OKLAHOMA Health Care Authority | Serving Oklahomans through SoonerCare

April 6, 2026

RE: Cipro® HC, Restasis®, Estradiol 0.06% Gel, and Bowel Preparation Medications Coverage Changes Effective April 20, 2026

The following changes take effect April 20, 2026. Complete prior authorization (PA) criteria can be found on the OHCA website at www.oklahoma.gov/ohca/pa. Pharmacy PA forms can be found on the OHCA website at www.oklahoma.gov/ohca/rxforms.

Cipro® HC (ciprofloxacin/hydrocortisone) will be brand preferred and will remain in Tier-1 of the Otic Anti-Infective Medications tier chart. The specific PA requirements and tier chart can be found on the OHCA website in the "Ocular/Otic" therapeutic category.

Restasis® (cyclosporine 0.05% single-use vials) will be brand preferred. Members currently utilizing generic cyclosporine 0.05% will need to switch to brand Restasis®. Brand Restasis® single-use vials do not require a PA.

Estradiol 0.06% Gel (generic EstroGel®) will require PA. Brand EstroGel® is not a covered product. Members currently utilizing estradiol 0.06% gel will need to submit a PA and the following PA criteria will need to be met for continued use:

Estradiol 0.06% Gel (Generic EstroGel®) Approval Criteria:

1. An FDA approved indication of 1 of the following:
   a. Treatment of moderate to severe vasomotor symptoms due to menopause; or
   b. Treatment of moderate to severe symptoms of vulvar and vaginal atrophy due to menopause; and
2. Member must not have any contraindications for use of estradiol 0.06% gel; and
3. A patient-specific, clinically significant reason why other topical estradiol formulations (e.g., Divigel®) are not appropriate for the member must be provided; and
4. Members older than 65 years of age will generally not be approved without supporting information; and
5. Approvals will be for the duration of 6 months to ensure the need for continued therapy is reassessed periodically and the medication is being used for the shortest duration possible; and
6. Brand name EstroGel® is not a covered product; and
7. A quantity limit of 37.5 grams per 30 days will apply.

Bowel Preparation Medications

Suprep® will be brand preferred and available without PA. Generic MoviPrep® will require a PA. Brand MoviPrep® is not a covered product. The PA criteria are as follows:

Clenpiq®, Generic MoviPrep®, Suflave™, Generic Suprep®, and Sutab® Approval Criteria:

1. An FDA approved indication for use in cleansing of the colon as a preparation for colonoscopy; and
2. A patient-specific, clinically significant reason, other than convenience, why the member cannot use other bowel preparation medications available without prior authorization must be provided; and
3. If the member requires a low volume product, brand name Suprep® is available without prior authorization. Other medications currently available without a prior authorization include: Gavilyte® and Golytely®; and
   a. Suprep® is brand preferred. Requests for the generic will require a patient-specific, clinically significant reason why the member cannot use the brand name product.

Thank you for the services you provide to Oklahomans insured by SoonerCare!