February 2, 2010

SUBJECT: Pediculicide Step Therapy and Antiemetic Prior Authorization Changes

Pediculicide Step Therapy
Step therapy requirements will take effect February 1, 2010.

Approval Criteria:

- Approval of Tier 2 medication requires a trial with one Tier 1 medication with inadequate response or adverse effect.

- Age and Quantity Limits based on FDA labeling may apply.

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered OTC Permethrin Products</td>
<td>Malathion (Ovide®)</td>
</tr>
<tr>
<td></td>
<td>Lindane Lotion &amp; Shampoo</td>
</tr>
<tr>
<td></td>
<td>Crotamiton (Eurax®) Lotion</td>
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<tr>
<td></td>
<td>Benzoyl Alcohol (Ulesfia™) Lotion</td>
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</tbody>
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Antiemetic Prior Authorization
Effective February 1, 2010, the following medications will require prior authorization:

1) Granisetron (Kytril®, Sancuso®), Dolasetron (Anzemet®), Aprepitant (Emend®)
   Approval Criteria:
   - Approved Diagnosis
   - A recent (within the past 6 months) trial of ondansetron used for at least 3 days or one cycle that resulted in inadequate response.

2) Nabilone (Cesamet®), Dronabinol (Marinol®)
   Approval Criteria:
   - For the diagnosis of HIV related loss of appetite: approve for 6 months
   - For chemotherapy induced nausea and vomiting: A recent (within the past 6 months) trial of ondansetron used for at least 3 days or one cycle that resulted in inadequate response

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