



☐ **SoonerCare Fax Blast**

April 26, 2013

The following changes will take effect May 8, 2013.

Chronic Obstructive Pulmonary Disease Medications Step Therapy

Tier 1 products are available without prior authorization.

Tier 2 Approval Criteria:

- 1) The member must be age 18 or older, and
- 2) Have a diagnosis of COPD, chronic bronchitis, or emphysema, and
- 3) A 4 week trial of at least one LABA and a four week trial of one LAMA within the past 90 days, or
- 4) A documented adverse effect, drug interaction, or contraindication to all available Tier 1 products.
- 5) A clinical exception will be made for members who are unable to effectively use hand-actuated devices, such as Spiriva Handihaler[®] or those who are stable on nebulized therapy.

Tier 1	Tier 2
Long Acting Beta₂ Agonists* (LABA)	
Serevent[®] (Salmeterol inhalation powder) Foradil[®] (formoterol aerosolized powder)	Perforomist[®] (formoterol nebulizer solution) Brovana[®] (arformoterol nebulizer solution) Arcapta[®] (indacaterol inhalation powder)
Long Acting Anticholinergics (LAMA)	
Spiriva[®] (tiotropium inhalation powder)	Tudorza[®] (aclidinium inhalation powder)

*Combination agents that contain a Tier 1 ingredient qualify as Tier 1 agents

Orapred ODT[®] Prior Authorization

Approval Criteria:

- 1) Approval requires a patient specific, clinically significant reason why the member cannot use prednisone tablets.
- 2) Orapred ODT[®] will have a quantity limit of 10 tabs per 30 days available without prior authorization for members 10 years or younger

Diabetes Medications Step Therapy

Tier 1 products are available without prior authorization. Approval

Criteria:

- 1) To qualify for a Tier 2 medication, the member must have a trial of a Tier 1 medication (must include a trial of metformin titrated up to maximum dose), or a clinical reason why a Tier 1 medication is not appropriate.
- 2) For initiation with dual or triple therapy, additional Tier 2 medications can be approved based on current AACE or ADA guidelines.
- 3) To qualify for a Tier 3 medication, the member must have tried a Tier 2 medication in the same category and have a documented clinical reason why the Tier 2 medication is not appropriate.
- 4) To qualify for a Special Prior Authorized medication, the member must be currently stabilized on the requested product or have attempted at least 3 other categories of Tier 2 or Tier 3 medications, or have a documented clinical reason why the requested product is necessary for the member.

Tier 1	Tier 2	Tier 3	Special PA
<p><u>Biaguanides</u> Glucophage® (metformin) Glucophage XR® (metformin SR) Glucovance® (metformin-glyburide) Metaglip® (metformin-glipizide)</p> <p><u>Sulfonylureas</u> Diabeta® (glyburide) Micronase® (glyburide micronized) Glucotrol® (glipizide) Glucotrol XL® (glipizide SR) Amaryl® (glimepiride)</p> <p><u>Miscellaneous</u> chlorpropamide tolbutamide</p>	<p><u>DPP-4 Inhibitors</u> Tradjenta® (linagliptin) Onglyza® (saxagliptin) Kombiglyze® (saxagliptin-metformin) Jentadueto™ (linagliptin-metformin) Januvia® (sitagliptin) Janumet® (sitagliptin-metformin) Janumet XR® (sitagliptin-metformin ER) Juvisync® (sitagliptin-simvastatin)</p> <p><u>Thiazolidinediones</u> Actos® (pioglitazone)</p> <p><u>Glinides</u> Prandimet® (repaglinide-Metformin) Prandin® (repaglinide) Starlix® (nateglinide)</p> <p><u>GLP-1 Agonists</u> Victoza® (liraglutide)</p> <p><u>Alpha-Glucosidase Inhibitors</u> Precose® (acarbose)</p>	<p><u>DPP-4 Inhibitors</u> Nesina® (alogliptin) Kazano® (alogliptin-metformin) Oseni® (alogliptin-pioglitazone)</p> <p><u>Thiazolidinediones</u> Actoplus Met , Actoplus Met XR® (pioglitazone-metformin) Duetact® (pioglitazone-glimepiride)</p> <p><u>GLP-1 Agonists</u> Byetta® (exenatide) Bydureon® (exenatide)</p> <p><u>Alpha-Glucosidase Inhibitors</u> Glyset® (miglitol)</p> <p><u>SGLT2 Inhibitor</u> Invokana® (canagliflozin)</p>	<p><u>Biaguanides</u> Riomet® (metformin solution) Fortamet , Glumetza® (metformin long-acting)</p> <p><u>Thiazolidinediones</u> Avandia® (rosiglitazone) Avandamet® (rosiglitazone-metformin) Avandaryl® (rosiglitazone-glimepiride)</p> <p><u>Amylinomimetic</u> Symlin® (pramlintide)</p>

We appreciate the services you provide to Oklahomans insured by SoonerCare.

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/Step Therapy Tiers: www.okhca.org/providers/rx/pa PA forms: www.okhca.org/rx-forms