



SoonerCare Fax Blast

February 19, 2009

SUBJECT: SoonerCare Pharmacy Update – Antihistamines – Nasal Allergy

Dear SoonerCare Provider,

This is the first of a series of biweekly updates featuring SoonerCare medication prior authorization (PA) criteria. Each update will include current information on a different therapeutic category.

- PA information for all therapeutic categories is available at www.okhca.org/providers/rx/pa.
- PA forms are available at www.okhca.org/rx-forms.

Oral Antihistamines Prior Authorization

- Tier-1 products available without prior authorization for members under age 21.
- For members 21 years and older, Tier-1 products are available with prior authorization.
- For all antihistamine authorizations, the diagnosis must be a chronic allergic condition or asthma.
- Tier-2 authorization requires a documented 14 day trial of all Tier-1 products within the last 30 days.
- Tier-3 authorization requires a 14 day trial with all Tier-2 products within the last 60 days (unless no age-appropriate Tier-2 product exists)
- Xyzal® is not covered for members under age 6.

Tier-1	Tier-2	Tier-3
OTC cetirizine (Zyrtec®)	fexofenadine (generic tabs)	desloratadine (Clarinex®)
OTC loratadine (Claritin®)		fexofenadine (Allegra® branded tabs, Syrup, ODT)
		levocetirizine (Xyzal®)

Nasal Allergy Prior Authorization

- Tier-1 products are available without prior authorization.
- Tier-2 Authorization Requires
 - a) Documented adverse effect or contraindication to the Tier-1 products, or
 - b) 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
Corticosteroids	budesonide (Rhinocort® AQ)
beclomethasone (Beconase® AQ)	ciclesonide (Omnaris™)
Flunisolide (Nasalide Nasalide® / Nasarel™)	mometasone (Nasonex®)
fluticasone (Flonase®)	
fluticasone (Veramyst®)	
triamcinolone (Nasacort® AQ)	
Other	
azelastine (Astelin®, Astepro®)	
ipratropium bromide (Atrovent®)	
olopatadine (Patanase®)	

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