

Pharmacy Services

(800) 522-0114, option 4

December 18, 2015

Step Therapy Tier Changes

The following changes will take effect January 1, 2016. Complete tier lists and prior authorization (PA) criteria can be found on our website at www.okhca.org/providers/rx/PA.

Antidepressants

- Brintellix® (vortioxetine): move from Tier-2 to Tier-3
- Fetzima® (levomilnacipran extended-release): move from Tier 3 to Tier 2

Antihypertensives

- Azor® (amlodipine/olmesartan), Benicar® (olmesartan), Benicar HCT® (olmesartan/HCTZ), and Tribenzor® (olmesartan/amlodipine/HCTZ) : move from Tier-3 to Tier-2
- Exforge HCT® (amlodipine/valsartan/HCTZ): move from Tier-2 to Tier-3

Atypical Antipsychotic Medications

- Fanapt™ (iloperidone) and Invega® (paliperidone) tablets: move from Tier-2 to Tier-3

Cholesterol Medications

- Zetia® (ezetimibe): move from Special Prior Authorization Tier to Tier-2

Diabetic Medications

- Jentaduetto® (linagliptin/metformin) and Tradjenta® (linagliptin): move from Tier-3 to Tier-2
- Starlix® (nateglinide): move from Tier-1 to Tier-2

Fibromyalgia Medications

- Lyrica® (pregabalin): move from Tier-2 to Tier-3
- Savella® (milnacipran): move from Tier-3 to Tier-2

Ocular Allergy Medications

- Pazeo® (olopatadine): move from Tier-3 to Tier-2

Opioid Addiction Medications (buprenorphine/naloxone)

- Suboxone® and Zubsolv® will be the preferred medications. Bunavail™ will be non-preferred.

Prenatal Vitamins

- Concept DHA, Concept OB, Provida OB, Vitafol FE+, Vitafol Nano, and Vitafol Ultra: move to the preferred list (no prior authorization required). The preferred prenatal vitamin list can be found on our website at <http://www.okhca.org/providers.aspx?id=658>

Stimulant Medications

- ProCentra® (dextroamphetamine oral solution): move from Special Prior Authorization Tier to Tier-3 (Ages 5-9 years)

Targeted Immunomodulating Agents

- Cimzia® (certolizumab): move from Tier-2 to Tier-3

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