

SoonerCare Fax Blast

September 26, 2011

The Following Changes Take Effect October 10, 2011:

Testosterone Products Prior Authorization

All testosterone products will require prior authorization, based on the following criteria:

- Approved diagnosis:
 - a. Testicular failure due to cryptorchidism, bilateral torsions, orchitis, vanishing testis syndrome; or orchidectomy.
 - b. Idiopathic gonadotropin or luteinizing-hormone-releasing hormone (LHRH) deficiency, or pituitary hypothalamic injury from tumors, trauma, or radiation.
 - c. Delayed puberty.
 - d. Advanced inoperable metastatic mammary cancer in females 1 to 5 years postmenopausal, or premenopausal women with breast cancer benefitting from oophorectomy and have been determined to have a hormone-responsive tumor.
- 2. Must include two labs showing pre-medication testosterone level below 300ng/dL (where applicable) and other labs necessary to demonstrate diagnosis.
- 3. Oral agents are only approved in cases where member cannot use all other available formulations of testosterone.

Neuroleptics Prior Authorization

Chewable, sprinkle, and ODT formulations of neuroleptic products will require prior authorization for members age 12 and older.

The following products will require prior authorization for all ages:

- Lamictal XR
- Lamictal Starter Kits

Felbamate will require prior authorization with the following criteria:

- 1. Initial prescription written by a neurologist.
- 2. Member has failed therapy with at least three other medications commonly used for seizures.

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

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