



SoonerCare Fax Blast

March 27, 2008

Subject: **Formulary Prior Authorization Update**

Dear Provider:

Please note the following:

Prior Authorization Update

The following changes will take effect on April 10, 2008:

Topical Antifungal Step Therapy

- Approval of a Tier-2 product will be granted following trials of at least two Tier-1 topical antifungal products within the last 30 days.
- For treatments of Onychomycosis, a trial of oral antifungals (6 weeks for fingernails and 12 weeks for toenails) will be required in order for approval of Penlac[®].

Tier-1	Tier-2
ciclopirox	Ciclopirox solution, shampoo, & gel (Penlac [®] and Loprox [®])
clotrimazole	miconazole/zinc oxide/white petrolatum (Vusion [®])
clotrimazole/betamethasone	oxiconazole (Oxistat [®])
econazole	sertaconazole nitrate (Ertaczo [®])
ketoconazole	butenafine (Mentax [®])
nystatin	ketoconazole gel (Xolegel [™])
nystatin/triamcinolone	ketoconazole gel + 1% pyrithione zinc shampoo (Xolegel [™] DUO)
hydrocortisone/lodoquinol	naftifine (Naftin [®])
Most other available generic antifungal products	sulconazole (Exelderm [®])
	Terbinafine (Lamisil [®] Spray)
	clotrimazole (Lotrimin [®] Lotion 1%)
	ketoconazole foam 2% (Extina [®])

Soma[®] 250 – Approval for coverage is based on the following criteria:

- Documentation regarding member's inability to use other skeletal muscle relaxants including carisoprodol 350mg, and specific reason member cannot be drowsy for even a short time period. Member must not have other sedating medications in current claims history.
- A diagnosis of acute musculoskeletal pain, in which case, the approval will be for 14 days per 365 day period. Conditions requiring chronic use will not be approved.

Quantity Limits

- etidronate (Didronel[®]): Maximum of 6 months of treatment per year
 - 200mg tablet: 75 tablets per 30 days
 - 400mg tablet: 150 tablets per 30 days
- zoledronic acid (Reclast[®]): 5mg (100ml) per 365 days

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