



### SoonerCare Brand name Preferred Drug List

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.

<b>BRAND NAME</b>	<b>GENERIC NAME</b>
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%*	loteprednol etabonate
Moxeza	moxifloxacin
Natroba	spinosad
Nexium granules	esomeprazole
Nuvigil	armodafinil
OxyContin	oxycodone HCl
Relpax	eletriptan hydrobromide
Rozerem	ramelteon
Sabril	vigabatrin
Sovaldi	sofosbuvir
Suboxone film	buprenorphine/naloxone
Symbicort	budesonide/formoterol
Tazorac 0.1% cream	tazarotene topical
Travatan Z	travoprost
Xopenex HFA	levalbuterol 45mcg HFA
Zovirax 5% cream	acyclovir

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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