December 22, 2010

**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®

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