



February 15, 2021

RE: Cystaran[®], sofosbuvir/velpatasvir

Cystaran[®]

Effective March 1, 2021, Cystaran will require prior authorization. Members currently using Cystaran[®] will be grandfathered. The prior authorization criteria for reimbursement is as follows:

Cystadrops[®] (cysteamine 0.37% ophthalmic solution) and Cystaran[®] (cysteamine 0.44% ophthalmic solution) Approval Criteria:

1. An FDA approved indication for the treatment of corneal cystine crystal accumulation in members with cystinosis; and
2. The requested medication must be prescribed by, or in consultation with, an ophthalmologist; and
3. Prescriber must verify that the member has been counseled on the proper storage of the requested medication; and
4. For Cystadrops[®], a patient-specific, clinically significant reason (beyond convenience) why the member cannot use Cystaran[®] must be provided; and
5. A quantity limit of 4 bottles per month will apply.

Sofosbuvir/velpatasvir

Effective April 1, 2021, generic sofosbuvir/velpatasvir will be preferred over brand Epclusa[®]. Members currently receiving treatment with brand Epclusa[®] on April 1, 2021 will be allowed to complete therapy with brand Epclusa[®] if they meet the continuation prior authorization criteria. Prior authorization criteria for sofosbuvir/velpatasvir coverage can be found on our website at <https://oklahoma.gov/ohca/providers/types/pharmacy/prior-authorization/prior-authorization-2021.html>.

Reminder: Maintenance Drug List

Many maintenance medications will process for a 90-day supply without an override. Consider prescribing for/dispensing 90-day supplies of chronic maintenance medications, where appropriate, in an effort to increase compliance, improve access to care, and reduce copays for SoonerCare members. A complete list of maintenance medications that will process for a 90-day supply can be found on our website at <https://oklahoma.gov/ohca/providers/types/pharmacy/pharmacy.html>.

Reminder: Brand Preferred Drug List

For the most up to date list of medications for which the brand name formulation is preferred over the generic equivalent, refer to the SoonerCare Brand Name Preferred Drug List available at <https://oklahoma.gov/ohca/providers/types/pharmacy/pharmacy.html>.

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

SOONERCARE PHARMACY SERVICES • PHARMACY MANAGEMENT CONSULTANTS



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