



SoonerCare Fax Blast

January 4, 2011

IMPORTANT UPDATE: Prior Authorization Pharmacy Changes

Prior Authorization Tier Changes

The following changes to the Product Based Prior Authorization tiers take effect January 5, 2011. For complete tiers and authorization criteria, please see www.okhca.org/providers/rx/PA.

ARB

Tier 2: Azor[®], Tribenzor[®]

Tier 3: Micardis[®], Micardis HCT[®]

Albuterol HFA

Tier 2: Ventolin[®]

Nasal Allergy

Tier 2: Nasonex[®]

Tier 3: Veramyst[®], Astelin[®], Astepro[®]

ADHD

Tier 1: Adderall XR[®], Strattera[®]

Atypical Antipsychotic

Tier 2: Geodon[®], Seroquel XR[®]

Anti-Migraine

Tier 2: Axert[®], Relpax[®], Frova[®], Maxalt[®], Maxalt MLT[®], Zomig[®], Zomig ZMT[®]

Antidepressants

Tier 2: Cymbalta[®]

Tier 3: Venlafaxine ER[®] tablets

Bladder Control

Tier 3: Enablex[®]

Ocular Allergy

Tier 2: Patanol[®]

Tier 3: Optivar[®], Bepreve[®], Emadine[®], Elestat[®], Alomide[®], Alrex[®], Alocril[®], Pataday[®], Alamast[®]

Pharmacy Help Desk Phone Numbers (405)522-6205 option 4 or (800)522-0114 option 4
Service Hours: Monday – Friday (8:30a – 7:00p); Saturday (9:00a – 5:00p); Sunday (11:00a – 5:00p)

Email: pharmacy@okhca.org OHCA Website: www.okhca.org

PA Criteria: www.okhca.org/providers/rx/pa PA forms: www.okhca.org/rx-forms