



SoonerCare Fax Blast

April 12, 2011

Subject: **Pharmacy Prior Authorization Update**

The following changes will take effect on April 25, 2011. Please submit requests for prior authorization on OHCA form Pharm-04. Forms are available for download at www.okhca.org/rx-forms. For detailed authorization criteria, see www.okhca.org/providers/rx/PA.

Catapres TTS® (clonidine) Prior Authorization Criteria

- 1) FDA-approved indication of hypertension in adults
- 2) Must provide clinically significant reason why the member cannot take immediate release tablets

Update to Hypnotics Product-Based Prior Authorization Tiers

Tier 1	Tier 2	Tier 3
Estazolam (ProSom®)	Zolpidem (Ambien CR®)	Eszopiclone (Lunesta®)
Temazepam (Restoril®) 15 & 30 mg		Temazepam (Restoril®) 7.5 mg & 22.5mg
Flurazepam (Dalmane®)		Ramelteon (Rozerem®)
Triazolam (Halcion®)		Zolpidem [†] Oral Spray (Zolpimist™)
Zolpidem (Ambien®)		Zolpidem [†] SL Tabs (Edular®)
Saleplon (Sonata®)		Zolpidem [†] SL Tabs (Intermezzo®)
		Doxepin (Silenor™)

Mandatory generic plan applies.

+Requires special reason for use.

Coverage Discontinued for Prescriptions Written by Non-OHCA Providers

Providers who do not contract with OHCA are no longer being added as prescribers to the SoonerCare claims processing system. Providers who are already on file as non-contracted prescribers will need to obtain a contract with OHCA prior to June 30, 2011. Prescriptions written by providers who do not contract with OHCA by this date will no longer be covered.

Providers who need to obtain a contract can enroll online through the OHCA Secure Site. For details, please see <https://www.ohcaprovider.com/Enrollment/Site/Home/Home.aspx>, or contact the OHCA Provider Enrollment department at (800) 522-0114, option 5.