



# 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](mailto:pharmacy@okhca.org) OHCA Website: [www.okhca.org](http://www.okhca.org)

April 14, 2008

## Nasal Allergy Medications Prior Authorization

Nasal allergy medications will be included in product-based prior authorization effective 4/28/08. Tier -1 products will be covered with no prior authorization necessary.

### Tier-2 Authorization Requires

- Documented adverse effect or contraindication to the Tier-1 products, or
- Documented trials with all available Tier-1 corticosteroids with no beneficial response with the drug having been titrated to the recommended dose. Each trial must be at least 2 weeks in duration.

Tier-1	Tier-2
<b>Corticosteroids</b>	budesonide (Rhinocort® AQ)
beclomethasone (Beconase® AQ)	
ciclesonide (Omnaris™)	
Flunisolide (Nasalide Nasalide® / Nasarel™)	
fluticasone (Flonase®)	
fluticasone (Veramyst™)	
mometasone (Nasonex®)	
triamcinolone (Nasacort® AQ)	
<b>Other</b>	
azelastine (Astelin®)	
ipratropium bromide (Atrovent®)	

## Ophthalmic Anti-Infective/Steroid Combinations Prior Authorization

Effective 4/28/08, these medications will require prior authorization

- tobramycin/dexamethasone (Tobradex®)
- tobramycin/loteprednol (Zylet®)
- sulfacetamide/prednisolone (Blephamide®)
- gentamicin/prednisolone (Pred-G®)
- neomycin/polymyxin-B/prednisolone (Poly-Pred®)
- neomycin/polymyxin-B/hydrocortisone (Cortisporin®)
- neomycin/polymyxin-B/dexamethasone (Maxitrol®)

### Authorization Requires

- Used for pre-operative/post-operative prophylaxis
- Prescription written by optometrist / ophthalmologist

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