

## Pharmacy Services

(800) 522-0114, option 4

March 19, 2019

### RE: System Maintenance, Topical Corticosteroid, Glaucoma, Albendazole Update

Dear SoonerCare Provider,

The purpose of this fax is to provide updates regarding pharmacy claims systems maintenance, coverage of Trianex® (triamcinolone acetonide 0.05% topical ointment), a topical corticosteroid medication, Neptazane® (methazolamide oral tablets), a glaucoma medication, and Albenza® (albendazole), an anti-parasitic medication.

**Pharmacy claims systems will be down for system maintenance from 10 p.m. through 2:00 a.m. on Friday, March 15<sup>th</sup> and March 29<sup>th</sup>.** Pharmacies will not be able to process claims during the maintenance window. The SoonerCare Pharmacy Help Desk will be open 9 a.m. to 5 p.m. on Saturday in order to assist providers with any claims that may have been delayed due to the extended maintenance window.

#### **Effective March 25, 2019, Trianex® (triamcinolone acetonide 0.05% topical ointment) will move from Tier-1 to Tier-2 of the Topical Corticosteroid Medications category:**

- Current users will not be “grandfathered”. All members receiving these medications will require that a manual prior authorization be submitted by their prescriber.
- Specific prior authorization criteria and Tier charts for topical corticosteroid medications can be downloaded from [www.okhca.org/pa](http://www.okhca.org/pa), then clicking “Topical”.

#### **Effective March 25, 2019, Neptazane® (methazolamide oral tablets) will move from Tier-1 to the Special Prior Authorization Tier of the Glaucoma Medications category:**

- Current users will be “grandfathered” if they have had a paid claim within the last 60 days.
- Specific prior authorization criteria and Tier charts for glaucoma medications can be downloaded from [www.okhca.org/pa](http://www.okhca.org/pa), then clicking “Ocular/Otic”.

#### **Brand Albenza® (albendazole oral tablets) and the authorized generic formulation of Albenza® are preferred and do not require prior authorization when six or fewer tablets are dispensed.**

- Generic formulations other than the authorized generic of Albenza® require prior authorization and a reason why the preferred formulations (i.e., brand Albenza® or authorized generic albendazole) cannot be used.
- The authorized generic is marketed by Lineage Therapeutics, labeler number 54505.
- Providers should keep in mind that claims submitted with an NDC other than what was dispensed is considered fraud and subject to recoupment of payment.
- Specific prior authorization criteria for Albenza® (albendazole) can be downloaded from [www.okhca.org/pa](http://www.okhca.org/pa), then clicking “Anti-Infectives”.

If a member requires any of the above medications, prior authorization requests can be submitted for consideration to SoonerCare Pharmacy Services. Prior authorization request forms can be found online at [www.okhca.org/rxforms](http://www.okhca.org/rxforms) (PHARM-04).

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