

Pharmacy Services

(800) 522-0114, option 4

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: _____

Quantity: _____ Day Supply: _____

Prescriber Name: _____

Prescriber Phone: () -

Prescriber NPI:

Prescriber Fax: () -

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):

ICD-9: -

Insulin-Dependent Diabetes (No Insulin Pump)

Insulin-Dependent Diabetes (Insulin Pump)

Non-Insulin Dependent Diabetes

Gestational Diabetes

Other _____

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: _____