



## SoonerCare Fax Blast

May 25, 2011

### RE: Benign Prostatic Hyperplasia (BPH) Medications Prior Authorization

Prior authorization requirements take effect June 13. Tier 1 agents are available without PA.

#### Tier-2 authorization requires:

- 1) FDA approved indication, and
- 2) Recent 4-week trial of at least two Tier 1 medications from different pharmacological classes within the last 90 days, or
- 3) Documented adverse effect, drug interaction, or contraindication to all available Tier 1 products

Tier 1	Tier 2
<b>Hytrin</b> <sup>®</sup> (Terazosin)	<b>Uroxatrol</b> <sup>®</sup> (Alfuzosin)
<b>Cardura</b> <sup>®</sup> (Doxazosin)	<b>Rapaflo</b> <sup>®</sup> (Silodosin)
<b>Flomax</b> <sup>®</sup> (Tamsulosin)	<b>Cardura XL</b> <sup>®</sup> (Doxazosin)
<b>Proscar</b> <sup>®</sup> (Finasteride)	<b>Avodart</b> <sup>®</sup> (Dutasteride)
	<b>Jalyn</b> <sup>®</sup> (Dutasteride/Tamsulosin)

### Insomnia Medications Prior Authorization

Prior authorization tiers and criteria have been updated. Tier 1 agents are available without PA for members above 18 years of age. PA required for members age 18 or younger. Quantity limits apply.

#### Tier 2 Authorization Requires:

- 1) FDA approved indication, and
- 2) Minimum of 30 day trial with at least two Tier 1 products and clinical documentation of attempts to correct any primary cause for insomnia, and
- 3) No concurrent anxiolytic benzodiazepine therapy greater than TID dosing and no concurrent ADHD medications.

#### Tier 3 Authorization Requires:

- 1) FDA approved indication, and
- 2) Minimum of 30 day trial with at least two Tier 2 products and clinical documentation of attempts to correct any primary cause for insomnia, and
- 3) No concurrent anxiolytic benzodiazepine therapy greater than TID dosing and no concurrent ADHD medications.

Tier 1	Tier 2	Tier 3
<b>ProSom</b> <sup>®</sup> (Eszazolam)	<b>Ambien CR</b> <sup>®</sup> (Zolpidem)	<b>Lunesta</b> <sup>®</sup> (Eszopiclone)
<b>Restoril</b> <sup>®</sup> 15 & 30 mg (Temazepam)		<b>Restoril</b> <sup>®</sup> 7.5 & 22.5mg (Temazepam)
<b>Dalmane</b> <sup>®</sup> (Flurazepam)		<b>Rozerem</b> <sup>®</sup> (Ramelteon)
<b>Halcion</b> <sup>®</sup> (Triazolam)		<b>Zolpimist</b> <sup>™</sup> (Zolpidem Oral Spray)
<b>Ambien</b> <sup>®</sup> (Zolpidem)		<b>Edluar</b> <sup>®</sup> (Zolpidem SL Tabs)
<b>Sonata</b> <sup>®</sup> (Zaleplon)		<b>Intermezzo</b> <sup>®</sup> (Zolpidem SL Tabs)
		<b>Silenor</b> <sup>™</sup> (Doxepin)

### We appreciate the services you provide to Oklahomans insured by SoonerCare.

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](mailto:pharmacy@okhca.org) OHCA Website: [www.okhca.org](http://www.okhca.org)

PA Criteria: [www.okhca.org/providers/rx/pa](http://www.okhca.org/providers/rx/pa) PA forms: [www.okhca.org/rx-forms](http://www.okhca.org/rx-forms)