

Pharmacy Services

(800) 522-0114, option 4

October 30, 2018

RE: Antihypertensive Medication Category Updates – Effective November 13, 2018.

Dear SoonerCare Provider,

The purpose of this fax is to provide updates regarding coverage of antihypertensive medications.

Effective November 13, 2018 the following changes will be made to the Antihypertensive Category:

1. Diltiazem sustained-release (Cardizem® SR), verapamil extended-release capsule (Verelan®), captopril (Capoten®), and captopril/hydrochlorothiazide (Capozide®) will be moved from Tier-1 to Tier-2. Current Tier-2 criteria will apply.
2. Amlodipine/valsartan (Exforge®) and telmisartan (Micardis®) will be moved from Tier-2 to Tier-1.

Members currently taking diltiazem sustained-release (Cardizem® SR), verapamil extended-release capsule (Verelan®), captopril (Capoten®), or captopril/hydrochlorothiazide (Capozide®) will be “grandfathered” if they have recent (in the past 4 months) paid claims for the medication in their SoonerCare pharmacy claims history. For members starting therapy, a prior authorization request can be submitted for consideration to SoonerCare Pharmacy Services. Prior authorization forms can be found online at www.okhca.org/forms (PHARM-04).

Updated versions of the prior authorization criteria and tier chart for the antihypertensive medications can be downloaded from www.okhca.org/pa, by selecting “Cardiovascular” and then selecting “Antihypertensives.”

If you have questions, please contact the Pharmacy Prior Authorization Unit at (800) 522-0114, option 4.

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