OKLAHOMA Health Care Authority | Serving Oklahomans through SoonerCare

November 17, 2025

RE: Hyperphosphatemia Medications, Lotemax® (Loteprednol) Ophthalmic Suspension, Proctofoam® HC (Hydrocortisone/Pramoxine Rectal Foam), and Systemic Antibiotics Coverage Changes Effective December 1, 2025

The following changes will take effect on December 1, 2025. 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.

Hyperphosphatemia Medications

- **Auryxia® (ferric citrate)** will be brand preferred. Members currently utilizing generic ferric citrate will need to switch to brand Auryxia®.
- **Fosrenol® (lanthanum carbonate) 750mg and 1,000mg oral powder packet** will require a PA. Members currently utilizing the oral powder packet will need to switch to the chewable tablet formulation, or a PA request will need to be submitted with patient-specific information supporting the continued need for the oral powder over the chewable tablet formulation.
- **Fosrenol® (lanthanum carbonate) 1,000mg chewable tablet** will no longer be brand preferred. Members currently utilizing the brand will need to switch to generic lanthanum carbonate 1,000mg chewable tablet.

The specific PA requirements for the Hyperphosphatemia Medications can be found on the OHCA website in the "Chelating/Binding Agents" therapeutic category.

Lotemax® Ophthalmic Suspension

Lotemax® (loteprednol) suspension will move to Tier-2 of the Ophthalmic Corticosteroids tier chart and will no longer be brand preferred. Members currently utilizing Lotemax® will need to switch to a Tier-1 alternative, or a PA request will need to be submitted with patient-specific information supporting the need for Lotemax® suspension over all Tier-1 alternatives. The tier chart for the Ophthalmic Corticosteroids can be found on the OHCA website in the "Ocular/Otic" therapeutic category.

Proctofoam® HC Rectal Foam

Proctofoam® HC (hydrocortisone/pramoxine 1%/1% rectal foam) will require a PA. Members currently utilizing Proctofoam® HC will need to switch to an alternative, or a PA request will need to be submitted with patient-specific information. The PA criteria are as follows:

Proctofoam® HC (Hydrocortisone/Pramoxine 1%/1% Rectal Foam) Approval Criteria:

1. A patient-specific, clinically significant reason why the member cannot use Epifoam® (hydrocortisone/pramoxine 1%/1% rectal foam) or other rectal formulations of hydrocortisone available without a prior authorization must be provided.

Systemic Antibiotics

- **Likmez® (metronidazole oral suspension) and metronidazole 375mg capsule** will require a PA. Metronidazole 250mg and 500mg tablets are available without a PA.

The specific PA requirements for the Systemic Antibiotics can be found on the OHCA website in the "Anti-Infectives" therapeutic category.

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