



Pharmacy Update

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

August 4, 2008

Ovide® Prior Authorization

- Malathion lotion (Ovide®) is now available after first-line treatment with a covered OTC product such as permethrin has failed. A trial with Lindane® is no longer required.
- Member must be at least 6 years old.
- A quantity limit of 60ml for 7 day supply applies; may be repeated once if needed for current infestation after 7 days from original fill date.

Ocular Allergy Prior Authorization

Effective August 18, Elestat®, Alex®, and Alocril® will require prior authorization:

Ocular Allergy Medications	
<ul style="list-style-type: none"> • Tier-1 products are covered with no authorization necessary. 	
<p style="text-align: center;"><u>Tier-2 authorization requires:</u></p> <ul style="list-style-type: none"> • FDA approved diagnosis • A trial of at least one Tier 1 product of a similar type for a minimum of two weeks in the last 30 days (ie: cromolyn sodium prior to use of a mast cell stabilizer product or OTC Zaditor® prior to use of a tier two in the same category) • Documentation of clinical need for Tier 2 product over Tier 1 should be noted on the petition • Clinical exceptions granted for products with allergic reaction or contraindication 	
Tier-1 (no PA required)	Tier-2 (requires PA)
cromolyn sodium (Opticrom®)	Iodoxamide tromethamine (Alomide®)
azelastine (Optivar®)	pemirolast potassium (Alamast®)
ketotifen fumarate (Alaway™)	emedastine difumarate (Emadine®)
ketotifen fumarate (Zaditor® OTC)	epinastine (Elestat®)
olopatadine (Pataday™)	loteprednol etabonate (Alex®)
olopatadine (Patano®)	nedocromil sodium (Alocril®)

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