



April 4, 2022

RE: Azopt® 1%, Istalol® 0.5%, Jakafi® Coverage Changes Effective April 18, 2022

Azopt® 1%

Azopt® (brinzolamide 1% ophthalmic suspension) will be brand preferred. Brand Azopt 1% is a Tier-1 medication available without prior authorization (PA).

Istalol® 0.5%

Istalol® (timolol maleate 0.5% ophthalmic solution) will move to the Special PA category. The PA criteria for reimbursement of Istalol® is as follows:

1. An FDA approved diagnosis; and
2. A patient-specific, clinically significant reason why a special formulation is needed over a Tier-1 or Tier-2 medication; or
3. Approvals may be granted if there is a documented adverse effect, drug interaction, or contraindication to all Tier-1 and Tier-2 medications; or
4. Approvals may be granted if there is a unique FDA approved indication not covered by all Tier-1 and Tier-2 medications; and
5. The member must have had a comprehensive, dilated eye exam within the last 365-day period as recommended by the National Institutes of Health; and
6. Approvals will be for the duration of 1 year.

Jakafi®

Jakafi® (ruxolitinib) will require PA. SoonerCare members currently taking Jakafi® will be approved for continuation of therapy. New requests for Jakafi® need to be submitted on the drug-specific PA form, PHARM-198, found on the OHCA website at <https://oklahoma.gov/ohca/rxforms>. The PA criteria for reimbursement of Jakafi® is as follows:

Jakafi® (ruxolitinib) Approval Criteria [Graft-Versus-Host Disease (GVHD) Diagnosis]:

1. Diagnosis of acute or chronic GVHD; and
2. Failure of at least 1 prior line of systemic therapy; and
3. Member must be 12 years of age or older.

Jakafi® (ruxolitinib) Approval Criteria [Myelofibrosis (MF) Diagnosis]:

1. Diagnosis of MF; and
2. Used in 1 of the following settings:
 - a. Symptomatic lower-risk MF with no response or loss of response to peginterferon alfa-2a or hydroxyurea; or
 - b. Intermediate to high-risk MF; and
3. Member must be 18 years of age or older.

Jakafi® (ruxolitinib) Approval Criteria [Polycythemia Vera Diagnosis]:

1. Diagnosis of polycythemia vera; and
2. Inadequate response or loss of response to hydroxyurea or peginterferon alfa-2a therapy; and
3. Member must be 18 years of age or older.

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

SOONERCARE PHARMACY SERVICES • PHARMACY MANAGEMENT CONSULTANTS



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