



SoonerCare Fax Blast

July 12th, 2010

SUBJECT: Prior Authorization Effective July 21, 2010

Ilaris® (canakinumab)

Authorization Criteria

1. FDA approved indication of Cryopyrin-Associated Periodic Syndromes (CAPS) verified by genetic testing. This includes Familial Cold Auto-inflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS) in adults and children 4 and older.
2. The member should not be using a tumor necrosis factor blocking agent (e.g. adalimumab, etanercept, and infliximab) or anakinra
3. Should not be initiated in patients with active or chronic infection including hepatitis B, hepatitis C, human immunodeficiency virus, or tuberculosis.
4. Dosing should not be more often than once every 8 weeks.
5. Approved dosing schedule based on weight:
 - a. Body weight >40 kg: 150mg
 - b. Body weight 15 kg – 40 kg: 2mg/kg. If inadequate response, may be increased to 3mg/kg
6. Approval period is for one year.

Requip XL™ (ropinirole) and Mirapex ER™ (pramipexole)

Authorization Criteria

1. Diagnosis of Parkinson's Disease, and
2. Clinically significant reason why the immediate release products cannot be used

Lovaza® (Omega-3-Acid Ethyl Esters)

Authorization Criteria

1. Laboratory documentation of severe hypertriglyceridemia (fasting triglycerides \geq 500 mg/dL).
2. Previous failure with both nicotinic acid and fibric acid medications.

Pharmacy Help Desk Phone Numbers (405)522-6205 option 4 or (800)522-0114 option 4
Service Hours: Monday – Friday (8:30a – 7:00p); Saturday (9:00a – 5:00p); Sunday (11:00a – 5:00p)

Email: pharmacy@okhca.org OHCA Website: www.okhca.org

PA Criteria: www.okhca.org/providers/rx/pa PA forms: www.okhca.org/rx-forms