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
PA Criteria: www.okhca.org/providers/rx/pa  PA forms: www.okhca.org/rx-forms

March 5, 2012

Prior Authorization Updates

The following prior authorization requirements take effect March 19, 2012.

Gout Agents

Colcrys® (colchicine) long term use requires prior authorization.
Approval criteria:
   1. Failure of allopurinol defined by persistent gouty attacks with serum urate levels below 6.5mg/dL.
   2. Clinical reason why colchicine/probenecid would not be a viable option for the member.
   3. Quantity limit of #60 per 30 days will apply for gout.
   4. Members with the diagnosis of Familial Mediterranean Fever verified by genetic testing will be approved for up to 2.4mg per day.

Uloric® (febuxostat) requires prior authorization.
Approval criteria:
   1. Failure of allopurinol defined by persistent gouty attacks with serum urate levels below 6.5mg/dL.
   2. Clinical reason why allopurinol is not a viable option for the member.
   3. Quantity limit of #30 per 30 days will apply.

Bladder Agents

Urelle® and Prosed DS® require prior authorization.
Approval criteria:
   1. Recent 14-day trials within the past 60 days of:
      a. Urogesci Blue®, and
      b. Utira-C®

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