



# Pharmacy Update

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June 12, 2009

## **Soon To Be Sooners Coverage Correction**

The SoonerCare Pharmacy Update dated June 3, 2009 included a list of medications that will be available to Soon To Be Sooners members without prior authorization. Amoxicillin/clavulanate was incorrectly included on the list. This medication will continue to require prior authorization for Soon To Be Sooners members.

## **Prior Authorization Update**

This update is part of an ongoing series featuring SoonerCare medication prior authorization (PA) criteria. Each update includes current information on different therapeutic categories.

- PA information for all therapeutic categories is available at [www.okhca.org/providers/rx/pa](http://www.okhca.org/providers/rx/pa).
- PA forms are available at [www.okhca.org/rx-forms](http://www.okhca.org/rx-forms).

## **Diabetes Medications**

### **Byetta® Authorization Criteria:**

- Member must have Type 2 diabetes and be taking metformin, sulfonylurea, thiazolidinedione, or a combination without achieving adequate glycemic control (HbA1C  $\geq$  6.5).
- Members who have taken a sulfonylurea, metformin, or thiazolidinedione for 90 of the past 180 days will not require prior authorization.
- Clinical exception granted if Byetta is prescribed by an endocrinologist.

### **Symlin® Authorization Criteria:**

- **Members with Type 1 and Type 2 diabetes using insulin must:**
  - Be using basal-bolus insulin regimen (basal insulin plus rapid acting with meals), and
  - Have failed to achieve adequate glycemic control on basal-bolus regimen or are gaining excessive weight on basal-bolus regimen, and
  - Receive ongoing care under the guidance of a health care professional
- **Members meeting the following criteria should not be considered for Symlin® therapy:**
  - Poor compliance with insulin regimen
  - Poor compliance with self-monitoring of blood glucose
  - HbA1C > 9%
  - Recurrent severe hypoglycemia requiring assistance in past 6 months
  - Presence of hypoglycemia unawareness
  - Diagnosis of gastroparesis
  - Require use of drugs that stimulate GI motility
  - Pediatric patients (< 15 years old)

### **Fortamet®, Glumetza® Authorization Criteria:**

- Approval will be based on clinical documentation of inability to take other forms of generic metformin ER, after slow titration of 500mg ER at 2-week intervals up to 2000mg daily.

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