



SoonerCare Fax Blast

February 2, 2010

SUBJECT: Pediculicide Step Therapy and Antiemetic Prior Authorization Changes

Pediculicide Step Therapy

Step therapy requirements will take effect February 1, 2010.

Approval Criteria:

- Approval of Tier 2 medication requires a trial with one Tier 1 medication with inadequate response or adverse effect.
- Age and Quantity Limits based on FDA labeling may apply.

Tier 1	Tier 2
Covered OTC Permethrin Products	Malathion (Ovide [®]) Lindane Lotion & Shampoo Crotamiton (Eurax [®]) Lotion Benzoyl Alcohol (Ulesfia™) Lotion

Antiemetic Prior Authorization

Effective February 1, 2010, the following medications will require prior authorization:

1) Granisetron (Kytril[®], Sancuso[®]), Dolasetron (Anzemet[®]), Aprepitant (Emend[®])

Approval Criteria:

- Approved Diagnosis
- A recent (within the past 6 months) trial of ondansetron used for at least 3 days or one cycle that resulted in inadequate response.

2) Nabilone (Cesamet[®]), Dronabinol (Marinol[®])

Approval Criteria:

- For the diagnosis of HIV related loss of appetite: approve for 6 months
- For chemotherapy induced nausea and vomiting: A recent (within the past 6 months) trial of ondansetron used for at least 3 days or one cycle that resulted in inadequate response

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
PA Criteria: www.okhca.org/providers/rx/pa PA forms: www.okhca.org/rx-forms