November 21, 2012

The following changes will take effect December 3, 2012.

**Bladder Control Medications**

**Tier 2 Authorization Criteria:**
- Trial of two Tier 1 medications that yielded inadequate clinical response or adverse effects, or
- A unique FDA approved indication not covered by Tier 1 products.

**Tier 3 Authorization Criteria:**
- Trial of all Tier 2 medications that yielded inadequate clinical response or adverse effects, or
- A unique FDA approved indication not covered by lower tiered products.

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
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<tbody>
<tr>
<td>oxybutynin</td>
<td>oxybutynin ER Tabs</td>
<td>oxybutynin Patch</td>
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<tr>
<td>(Ditropan®)</td>
<td>(Ditropan XL®)</td>
<td>(Oxytrol®)</td>
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<tr>
<td>trospium ER</td>
<td>oxybutynin Gel</td>
<td>tolterodine ER Tabs</td>
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<tr>
<td>(Sanctura XR™)</td>
<td>(Gelnique™)</td>
<td>(Deltrol LA®)</td>
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<td></td>
<td>fesoterodine</td>
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<td>(Toviaz™)</td>
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<td></td>
<td>solifenacin</td>
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<td>(VESIcare®)</td>
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<td>darifenacin</td>
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<td>trospium</td>
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<td>(Sanctura™)</td>
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<td>mirabegron</td>
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<td>tolterodine</td>
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<td>(Detrol®)</td>
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</table>

**Adcirca® (tadalafil) and Revatio® (sildenafil) Prior Authorization**

**Authorization Criteria:**
- FDA approved diagnosis of pulmonary arterial hypertension
- Medical supervision by a pulmonary specialist and/or cardiologist
- Quantity limits:
  - Adcirca® 20mg tabs: 60 tablets per 30 days
  - Revatio® 20mg tabs: 90 tablets per 30 days

**Age Restrictions on Pediatric Dosage Forms**
- Asmanex® Twisthaler 110mcg (mometasone): 4 years to 11 years
- Singulair® chewable tablets (montelukast): 24 months to 14 years
- Singulair® granules (montelukast): 6 months to 23 months
- Clarinex® RediTabs (desloratadine): 6 years to 11 years
- Isentress® chewable tablets (raltegravir): 2 years to 11 years
- Pulmicort® Respules (budesonide): 12 months to 8 years

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