

## Pharmacy Services

(800) 522-0114, option 4

October 31, 2016

Dear SoonerCare Provider,

The Oklahoma Health Care Authority is engaged in an effort to improve cost effective utilization of nasal allergy medications by our members. The purpose of this fax is to provide updates regarding nasal allergy medication coverage.

**Effective November 22, 2016, the following changes will be made to the Nasal Allergy Product Based Prior Authorization category (the updated Tier chart can be seen below):**

1. Flunisolide (Nasarel®) will be moved from Tier-1 to Tier-3.
2. The following nasal allergy medications will move from Tier-3 to Tier-2:
  - a. Astelin® (azelastine)
  - b. Qnasl® 80mcg (beclomethasone)
3. Beclomethasone (Beconsase® AQ) will be moved from Tier-2 to Tier-1.

Nasal Allergy Medications*		
Tier-1	Tier-2	Tier-3
<b>beclomethasone (Beconase® AQ)</b>	<b>azelastine (Astelin®)</b>	azelastine (Astepro®)
fluticasone (Flonase®)	<b>beclomethasone (Qnasl® 80mcg)</b>	azelastine/fluticasone (Dymista®)
		beclomethasone (Qnasl® 40mcg)
		budesonide (Rhinocort AQ®)
		ciclesonide (Omnaris®, Zetonna®)
		<b>flunisolide (Nasalide®, Nasarel®)</b>
		fluticasone (Veramyst®)
		mometasone (Nasonex®)
		olopatadine (Patanase®)

Members currently utilizing flunisolide will not be “grandfathered.” Members must switch to a Tier-1 medication, or submit a manual prior authorization for consideration of reimbursement with reasoning of why flunisolide is required in place of other lower Tiered nasal allergy medications. Prior authorization request forms can be found online at [www.okhca.org/forms](http://www.okhca.org/forms) (PHARM-04).

Updated versions of the prior authorization criteria for the nasal allergy medications can be downloaded from [www.okhca.org/pa](http://www.okhca.org/pa), by selecting “Respiratory.”

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