



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

June 29, 2007

Effective Immediately: Ocular Allergy and Insomnia products have been added to the Product Based Prior Authorization program.

Ocular Allergy

Tier 1	Tier 2
cromolyn sodium	Alomide [®]
ketotifen	Alamast [®]
Alaway [®]	Emadine [®]
Alocril [®]	
Alrex [®]	
Elestat [®]	
Optivar [®]	
Patanol [®]	
Pataday [®]	
Zaditor OTC [®]	

Criteria for Tier 2 Product:

1. FDA approved diagnosis.
2. A trial of at least one Tier 1 product for a minimum of two weeks in the last 30 days.
3. Documentation of clinical need for Tier 2 product over Tier 1 should be noted on the petition.
4. Clinical exceptions granted for products with allergic reaction or contraindication.

Insomnia

Tier 1	Tier 2
estazolam	Restoril [®] 7.5 and 22.5 mg
flurazepam	Sonata [®]
temazepam	
triazolam	
zolpidem	
Ambien CR [®]	
Lunesta [®]	
Rozerem [®]	

Criteria for Tier 2 product:

1. Minimum of 30 day trial with at least two Tier 1 products and clinical documentation of attempts to correct any primary cause for insomnia.
2. FDA approved diagnosis.
3. No concurrent anxiolytic benzodiazepine therapy greater than TID dosing and no concurrent ADHD medications.
4. Approvals granted for 6 months.

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