

July 8, 2024

# RE: Alinia®, Anti-Diabetic Medications, and Pylera® Coverage Changes Effective July 22, 2024

The following changes will take effect July 22, 2024. Complete prior authorization (PA) criteria can be found on the OHCA website at <a href="https://oklahoma.gov/ohca/pa">www.oklahoma.gov/ohca/pa</a>. Pharmacy PA forms can be found on the OHCA website at <a href="https://oklahoma.gov/ohca/rxforms">https://oklahoma.gov/ohca/rxforms</a>.

## Alinia®

Use of Alinia® (nitazoxanide) will require a PA. The Alinia® approval criteria are as follows:

- 1. An FDA approved indication for the treatment of diarrhea caused by *Giardia lamblia* or *Cryptosporidium parvum*; and
- 2. Member must be 12 years of age or older; and
- 3. For *Giardia*, member must have a recent trial of metronidazole or tinidazole or a patient-specific, clinically significant reason why the member cannot use metronidazole and tinidazole must be provided; and
- 4. A quantity limit of 6 tablets per 3 days will apply.

## **Anti-Diabetic Medications**

Changes to the anti-diabetic medication tier chart include the following:

- Farxiga® (dapagliflozin) will be brand preferred. Members currently utilizing generic dapagliflozin will need to switch to brand Farxiga®.
- Xigduo® XR (dapagliflozin/metformin ER) will be brand preferred. Members currently utilizing generic dapagliflozin/metformin ER will need to switch to brand Xigduo® XR.
- Saxagliptin (generic Onglyza®) and saxagliptin/metformin (generic Kombiglyze® and Kombiglyze XR®) will require PA for use. Members currently utilizing a saxagliptin product will be approved for continued therapy.
- Insulin degludec (unbranded Tresiba®) will require PA for use. Members currently utilizing insulin degludec will need to switch to brand Tresiba®.
- Insulin glargine U-300 (unbranded Toujeo®) will require PA for use. Members currently utilizing insulin glargine U-300 will need to switch to brand Toujeo®.
- Insulin glargine-yfgn (generic Semglee®) will be available without PA.

As a reminder, higher-tiered GLP-1 agonists will not be authorized solely due to shortage or supply issues of the member's current GLP-1 agonist. Tier-2 GLP-1 agonists or Tier-1 or Tier-2 DPP-4 inhibitors should be considered when appropriate. The specific PA requirements and tier chart for the anti-diabetic medications are located on the OHCA website at <a href="https://www.oklahoma.gov/ohca/pa">www.oklahoma.gov/ohca/pa</a> in the "Diabetes/Endocrine" therapeutic category.

### Pylera<sup>®</sup>

Pylera® (bismuth subcitrate potassium/metronidazole/tetracycline) will no longer be brand preferred. Members will need to use the individual ingredients or submit a PA request for consideration of use.

The specific PA requirements and tier chart for the anti-ulcer medications are located on the OHCA website at <a href="https://www.oklahoma.gov/ohca/pa">www.oklahoma.gov/ohca/pa</a> in the "Gastrointestinal" therapeutic category.

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