



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

April 7, 2010

Ophthalmic Anti-Infective Step Therapy

The following step therapy requirements will take effect April 21, 2010.

Criteria for a Tier 2 medication:

- Approved indication/suspected infection by organism not known to be covered by Tier 1 products, or failure of a Tier 1 product, or
- Known contraindication to all indicated Tier 1 medications, or
- Prescription written by optometrists/ophthalmologists, or
- When used for pre/post-operative prophylaxis

Criteria for a Tier 3 medication:

- Approved indication/suspected infection by organism not known to be covered by Tier 2 products, or failure of a Tier 2 product, or
- Known contraindication to all indicated Tier 2 medications, or
- Prescription written by optometrists/ophthalmologists, or
- When used for pre/post-operative prophylaxis

Liquids		
Tier 1	Tier 2	Tier 3
Gentak® (Gentamicin)	Ciloxan® Solution (Ciprofloxacin)	Vigamox® (Moxifloxacin)
AK-Tob® (Tobramycin)	Quixin® (Levofloxacin)	Zymar® (Gatifloxacin)
Bleph-10®, Na Sulamyd® (Na Sulfacetamide)	Ocuflox® (Ofloxacin)	Azasite® (Azithromycin)
Polytrim® (PolymyxinB/Trimethoprim)		Besivance® (Besifloxacin HCl)
AK-Spore® (Neo/PolyB/Gramacidin)		

Ointments	
Tier 1	Tier 2
AK-Tracin® (Bacitracin)	Ciloxan® Ointment (Ciprofloxacin)
AK-Poly-Bac® (Bacitracin/PolymyxinB)	
Tobrex® (Tobramycin)	
Neosporin® (Neomycin/Polymyxin B/Bacitracin)	
A/T/S®, Ilotycin®, Roymicin® (Erythromycin)	
Gentak® (Gentamicin)	
Bleph-10®, Sodium Sulamyd® (Sodium Sulfacetamide)	

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