



## SoonerCare Fax Blast

**August 11, 2009**

**SUBJECT: Individual Physician Contract Renewals, Medical Home Tier Update, and Osteoporosis Medications Step Therapy**

Dear Provider:

Individual Physician Contracts expire September 30, 2009. OHCA recommends that you submit your renewal by September 10, 2009 to avoid a gap in your payment. A new medical home tier self assessment form must be submitted with the contract renewal.

All SoonerCare Choice providers need to update their medical home tier self assessment forms at this time. Requests for higher tier levels will be reviewed. All medical home tier self assessment forms need to be submitted by November 1, 2009. Please mail your medical home tier self assessments to:

OHCA Provider Services  
Attn: Melody Anthony  
PO Box 18506  
OKC, OK 73154

The medical home tier self assessment forms can be found on the OHCA public website at [www.okhca.org](http://www.okhca.org). Any changes in medical home tier payment will be effective January 1, 2010.

### **Pharmacy Update:**

#### **Osteoporosis Medications Step Therapy**

Step therapy requirements will take effect on August 19, 2009.

- For Pharmacy prior authorization, use form Pharm-4.
- For Outpatient/Physician prior authorization, use form Pharm-18.
- PA forms are available at [www.okhca.org/rx-forms](http://www.okhca.org/rx-forms). Submit both Pharmacy and Outpatient/ Physician PA requests for osteoporosis medications to the OHCA Pharmacy Prior Authorization Department at the OU College of Pharmacy using the fax numbers listed on the forms.

Tier-1*	Tier-2	Tier-3
Alendronate (Fosamax®) Calcium + Vitamin D†	Alendronate + D (Fosamax®+D) Ibandronate (Boniva®) Risedronate (Actonel®)	Zoledronic acid (Reclast®) Teriparatide (Forteo®)

\*Branded products will require a brand name override. Calcitonin and raloxifene are not included as Tier-1 trials.

†Must be used at recommended doses in conjunction with Tier-1 bisphosphonate for trial to be accepted unless member has a recent laboratory result showing adequate Vitamin D or member is unable to tolerate calcium. OTC Calcium and Vitamin D are only covered for members with osteoporosis. See [www.okhca.org/providers/rx](http://www.okhca.org/providers/rx) for a list of covered products.

**Criteria for Moving to Higher Tiers:**

1. Treatment failure with all lower tiered products, or
2. Contraindication to all lower tiered products, or
3. Allergic reaction to all lowered tiered products, or
4. Specific indication not covered by a lower tiered product.
5. No concomitant use of bisphosphonate therapy will be approved. No additional bisphosphonate may be approved for 365 days following zoledronic acid infusion.
6. Clinical Exceptions:
  - Risedronate (Actonel®) may be approved for members with high risk for gastric side effects.
  - Zoledronic acid (Reclast®) may be approved for members with a diagnosis of Paget’s disease or for osteoporosis if secondary diagnosis meets criteria below:
    - i. Severe esophageal disease (e.g., ulcerations, strictures)
    - ii. Inability to take anything by mouth
    - iii. Inability to sit or stand for prolonged periods
    - iv. Inability to take an oral bisphosphonate for other special medical circumstances that justify the method of administration
  - Teriparatide (Forteo®) may be used after a minimum 12 month trial with a bisphosphonate plus adequate calcium and vitamin D (unless contraindicated, intolerant, or allergic) and a BMD (T-score at or below -2.5) test within the last month.

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](mailto:pharmacy@okhca.org) OHCA Website: [www.okhca.org](http://www.okhca.org)

PA Criteria: [www.okhca.org/providers/rx/pa](http://www.okhca.org/providers/rx/pa) PA forms: [www.okhca.org/rx-forms](http://www.okhca.org/rx-forms)