

## Pharmacy Services

(800) 522-0114, option 4

January 10, 2018

**RE: Anti-Ulcer, NSAID and Topical Corticosteroid Medication Category Update – Effective January 24, 2018**

Dear SoonerCare Provider,

The purpose of this fax is to provide updates regarding coverage of various anti-ulcer, nonsteroidal anti-inflammatory drug (NSAID) and topical corticosteroid (TCS) medication coverage. **Effective January 24, 2018, the following changes will be made:**

**Anti-Ulcer Medications:**

1. Cimetidine tablets (Tagamet®), nizatidine capsules (Axid®), and nizatidine solution (Axid®) will be placed into the Special Prior Authorization (PA) Tier of the Anti-Ulcer product based prior authorization (PBPA) category. Members currently utilizing cimetidine tablets (Tagamet®) and nizatidine capsules (Axid®) will not be “grandfathered”. All members receiving these medications will require that a manual prior authorization be submitted by their prescriber.
2. Esomeprazole (Nexium® packets) and pantoprazole (Protonix® I.V.) will be moved from Tier-3 to Tier-2.

**NSAID Medications:**

1. Nalfon® (fenoprofen), Meclomen® (meclofenamate), and Celebrex® (celecoxib) 400mg capsules will be moved into the Special PA Tier of the NSAID PBPA category. Current users will not be “grandfathered”. All members receiving these medications will require that a manual prior authorization be submitted by their prescriber.
2. Cataflam® (diclofenac potassium tablets) will be moved from Tier-1 to Tier-2. Current users will be “grandfathered” if they have had a paid claim within the last 60 days.

**Topical Corticosteroid (TCS) Medications:**

1. The following TCS medications will be moved from Tier-1 to Tier-2 of the TCS PBPA category: Aclovate® (alclometasone dipropionate cream and ointment). Current users will not be “grandfathered”. All members receiving these medications will require that a manual prior authorization be submitted by their prescriber.
2. The following TCS medications will be moved from Tier-2 to Tier-3: Derma-Smoothe® and Derma-Smoothe FS® (fluocinolone acetonide 0.01% oil), Sernivo™ (betamethasone dipropionate 0.05% spray) spray, Westcort® (hydrocortisone valerate 0.2% cream and ointment), Clobex® (clobetasol propionate 0.05% shampoo and spray), Olux-E® and Olux® (clobetasol propionate 0.05% foam), Temovate® (clobetasol propionate 0.05% ointment), and Topicort® (desoximetasone 0.25% cream, ointment, and spray). Current users will be “grandfathered” if they have had a paid claim within the last 30 days.

Specific prior authorization criteria and Tier charts for anti-ulcer, NSAID and TCS medications can be downloaded from [www.okhca.org/pa](http://www.okhca.org/pa), then clicking “Gastro-Intestinal”, “Skeletal System”, or “Topical” respectively. If a member requires any of the above medications, prior authorization requests can be submitted for consideration to SoonerCare Pharmacy Services. Prior authorization request forms can be found online at [www.okhca.org/forms](http://www.okhca.org/forms) (PHARM-04).

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