insured by SoonerCare!

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