



December 16, 2024

**RE: 2025 Plan Changes Effective January 1, 2025**

The following changes will take effect January 1, 2025. Complete prior authorization (PA) criteria can be found on the OHCA website at [www.oklahoma.gov/ohca/pa](http://www.oklahoma.gov/ohca/pa). Pharmacy PA forms can be found on the OHCA website at <https://oklahoma.gov/ohca/rxforms>.

**Kitabis® Pak (tobramycin inhalation solution)**

- Kitabis® Pak will no longer be a preferred inhaled tobramycin product.
- Members currently utilizing Kitabis® Pak will need to switch to generic tobramycin 300mg/5mL nebulized solution or submit a PA.
- The specific PA requirements for cystic fibrosis medications are located on the OHCA website in the “Respiratory” therapeutic category.

**Bladder Control Medications**

- Myrbetriq® (mirabegron) will be brand preferred and move to Tier-1. Members currently utilizing generic mirabegron will need to switch to brand Myrbetriq®.
- Use of Myrbetriq® in combination with VESicare® will no longer require a PA since both products are in Tier-1 and available without PA.
- Toviaz™ (fesoterodine) will no longer be brand preferred. Members currently utilizing brand Toviaz™ will need to switch to generic fesoterodine.
- The tier chart and specific PA requirements for bladder control medications are located on the OHCA website in the “Genitourinary System” therapeutic category.

**Hyperkalemia Medications**

- Lokelma® (sodium zirconium cyclosilicate) will be preferred over Veltassa® (patiromer) for treatment of hyperkalemia. Members currently utilizing Veltassa® will need to submit a PA for Lokelma® or submit a new PA for Veltassa® and provide a patient specific, clinically significant reason why they can't use Lokelma®.
- The specific PA requirements for hyperkalemia medications are located on the OHCA website in the “Chelating/Binding Agents” therapeutic category.

**Gonadotropin-Releasing Hormone (GnRH) Medications**

- Supprelin® LA (histrelin) and Lupron Depot-Ped® (leuprolide 45mg) will be moved to Tier-3. Members currently utilizing Supprelin® LA or Lupron Depot-Ped® 45mg will be able to continue utilization.
- The tier chart and specific PA requirements for GnRH medications are located on the OHCA website in the “Diabetes/Endocrine” therapeutic category.

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

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**SOONERCARE PHARMACY SERVICES • PHARMACY MANAGEMENT CONSULTANTS**



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**WEBSITES**

[oklahoma.gov/ohca](http://oklahoma.gov/ohca)  
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