



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
 PA Criteria: www.okhca.org/providers/rx/pa PA forms: www.okhca.org/rx-forms

June 8, 2011

Stimulant / ADHD Prior Authorization: New Criteria Effective June 20, 2011

Tier-1	<ul style="list-style-type: none"> • NO PRIOR AUTHORIZATION REQUIRED FOR MEMBERS AGE 5-20. • Dosing in excess of 1.5 times the FDA approved maximum is not covered. • Special criteria apply for concomitant use of Strattera® + Stimulant. <p>See www.okhca.org/providers/rx/PA for details.</p>		
<u>Amphetamine Products</u> Adderall® Adderall XR®	<u>Methylphenidate Products</u> Ritalin® Ritalin® SR Methylphenidate solution Methylphenidate chewable tablets Concerta® Focalin® Focalin XR®	<u>Non-Stimulant Products</u> Strattera® Clonidine Guanfacine	
Tier-2	<ul style="list-style-type: none"> • Use of Tier 2 amphetamine or methylphenidate products requires documented Tier 1 trials of long acting medications from both the amphetamine and methylphenidate categories that did not yield adequate response. • Use of Kapvay® requires recent 14 day trial with immediate release clonidine and clinically significant reason why member cannot use immediate release products. • Use of Intuniv® requires recent 14 day trial with immediate release clonidine or guanfacine and clinically significant reason why member cannot use immediate release products. 		
<u>Amphetamine Products</u> Vyvanse®	<u>Methylphenidate Products</u> Metadate CD® Metadate ER® Ritalin LA®	<u>Non-Stimulant Products</u> Kapvay® Intuniv®	
Tier-3	<ul style="list-style-type: none"> • FDA approved indication required. • Special criteria apply. See www.okhca.org/providers/rx/PA for details. 		
Dexedrine® Dextrostat® Procentra® Desoxyn® Daytrana™			

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