



December 14, 2020

2021 Plan Changes

The following changes will take effect January 1, 2021. Complete tier lists and prior authorization (PA) criteria can be found on our website at www.okhca.org/pa. Pharmacy prior authorization forms can be found at www.okhca.org/rxforms.

Angiotensin II Receptor Blocker (ARB)/Calcium Channel Blocker (CCB) Combination Medications

- Exforge® HCT (amlodipine/valsartan/hydrochlorothiazide) will no longer be BRAND preferred; the generic will move from Tier-2 to Tier-1.

Diabetic Medications

- Trulicity® (dulaglutide) will move from Tier-3 to Tier-2.

Dry Eye Disease Medications

- Xiidra® (lifitegrast) will require a diagnosis of dry eye disease (DED) in members 17 years of age or older who have addressed environmental factors, have trials of at least 3 over-the-counter (OTC) products for 3 days in the last 30 days that failed to relieve signs and symptoms of dry eyes, and have a patient-specific, clinically significant reason why the member cannot use Restasis® (cyclosporine ophthalmic emulsion) which is available without a PA.

Prenatal Vitamins

- Select-OB®+DHA and Vitafof®-OB+DHA will now be preferred. For a complete list of preferred prenatal vitamins, visit our website at www.okhca.org/rx.

Respiratory Medications

- Utibron® Neohaler® (indacaterol/glycopyrrolate) will require a diagnosis of chronic obstructive pulmonary disease (COPD) in members 18 years of age or older and a patient-specific, clinically significant reason why the member cannot use Tier-1 long-acting beta2 agonist (LABA) and long-acting muscarinic antagonist (LAMA) individual components.

Stimulant Medications

- Daytrana® (methylphenidate patch) will move from Special PA to Tier-1 and will include an age restriction of 10 years and younger.
- Methylphenidate extended-release (ER) (generic Concerta®) will move from Tier-3 to Tier-2.
- Aptensio XR® (methylphenidate ER) will move from Tier-1 to Tier-3.

Suboxone® Film Coverage

- Suboxone® (buprenorphine/naloxone) films, brand and generic, will be non-preferred. Only generic buprenorphine/naloxone sublingual tablets will be preferred. Authorization of buprenorphine/naloxone films will require a patient-specific, clinically significant reason why generic buprenorphine/naloxone sublingual tablets are not appropriate. Members currently utilizing Suboxone® films will not be grandfathered.

Targeted Immunomodulator Agents

- Cosentyx® (secukinumab) will move to Tier-3. Current Tier-3 criteria will apply.

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

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