



SoonerCare Brand Name Required Drug List

In general, the SoonerCare program requires prior authorization (PA) for any brand name drug for which there is a U.S. Food and Drug Administration (FDA) A-rated generic equivalent. However, there are some products for which SoonerCare has determined greater cost-effectiveness in the use of the brand name product. This is a list of brand name formulations that SoonerCare prefers over their generic equivalents due to net cost. In some instances, the cost of the brand name drug, when adjusted for rebates, is significantly lower than the net cost of the generic equivalents.

BRAND NAME	GENERIC NAME
Androgel	testosterone
Aubagio	teriflunomide
Butrans	buprenorphine transdermal
Carafate suspension	sucralafate
Copaxone 20mg/mL	glatiramer acetate
Diclegis	doxylamine/pyridoxine
Flector	diclofenac epolamine
Focalin XR	dexmethylphenidate
Fosrenol 500mg & 750mg	lanthanum carbonate tabs & chew tabs
Harvoni	ledipasvir/sofosbuvir
Humalog U-100	insulin lispro
Letairis	ambrisentan
Lotemax suspension, gel, ointment	loteprednol etabonate
Moxeza	moxifloxacin
Natroba	spinosad
Nexium granules	esomeprazole magnesium
Nuvigil	armodafinil
OxyContin	oxycodone hydrochloride
Prevacid	lansoprazole
ProAir HFA	albuterol HFA
Proventil HFA	albuterol HFA
Relpax	eletriptan hydrobromide
Rozerem	ramelteon
Sabril	vigabatrin
Sovaldi	sofosbuvir
Symbicort	budesonide/formoterol
Tobradex suspension	tobramycin/dexamethasone
Travatan Z	travoprost
Ventolin HFA	albuterol HFA
Xopenex HFA	levalbuterol HFA
Zovirax 5% cream	acyclovir

The products listed in the chart above may require prior authorization; please refer to the current prior authorization criteria available at <http://www.okhca.org/rxPA/>.

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OKLAHOMA
Health Care Authority

Serving Oklahomans
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