SoonerCare Fax Blast

March 18, 2010

SUBJECT: Pharmacy Changes and Updates

Hydrocodone Prescription Limit
SoonerCare members are now limited to 12 hydrocodone prescriptions per 360 days. All prescriptions in excess of the 12/year limit will require prior authorization. Prescriptions filled prior to January 1, 2010 will not count toward the 12/year limit.

Requests for authorization should be submitted on OHCA Form Pharm-04. Approval for continuing therapy is contingent on the following criteria:

1) Member must have a pain contract with a single prescriber. A copy of the pain contract should be submitted with the PA request. Requests outside of the plan outlined in the contract will not be approved.
2) Member has an oncology-related diagnosis and hydrocodone is being used for breakthrough pain and adjustments to dosing are required.

Hydrocodone will not be approved as the only therapy for chronic pain use. Members with chronic pain who require around-the-clock pain control should utilize a long-acting pain medication.

Ribavirin Solution and Dose Packs To Require Prior Authorization
Prior Authorization requirements for ribavirin solution and dose packs take effect March 26. Approval will be based on clinical supporting information regarding the inability of member to swallow, hypersensitivity to tablet or capsule formulation, medical reasons why member cannot take tablet or capsule formulation, or for use in children 3 to 10 years of age (suspension only).

Zipsor® and Cambia® Now in NSAID Step Therapy

Approval Criteria

1) Special indications, or
2) Previous use of at least 2 Tier-1 NSAIDs from different product lines, AND
3) Reason why a special formulation is needed over a lower-tiered product

For more details on NSAID step therapy, please see www.okhca.org/providers/rx/pa.

Prior Authorization Tips

- SoonerCare uses several different forms for different types of pharmacy PA requests. If a request is submitted on the wrong form, processing may be delayed because all the required information isn't included. If you're unsure which form to use for your request, please check with our Pharmacy Help Desk—we'll be happy to help you find the right one.

- Some prior authorization approvals are based on the member having prior trials of other medications from the same therapeutic category that did not yield satisfactory results. Please note that samples of medications dispensed in a physician's office do not negate the trial requirements.

Atypical Antipsychotics Step Therapy
Step therapy requirements take effect April 1, 2010. Requests for authorization should be submitted on OHCA Form Pharm-04.

- Step therapy requirements will not apply to members currently utilizing Tier-2 or Tier-3 medications. The requirements apply to new starts only.

- Tier-1 medications are available without prior authorization.

- There is no co-pay for risperidone for the member at the pharmacy.

Tier-2 Authorization Criteria
- A trial of risperidone, at least 14 days in duration, titrated to recommended dose, that did not yield adequate response or resulted in intolerable adverse effects

Tier-3 Authorization Criteria
- Tier-2 criteria, and

- Trials of both Tier-2 medications, each of which are at least 14 days in duration, titrated to recommended dose, that does not yield adequate response or results in intolerable adverse effects

Other Authorization Criteria
- Authorization of Abilify® or Seroquel® for a diagnosis of depression requires concurrent use of an antidepressant, and previous trials with at least two other antidepressants.

Tier-1	Tier-2	Tier-3
risperidone (**Risperdal®**)	aripiprazole (**Abilify®**)	olanzapine (**Zyprexa®**)
clozapine (**Clozaril®**)	iloperidone (**Fanapt™**)	quetiapine (**Seroquel®**)
		quetiapine ER (**Seroquel XR®**)
		ziprasidone (**Geodon®**)
		paliperidone (**Invega®**)
		asenapine (**Saphris®**)
		clozapine (**Fazaclo®**)
		olanzapine/fluoxetine (**Symbyax®**)