



# 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)

January 18, 2008

## **Children's OTC Analgesic and Decongestant Medications**

Effective February 1, 2008, liquid formulations of single ingredient decongestant products will be covered for members 6 to 12 years of age. Liquid formulations of ibuprofen and acetaminophen will be covered for members 0 to 20 years of age. A limit of three fills of these products per 365 days applies, with a quantity limit of 4 oz. or 120 ml for each fill. Cough suppressants and expectorants will no longer be covered.

An updated list of covered products will be available online at [www.okhca.org](http://www.okhca.org).

## **Prior Authorization Changes**

The following medications will require prior authorization or step therapy effective January 30, 2008:

- Antihypertensive: Avalide, Tarka
- Anti-Ulcer: Protonix, Zegerid packets
- Fibric Acid Derivative: Antara, Tricor
- Ophthalmic: AK Spore HC, Alphagan, Azopt, Betoptic-S, Blephamide, Cortisporin, Isopto Carbachol, Lopidine 1%, Lumigan, Maxitrol, Miostat, Phospholine Iodide, Pred-G, Poly-Pred, Timoptic 0.5% Dropperette, Tobradex, Trusopt, Zylet
- Skeletal Muscle Relaxant: Skelaxin
- Stimulant / ADHD: Metadate CD

The following medications will no longer require prior authorization or step therapy effective January 30, 2008:

- Antihypertensive: Avapro, Micardis, Sular

Complete prior authorization tiers and approval criteria are available online at [www.okhca.org](http://www.okhca.org). To request a faxed copy of tiers and criteria, please contact the SoonerCare Pharmacy Help Desk.

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