Pharmacy Update

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

December 19, 2011

Transition to NCPDP D.0

OHCA will begin processing pharmacy claims using the NCPDP D.0 standard on Wednesday, December 28th at approximately 1:30 a.m. We will not support simultaneous processing of NCPDP 5.1 and NCPDP D.0 claims, so all claims must be submitted using the D.0 standard as of this date.

To minimize disruptions and ensure that appropriate support resources are available for pharmacies on the day of transition, OHCA has elected to proceed with the transition prior to the federally mandated 1/1/2012 deadline. We have successfully conducted testing with numerous software vendors, and expect that the transition to NCPDP D.0 processing should proceed smoothly. If you have any concerns regarding your readiness, please contact your software vendor.

Step Therapy Tier Updates

The following changes will take effect January 1, 2012. For complete prior authorization criteria and step therapy tiers, please see www.okhca.org/providers/rx/PA.

ADHD:

- Intuniv – Tier 1
- Adderall XR – Branded version Tier 1, Generic version Tier 2

ARBS

- Avalide – Tier 3
- Avapro – Tier 3

Atypical Antipsychotic

- Saphris – Tier 2
- Geodon – Tier 3

Bladder Control

- Sanctura XR – Tier 3

Nasal Allergy

- Nasonex – Tier 3

Diabetes Medications

The following authorization criteria will apply effective January 1, 2012:

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 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 medications, or have a documented clinical reason why the requested product is necessary for the member.

4. For members with steatohepatitis, pioglitazone can be approved after 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.

Tier 1	Tier 2	Special PA
Biaguanides	**DPP-4 Inhibitors**	**Biaguanides**
Metformin	Saxagliptin (Onglyza®)	Riomet Soln
Metformin SR	Saxagliptin-Metformin (Kombiglyze®)	Metformin Long-Acting
Metformin-Glyburide	Sitagliptin (Januvia®)	
Metformin-Glipizide	Sitagliptin-Metformin (Janumet®)	**Thiazolidinediones**
	Linagliptin (Tradjenta®)	Rosiglitazone (Avandia®)
Sulfonylureas		Rosiglitazone-Metformin (Avandamet®)
Glyburide	**Glinides**	Rosiglitazone-Glimepiride (Avandaryl®)
Glyburide Micronized	Repaglinide-Metformin (Prandimet®)	Pioglitazone (Actos®)
Glipizide	Repaglinide (Prandin®)	Pioglitazone-Metformin (Actoplus Met®)
Glipizide SR	Nateglinide (Starlix®)	Pioglitazone (Actos®)
Glimepiride		Pioglitazone-Glimepiride (Duetact®)
	GLP-1 Agonists	
Miscellaneous	Exenatide (Byetta®)	**Amylinomimetic**
Chlorpropamide	Liraglutide (Victoza®)	Pramlintide (Symlin®)
Tolbutamide		
	Alpha-Glucosidase Inhibitors	**Alpha-Glucosidase Inhibitors**
	Acarbose (Precose®)	Miglitol (Glyset®)

Biologic Products for Rheumatoid Arthritis, Crohn's Disease, Plaque Psoriasis, and Ankylosing Spondylitis

The following authorization criteria will apply effective January 1, 2012:

Tier 2 authorization criteria:

1. FDA approved diagnosis
2. A trial of at least one Tier 1 product in the last 90 days that did not yield adequate relief of symptoms or resulted in intolerable adverse effects.
3. Prior stabilization on the Tier 2 medication documented within the last 100 days.

Tier 3 authorization criteria:

1. FDA approved diagnosis
2. Recent trials of one Tier 1 product and all available Tier 2 medications that did not yield adequate relief of symptoms or resulted in intolerable adverse effects.
3. Prior stabilization on the Tier 3 medication documented within the last 100 days.
4. A unique FDA-approved indication not covered by Tier 2 products.

Tier 1	Tier 2	Tier 3
DMARDs appropriate to disease state: Methotrexate Hydroxychloroquine Sulfasalazine Minocycline Leflunomide Mesalamine 6-Mercaptopurine Azathioprine	Adalimumab (Humira®) Certolizumab pegol (Cimzia®) Etanercept (Enbrel®) Golimumab (Simponi®) Ustekinumab (Stelara®)	Abatacept (Orencia®) Alefacept (Amevive®) Anakinra (Kineret®) Infliximab (Remicade®) Rituximab (Rituxan®) Tocilizumab (Actemra®)

Pediculicides

The following authorization criteria will apply effective January 1, 2012:

1. Approval of Tier 2 medication requires a trial with one Tier 1 medication with inadequate response or adverse effect.
2. Approval of Tier 3 medication requires trials with all available Tier 2 medication(s) with inadequate response or adverse effect.

Tier 1	Tier 2	Tier 3
Covered OTC Permethrin Products	Benzoyl Alcohol (Ulesfia™) Lotion Ovide® (brand only)	Lindane Lotion & Shampoo Crotamiton (Eurax®) Lotion Malathion (generic only)

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