March 20, 2015

Dear Pharmacist,

The Oklahoma Health Care Authority is pleased to announce that pharmacies will be able to submit claims for diabetic testing supplies beginning April 1, 2015. The covered brands are OneTouch, FreeStyle, and Precision test strips and meters. Other brands of strips and meters are not covered. In addition to strips and meters, lancets, syringes, pen needles, and control solution will also be covered in the pharmacy claims system. Supplies for insulin pumps will remain DME claims. For a list of covered products, please visit our webpage at www.okhca.org/rx. Diabetic supplies will be zero copay and will not count against the monthly prescription limit.

After May 31, 2015, diabetic supply claims can be processed by SoonerCare pharmacy providers only. Submit claims using the product NDC and quantity/day supply requested (50 strips = quantity of 50). If you need assistance with the claim, please contact the SoonerCare Pharmacy Helpdesk at the number listed above.

An automated prior authorization process will look for insulin and other diabetic medications on the member’s claims history. It will also look for a diagnosis of gestational diabetes. If the medication or diagnosis is not found in claims history or if the quantity submitted exceeds the maximum allowed, the claim will deny for prior authorization. A copy of the prior authorization form can be found on the attached page and at the OHCA website at www.okhca.org/rx-forms (Form PHARM-35). If you have new orders for insulin or medications and supplies, submit the medication claims first, then the supply claims.

From April 1, 2015 to May 31, 2015, claims may be submitted through either the DME system or the pharmacy POS system. Pharmacy claims will not process before April 1, 2015 and DME claims will not process after May 31, 2015. Prior authorization requests submitted to SoonerCare Pharmacy Services cannot be processed prior to April 1, 2015; if the request is submitted prior to April 1, 2015, it will need to be resubmitted on April 1, 2015 or later. All prior authorizations previously approved through the SoonerCare Medical Authorization Unit will be adjusted with an end date of 05/31/2015.

Please note, automated refills of diabetic supplies are not allowed. Refills should be ordered by the member or the member’s representative.

Thank you for the services you provide to Oklahomans insured by SoonerCare!
State of Oklahoma
Oklahoma Health Care Authority
Diabetic Supplies Prior Authorization Form

Member Name: ____________________________________________

Member ID: ______ ______ ______ ______
Date of Birth: ______/ ______/ ______

Section I (To Be Completed by Dispensing Pharmacy)

Pharmacy Name: _______________________________________
Pharmacy Phone: (______) _______ ______
Pharmacy NPI: ______ ______ ______ ______ ______
Pharmacy Fax: (______) _______ ______

NDC: ______ ______ ______ ______

Product: _____________________________________________
Prescriber Name: _____________________________________
Prescriber Phone: (______) _______ ______
Prescriber NPI: ______ ______ ______ ______ ______

Section II (To Be Completed by Prescriber)

Number of Tests/Day: ______ If greater than established quantity limit, please provide detailed description of reason member needs more frequent testing: _____________________________________________

Diagnosis (Please check one): __________________________

☐ Insulin-Dependent Diabetes (No Insulin Pump)
☐ Insulin-Dependent Diabetes (Insulin Pump)
☐ Non-Insulin Dependent Diabetes
☐ Gestational Diabetes
☐ Other _______________________

ICD-9: ______ ______ ______

Has the prescriber verified that the member has been compliant for at least 30 days with testing frequency ordered based on the member’s blood glucose log? ☐ Yes ☐ No

Most recent date of office visit verifying member exhibits medical necessity for requested testing frequency? _____________________________

Prescriber Signature: ___________________________ Date: ________________

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:
University of Oklahoma College of Pharmacy
Pharmacy Management Consultants
Pds/Beers Prior Authorization Unit
Fax: 1-800-224-9014
Phone: 1-800-322-9014 Option 4

This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.