

Pharmacy Services

(800) 522-0114, option 4

September 21, 2016

Dear SoonerCare Provider,

The purpose of this fax is to provide information regarding criteria recently established for the reimbursement of Albenza® (albendazole) and updates regarding topical antifungal coverage.

Effective October 12, 2016, Albenza® (albendazole) will have the following criteria for reimbursement through SoonerCare:

Albenza® (Albendazole) Approval Criteria:

1. A quantity of six tablets per 180 days will process without prior authorization. For infections requiring additional doses, a prior authorization will need to be submitted and the following criteria will apply:
 - a. An FDA approved diagnosis of one of the following:
 - i. Treatment of parenchymal neurocysticercosis due to active lesions caused by larval forms of the pork tapeworm, *Taenia solium*.
 - ii. Treatment of cystic hydatid disease of the liver, lung, and peritoneum, caused by the larval form of the dog tapeworm, *Echinococcus granulosus*.

Effective October 12, 2016, the following changes will be made to the Topical Antifungal category:

1. The following topical antifungals will move from Tier-1 to Tier-2:
 - a. Econazole nitrate 1% cream
 - b. Clotrimazole 1% solution
2. Ciclopirox suspension and clotrimazole/betamethasone cream will be moved from Tier-2 to Tier-1.

Please consider use of clotrimazole 1% cream as a Tier-1 option in place of econazole nitrate 1% cream. Additionally, please consider the use of Tier-1 products clotrimazole 1% cream or ketoconazole cream as an alternative to clotrimazole 1% solution. If these options do not meet the patient's specific needs or the member has tried and failed two Tier-1 topical antifungal medications for at least 90 days each, a prescriber can choose to submit a prior authorization for consideration, along with patient-specific, clinically significant supporting information for use of the requested Tier-2 medication.

Prior authorization request forms can be found online at www.okhca.org/forms (PHARM-04). Updated versions of prior authorization criteria for topical antifungals and Albenza® (albendazole) can be downloaded from www.okhca.org/pa.

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