IMPORTANT UPDATE: Prior Authorization Pharmacy Changes

Prior Authorization Tier Changes
The following changes to the Product Based Prior Authorization tiers take effect January 5, 2011. For complete tiers and authorization criteria, please see [www.okhca.org/providers/rx/PA](http://www.okhca.org/providers/rx/PA).

**ARB**
Tier 2: Azor®, Tribenzor®
Tier 3: Micardis®, Micardis HCT®

**Albuterol HFA**
Tier 2: Ventolin®

**Nasal Allergy**
Tier 2: Nasonex®
Tier 3: Veramyst®, Astelin®, Astepro®

**ADHD**
Tier 1: Adderall XR®, Strattera®

**Atypical Antipsychotic**
Tier 2: Geodon®, Seroquel XR®

**Anti-Migraine**
Tier 2: Axert®, Relpax®, Frova®, Maxalt®, Maxalt MLT®, Zomig®, Zomig ZMT®

**Antidepressants**
Tier 2: Cymbalta®
Tier 3: Venlafaxine ER® tablets

**Bladder Control**
Tier 3: Enablex®

**Ocular Allergy**
Tier 2: Patanol®
Tier 3: Optivar®, Bepreve®, Emadine®, Elestat®, Alomide®, Alrex®, Alocril®, Pataday®, Alamast®