



SoonerCare Fax Blast

August 8, 2008

Subject: Pharmacy Prior Authorization Changes

Dear Provider:

Please note the following:

Ovide® Prior Authorization

- Malathion lotion (Ovide®) is now available after first-line treatment with a covered OTC product such as permethrin has failed. A trial with Lindane® is no longer required.
- Member must be at least 6 years old.
- A quantity limit of 60ml for 7 day supply applies; may be repeated once if needed for current infestation after 7 days from original fill date.

Ocular Allergy Prior Authorization

Effective August 18, Elestat®, Alrex®, and Alocril® will require prior authorization:

| Ocular Allergy Medications | |
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| <ul style="list-style-type: none"> • Tier-1 products are covered with no authorization necessary. | |
| <u>Tier-2 authorization requires:</u> | |
| <ul style="list-style-type: none"> • FDA approved diagnosis • A trial of at least one Tier 1 product of a similar type for a minimum of two weeks in the last 30 days (ie: cromolyn sodium prior to use of a mast cell stabilizer product or OTC Zaditor® prior to use of a tier two in the same category) • Documentation of clinical need for Tier 2 product over Tier 1 should be noted on the petition • Clinical exceptions granted for products with allergic reaction or contraindication | |
| Tier-1 (no PA required) | Tier-2 (requires PA) |
| cromolyn sodium (Opticrom®) | lodoxamide tromethamine (Alomide®) |
| azelastine (Optivar®) | pemiroloast potassium (Alamast®) |
| ketotifen fumarate (Alaway™) | emedastine difumarate (Emadine®) |
| ketotifen fumarate (Zaditor® OTC) | epinastine (Elestat®) |
| olopatadine (Pataday™) | loteprednol etabonate (Alrex®) |
| olopatadine (Patanol®) | nedocromil sodium (Alocril®) |

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