

## ***SoonerCare Pharmacy Update***

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)

May 26, 2006

**Effective May 29, 2006** – The Preferred Drug List for ***SoonerCare*** at [www.epocrates.com](http://www.epocrates.com) will undergo a name change. The “Oklahoma **Medicaid** Drug List” will be changed to the “Oklahoma **SoonerCare** Drug List”. The transition to the new name will not affect any of your Epocrates.com settings.

Epocrates® is a free drug and formulary based reference.

- Available in a web-based version
- Download to your Personal Digital Assistant (PDA) for added mobility.
- Prescribers have access to drug information at the point of care.
- Look up accurate drug information quickly.
- Look up formulary specific drug information, such as coverage, quantity limits, and prior authorization requirements. Prescribe alternatives immediately.
- Premium version with bonus features also available for a nominal fee.

For more information, please visit [www.epocrates.com](http://www.epocrates.com).

**Effective June 23, 2006** – All formulations of Carisoprodol will require prior authorization for use in excess of 90 days of therapy in a 360 day period.

- Criteria for approval:
  - Approval for 1 month will be granted to allow a tapered withdrawal period and/or a transition to a Tier1 muscle relaxant. Unless the patient meets the criteria below, further authorization will not be granted.
  - Patients diagnosed with multiple sclerosis, cerebral palsy, muscular dystrophy, and/or paralysis will be granted approvals for the duration of one year.

**Thank you for your continued service to Oklahoma’s Medicaid clients.**