



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 OHCA Website: www.okhca.org

October 31, 2007

Children's Cough & Cold Coverage

An updated list of cough and cold products that are covered for children under age 21 is available online at www.okhca.org . Please note that all infant drop formulations that contain cough suppressants and decongestants are no longer covered.

Prior Authorization Changes

- Vyvanse™ is a Tier-1 medication and does not require prior authorization for members under age 21. (For members age 21 and older, all ADHD/Narcolepsy medications require prior authorization.)
- Veramyst™ is a Tier-1 nasal allergy medication and does not require prior authorization. A quantity limit of one 10gm spray bottle per 30 days applies.
- Brovana™ requires prior authorization effective November 1, 2007.
 - Criteria for approval
 - Member must be age 18 or older
 - Diagnosis of COPD, chronic bronchitis, or emphysema
 - Prior trial with Advair®, Serevent®, or Foradil® within the past 45 days
 - Clinical exception for members who are unable to effectively use hand-actuated devices or are stable on nebulized therapy
 - Quantity limit of 120 ml for a 30 day supply
- Exforge® is a Tier-2 ARB and requires prior authorization.
 - Criteria for approval
 - FDA approved indication
 - Prior trial with a Tier-1 ACE Inhibitor
 - Members with diabetes are exempt from step therapy requirements
 - Quantity limit of 30 tablets for a 30 day supply

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