



## SoonerCare Fax Blast

June 8, 2011

### Stimulant / ADHD Prior Authorization: New Criteria Effective June 20, 2011

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|---|--|--|--|
| <p><b>Tier-1</b></p>  | <ul style="list-style-type: none"> <li>• NO PRIOR AUTHORIZATION REQUIRED FOR MEMBERS AGE 5-20.</li> <li>• Dosing in excess of 1.5 times the FDA approved maximum is not covered.</li> <li>• Special criteria apply for concomitant use of Strattera® + Stimulant. See <a href="http://www.okhca.org/providers/rx/PA">www.okhca.org/providers/rx/PA</a> for details.</li> </ul>   |  |  |
| <p><u>Amphetamine Products</u><br/>Adderall®<br/>Adderall XR®</p>           | <p><u>Methylphenidate Products</u><br/>Ritalin®<br/>Ritalin® SR<br/>Methylphenidate solution<br/>Methylphenidate chewable tablets<br/>Concerta®<br/>Focalin®<br/>Focalin XR®</p>   | <p><u>Non-Stimulant Products</u><br/>Strattera®<br/>Clonidine<br/>Guanfacine</p> |  |
| <p><b>Tier-2</b></p>  | <ul style="list-style-type: none"> <li>• Use of Tier 2 amphetamine or methylphenidate products requires documented Tier 1 trials of long acting medications from both the amphetamine and methylphenidate categories that did not yield adequate response.</li> <li>• Use of Kapvay® requires recent 14 day trial with immediate release clonidine and clinically significant reason why member cannot use immediate release products.</li> <li>• Use of Intuniv® requires recent 14 day trial with immediate release clonidine or guanfacine and clinically significant reason why member cannot use immediate release products.</li> </ul> |  |  |
| <p><u>Amphetamine Products</u><br/>Vyvanse®</p>                             | <p><u>Methylphenidate Products</u><br/>Metadate CD®<br/>Metadate ER®<br/>Ritalin LA®</p>   | <p><u>Non-Stimulant Products</u><br/>Kapvay®<br/>Intuniv®</p>                    |  |
| <p><b>Tier-3</b></p>  | <ul style="list-style-type: none"> <li>• FDA approved indication required.</li> <li>• Special criteria apply. See <a href="http://www.okhca.org/providers/rx/PA">www.okhca.org/providers/rx/PA</a> for details.</li> </ul>   |  |  |
| <p>Dexedrine®<br/>Dextrostat®<br/>Procentra®<br/>Desoxyn®<br/>Daytrana™</p> |  |  |  |

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

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)  
 PA Criteria: [www.okhca.org/providers/rx/pa](http://www.okhca.org/providers/rx/pa) PA forms: [www.okhca.org/rx-forms](http://www.okhca.org/rx-forms)