



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 OHCA Website: www.okhca.org
PA Criteria: www.okhca.org/providers/rx/pa PA forms: www.okhca.org/rx-forms

May 25, 2011

Benign Prostatic Hyperplasia (BPH) Medications Prior Authorization

Prior authorization requirements take effect June 13. Tier 1 agents are available without PA.

Tier-2 authorization requires:

- 1) FDA approved indication, and
- 2) Recent 4-week trial of at least two Tier 1 medications from different pharmacological classes within the last 90 days, or
- 3) Documented adverse effect, drug interaction, or contraindication to all available Tier 1 products

Tier 1	Tier 2
Hytrin® (Terazosin)	Uroxatrol® (Alfuzosin)
Cardura® (Doxazosin)	Rapaflo® (Silodosin)
Flomax® (Tamsulosin)	Cardura XL® (Doxazosin)
Proscar® (Finasteride)	Avodart® (Dutasteride)
	Jalyn® (Dutasteride/Tamsulosin)

Insomnia Medications Prior Authorization

Prior authorization tiers and criteria have been updated. Tier 1 agents are available without PA for members above 18 years of age. PA required for members age 18 or younger. Quantity limits apply.

Tier 2 Authorization Requires:

- 1) FDA approved indication, and
- 2) Minimum of 30 day trial with at least two Tier 1 products and clinical documentation of attempts to correct any primary cause for insomnia, and
- 3) No concurrent anxiolytic benzodiazepine therapy greater than TID dosing and no concurrent ADHD medications.

Tier 3 Authorization Requires:

- 1) FDA approved indication, and
- 2) Minimum of 30 day trial with at least two Tier 2 products and clinical documentation of attempts to correct any primary cause for insomnia, and
- 3) No concurrent anxiolytic benzodiazepine therapy greater than TID dosing and no concurrent ADHD medications.

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

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