



# SoonerCare Fax Blast

February 2, 2010

**SUBJECT: Pediculicide Step Therapy and Antiemetic Prior Authorization Changes**

## **Pediculicide Step Therapy**

Step therapy requirements will take effect February 1, 2010.

### **Approval Criteria:**

- Approval of Tier 2 medication requires a trial with one Tier 1 medication with inadequate response or adverse effect.
  
- Age and Quantity Limits based on FDA labeling may apply.

<b>Tier 1</b>	<b>Tier 2</b>
Covered OTC Permethrin Products	Malathion (Ovide <sup>®</sup> ) Lindane Lotion & Shampoo Crotamiton (Eurax <sup>®</sup> ) Lotion Benzoyl Alcohol (Ulesfia <sup>™</sup> ) Lotion

## **Antiemetic Prior Authorization**

Effective February 1, 2010, the following medications will require prior authorization:

### **1) Granisetron (Kytril<sup>®</sup>, Sancuso<sup>®</sup>), Dolasetron (Anzemet<sup>®</sup>), Aprepitant (Emend<sup>®</sup>)**

Approval Criteria:

- Approved Diagnosis
- A recent (within the past 6 months) trial of ondansetron used for at least 3 days or one cycle that resulted in inadequate response.

### **2) Nabilone (Cesamet<sup>®</sup>), Dronabinol (Marinol<sup>®</sup>)**

Approval Criteria:

- For the diagnosis of HIV related loss of appetite: approve for 6 months
- For chemotherapy induced nausea and vomiting: A recent (within the past 6 months) trial of ondansetron used for at least 3 days or one cycle that resulted in inadequate response

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