



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

December 30, 2008

Singulair® Prior Authorization

Effective January 14, 2009, Singulair® will require prior authorization.

For members with a diagnosis of asthma the following criteria will apply:

Children age 11 and under:

- Diagnosis of asthma, or
- A claim for inhaled corticosteroid, or
- Use of 3 or more rescue medications
- All claims should be within the member’s previous year’s history.

Children age 12 and older and adults:

- Diagnosis of mild or moderate persistent asthma, and/or exercise induced asthma, and
- Trial of inhaled corticosteroid AND corticosteroid/LAB₂A therapy within the previous 6 months, with inadequate control of asthma.

Claims submitted for Singulair® will trigger an automatic check for asthma diagnoses and prior fills of inhaled corticosteroids / asthma rescue medications in the member’s claims history. If the appropriate criteria are detected, these claims will be paid with no prior authorization required.

For members with a diagnosis of allergic rhinitis the following criteria will apply:

For members 2 years of age or older:

- Trials of an antihistamine and nasal corticosteroid, each 14 days in duration, that have failed to relieve allergic rhinitis symptoms.
- Agents may be used concomitantly or consecutively within the past 30 days.

For members less than two years of age:

- Trial of an oral antihistamine, 14 days in duration, which has failed to relieve allergic rhinitis symptoms. (Trial must have occurred within the past 30 days.)

HFA Rescue Inhalers Step Therapy

The following criteria will apply effective January 14, 2009.

HFA Rescue Inhalers	
<ul style="list-style-type: none"> ▪ Tier-1 products are available without prior authorization. ▪ Tier-2 authorization requires: <ol style="list-style-type: none"> 1) Approved or clinically accepted indication, and 2) Specific reason member cannot use all available tier-1 products 	
Tier 1	Tier 2
ProAir® HFA (albuterol HFA)	Xopenex® HFA (levalbuterol HFA)*
Proventil® HFA (albuterol HFA)	
Ventolin® HFA (albuterol HFA)	
<p>*Xopenex® authorization requests should document why the member is unable to use racemic albuterol. If prescribed for asthma, member should also be utilizing inhaled corticosteroid therapy for long-term control. Dose of levalbuterol requested cannot be less than the racemic equivalent documented on the prior authorization request.</p>	

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