The Following Changes Take Effect October 10, 2011:

**Testosterone Products Prior Authorization**
All testosterone products will require prior authorization, based on the following criteria:

1. Approved diagnosis:
   a. Testicular failure due to cryptorchidism, bilateral torsions, orchitis, vanishing testis syndrome; or orchidectomy.
   b. Idiopathic gonadotropin or luteinizing-hormone-releasing hormone (LHRH) deficiency, or pituitary hypothalamic injury from tumors, trauma, or radiation.
   c. Delayed puberty.
   d. Advanced inoperable metastatic mammary cancer in females 1 to 5 years postmenopausal, or premenopausal women with breast cancer benefitting from oophorectomy and have been determined to have a hormone-responsive tumor.

2. Must include two labs showing pre-medication testosterone level below 300ng/dL (where applicable) and other labs necessary to demonstrate diagnosis.

3. Oral agents are only approved in cases where member cannot use all other available formulations of testosterone.

**Neuroleptics Prior Authorization**
Chewable, sprinkle, and ODT formulations of neuroleptic products will require prior authorization for members age 12 and older.

The following products will require prior authorization for all ages:
- Lamictal XR
- Lamictal Starter Kits

Felbamate will require prior authorization with the following criteria:

1. Initial prescription written by a neurologist.

2. Member has failed therapy with at least three other medications commonly used for seizures.

We appreciate the services you provide to Oklahomans insured by SoonerCare.