November 28, 2016

Dear SoonerCare Provider,

The purpose of this fax is to provide updates regarding butalbital containing medications and topical corticosteroid coverage.

**Effective December 19th, 2016, Esgic® capsules (butalbital/acetaminophen/caffeine 50mg/325mg/40mg) will require prior authorization.** Fioricet® tablets (butalbital/acetaminophen/caffeine 50mg/325mg/40mg) will be preferred to Esgic® capsules due to the large difference in cost between the two formulations. The following prior authorization criteria will apply for Esgic® capsules:

**Esgic® Capsules (Butalbital/Acetaminophen/Caffeine 50mg/325mg/40mg) Approval Criteria:**
1. A patient-specific, clinically significant reason why the member cannot use Fioricet® tablets (butalbital/acetaminophen/caffeine 50mg/325mg/40mg).

Members currently utilizing Esgic® capsules will not be “grandfathered.” Members must switch to Fioricet® tablets, or submit a manual prior authorization for consideration of reimbursement of Esgic® capsules. Prior authorization request forms can be found online at [www.okhca.org/forms](http://www.okhca.org/forms) (PHARM-04). Updated versions of prior authorization criteria for butalbital containing medications can be downloaded from [www.okhca.org/pa](http://www.okhca.org/pa), by selecting “Central Nervous System/Behavioral Health.”

**Effective December 19th, 2016, the following changes will be made to the Topical Corticosteroid category:**
1. The following topical corticosteroids will move from Tier-1 to Tier-2:
   a. hydrocortisone butyrate 0.1% solution
   b. Lidex E® (fluocinonide emollient)
   c. Temovate® (clobetasol propionate 0.05% gel and solution)
2. Beta-Val® (betamethasone valerate 0.1% ointment and lotion) and Diprolene® (augmented betamethasone dipropionate gel) will be moved from Tier-2 to Tier-1 and will no longer require prior authorization.

Members currently utilizing Tier-1 topical corticosteroids that are moving to Tier-2 will not be “grandfathered.” Members must switch to a Tier-1 alternative, or submit a manual prior authorization for consideration of reimbursement of the prior authorized medication. Prior authorization request forms can be found online at [www.okhca.org/forms](http://www.okhca.org/forms) (PHARM-04). Updated versions of prior authorization criteria for topical corticosteroids can be downloaded from [www.okhca.org/pa](http://www.okhca.org/pa), by selecting “Topical.”

Thank you for the services you provide to Oklahomans insured by SoonerCare!