



June 15, 2020

RE: SoonerCare Brand name preferred products

In general, the SoonerCare program requires prior authorization (PA) for any brand name drug for which there is a U.S. Food and Drug Administration (FDA) A-rated generic equivalent. However, there are some products for which SoonerCare has determined greater cost-effectiveness in the use of the brand name product. This is a list of brand name formulations that SoonerCare prefers over their generic equivalents due to net cost. In some instances, the cost of the brand name drug, when adjusted for rebates, is significantly lower than the net cost of the generic equivalents.

For the most up to date list of medications for which the brand name formulation is preferred, refer to the SoonerCare Brand Name Preferred Drug List available at www.okhca.org/rx.

BRAND NAME	GENERIC NAME
Androgel	testosterone
Butrans	buprenorphine
Copaxone 20mg/mL	glatiramer acetate
Diclegis	doxylamine/pyridoxine
Epclusa	sofosbuvir/velpatasvir
Focalin XR	dexmethylphenidate
Flector	diclofenac epolamine
Harvoni	ledipasvir/sofosbuvir
Humalog U-100	insulin lispro
Letaris	ambrisentan
Lotemax 0.5%* solution	loteprednol etabonate
Moxeza	moxifloxacin
Natroba	spinosad

BRAND NAME	GENERIC NAME
Nexium granules	esomeprazole
Nuvigil	armodafinil
OxyContin	oxycodone HCl
Relpax	eletriptan
Rozerem	ramelteon
Sabril	vigabatrin
Sovaldi	sofosbuvir
Suboxone film	buprenorphine/naloxon
Symbicort	budesonide/formoterol
Tazorac 0.1% cream	tazarotene topical
Travatan Z	travoprost
Xopenex HFA	levalbuterol 45mcg
Zovirax 5% cream	acyclovir

Additionally, the following changes will take effect July 1, 2020*:

DRUG	ACTION
Exforge HCT	removing brand
Fosrenol	removing brand
Methylin solution	removing brand
Tobradex suspension	removing brand
Xenazine	removing brand
Lotamax 0.5%* solution	adding brand requirement

The products listed in the charts above may require prior authorization; please refer to the current prior authorization criteria available at <http://www.okhca.org/rxPA/>.

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