

SoonerCare 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

May 12, 2006

Effective May 26, 2006 – Darvocet A500™ and Balacet 325™ will require a Prior Authorization. Quantity limit of 180 units / 30 days supply will apply.

- Criteria for approval:
 - Documented need to restrict acetaminophen use
 - Concurrent use of acetaminophen-containing products
 - Documented renal insufficiency or hepatic impairment

Effective May 26, 2006 – Xopenex HFA™ will require prior authorization for use of this product in excess of 90 days of therapy in a 360 day period. A quantity limit of 30g (2 units) every 30 days will apply.

- Criteria for approval:
 - In the prior authorization request, the prescriber should explain why the client is unable to use long acting bronchodilators and/or inhaled corticosteroid (ICS) therapy for long-term control as recommended in the NAEPP guidelines. Also, the need for use of this product over an albuterol MDI should be stated.

Effective May 26, 2006 – Ultram® ER and ODT will require prior authorization. A quantity limit of 30 units for 30 days will apply to Ultram® ER. Approvals will be for 90 days, with the exception of members with a cancer related diagnosis where an approval will be granted for one year. A quantity limit of 240 units for 30 days for Ultram® ODT (unless another FDA dosage is approved).

- Criteria for approval of the ER formulation would include:
 - An FDA approved diagnosis for the use of Ultram® ER
 - A diagnosis indicating that the member has a condition that requires extended pain treatment with and around-the-clock dosing schedule
 - The reason immediate release tramadol is inappropriate
 - The physician's signature
 - Maximum covered does of 300mg daily due to lack of efficacy and increased risk for side effects, such as seizures at higher doses
- Criteria for approval of the ODT formulation would include:
 - An FDA approved diagnosis for the use of Ultram® ODT
 - A diagnosis indicating that the member has a condition that prevents them from swallowing tablets
 - The physician's signature

Effective June 23, 2006 – All formulations of Carisoprodol will require prior authorization for use in excess of 90 days of therapy in a 360 day period.

- Criteria for approval:
 - An additional approval for 1 month will be granted to allow titration or change to a Tier1 muscle relaxant, further authorization will not be granted, or
 - Indication of multiple sclerosis, cerebral palsy, muscular dystrophy, and/or paralysis with approvals granted for the duration of one year.

Thank you for your continued service to Oklahoma's Medicaid clients.