



# 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](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)

March 5, 2012

## Prior Authorization Updates

The following prior authorization requirements take effect March 19, 2012.

### Gout Agents

**Colcrys® (colchicine)** long term use requires prior authorization.

Approval criteria:

1. Failure of allopurinol defined by persistent gouty attacks with serum urate levels below 6.5mg/dL.
2. Clinical reason why colchicine/probenecid would not be a viable option for the member.
3. Quantity limit of #60 per 30 days will apply for gout.
4. Members with the diagnosis of Familial Mediterranean Fever verified by genetic testing will be approved for up to 2.4mg per day.

**Uloric® (febuxostat)** requires prior authorization.

Approval criteria:

1. Failure of allopurinol defined by persistent gouty attacks with serum urate levels below 6.5mg/dL.
2. Clinical reason why allopurinol is not a viable option for the member.
3. Quantity limit of #30 per 30 days will apply.

### Bladder Agents

**Urelle® and Prosed DS®** require prior authorization.

Approval criteria:

1. Recent 14-day trials within the past 60 days of:
  - a. Urogesic Blue®, and
  - b. Utira-C®

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