

August 12, 2019

**RE: Diclegis® (Doxylamine/Pyridoxine), Lyrica® (Pregabalin), Methylin® (Methylphenidate) Solution, and Seconal Sodium™ (Secobarbital Sodium) Updates**

Dear SoonerCare Provider,

The purpose of this fax is to provide updates regarding coverage of Diclegis® (doxylamine/pyridoxine), Lyrica® (pregabalin), Methylin® (methylphenidate) solution, and Seconal Sodium™ (secobarbital sodium).

- **Diclegis® (doxylamine/pyridoxine) is brand name preferred and is currently available without prior authorization.** Authorization of the generic doxylamine/pyridoxine tablets requires a patient-specific, clinically significant reason why brand formulation Diclegis® (doxylamine/pyridoxine) tablets are not appropriate.
- **Lyrica® (pregabalin) is brand name preferred and is available without prior authorization.** Authorization of the generic pregabalin capsules requires a patient-specific, clinically significant reason why brand formulation Lyrica® (pregabalin) capsules are not appropriate.
- **Methylin® (methylphenidate) solution is brand name preferred.** Methylin® solution and chewable tablets currently require prior authorization. The authorization criteria for reimbursement is as follows:

**Methylin® Chewable Tablets and Solution Approval Criteria:**

1. A covered diagnosis; and
2. A patient-specific, clinically significant reason why the member cannot use methylphenidate immediate-release tablets must be provided; and
3. Use of Methylin® chewable tablets or generic Methylin® solution will require a patient-specific, clinically significant reason why the member cannot use the brand formulation of Methylin® solution (brand name Methylin® solution is the preferred product); and
4. An age restriction of 10 years and younger will apply. Members older than 10 years of age will require a patient-specific, clinically significant reason why a special formulation product is needed.

- **Effective September 02, 2019, Seconal Sodium™ (secobarbital sodium) will require prior authorization.** The authorization criteria for reimbursement is as follows:

**Seconal Sodium™ (Secobarbital Sodium Capsule) Approval Criteria:**

1. An FDA approved indication for 1 of the following:
  - a. The short-term treatment of insomnia; or
  - b. A preanesthetic; and
2. A patient-specific, clinically significant reason why the member cannot use other cost-effective therapeutic alternatives must be provided; and
3. For the short-term treatment of insomnia, a quantity limit of 1 capsule per day not to exceed 14 capsules per 30 days will apply.

Specific prior authorization criteria and Tier charts for the above medications can be downloaded from [www.okhca.org/pa](http://www.okhca.org/pa) by clicking on the applicable Therapeutic Category. If a member requires any of the above medications, prior authorization requests can be submitted for consideration to SoonerCare Pharmacy Services. Prior authorization request forms can be found online at [www.okhca.org/rxforms](http://www.okhca.org/rxforms) (PHARM-04).

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