



June 17, 2024

**RE: Prior Authorization of Aliqopa® – Effective July 1, 2024**

Effective July 1, 2024, Aliqopa® (copanlisib) will require prior authorization (PA). SoonerCare members currently on therapy with Aliqopa® will be approved for continuation of therapy. Aliqopa® is available through either the pharmacy or medical benefit.

The specific PA requirements for Aliqopa® outlined below can be found in the “Oncologic Therapies” therapeutic category on the OHCA website at [www.oklahoma.gov/ohca/pa](http://www.oklahoma.gov/ohca/pa). A PA form is required for all claim types. The Aliqopa®-specific PA form, PHARM-162, is located on the OHCA website at [www.oklahoma.gov/ohca/rxforms](http://www.oklahoma.gov/ohca/rxforms).

The Aliqopa® (copanlisib) approval criteria for members are as follows:

- Diagnosis of relapsed/refractory follicular lymphoma (FL); and
- Member must have failed at least 2 prior systemic therapies; and
- Members who are new to treatment with Aliqopa® will not generally be approved.

All medication PA requests must be submitted to the Pharmacy Prior Authorization Unit at the fax number located at the bottom of the PA form. Do **not** submit the requests to the Medical Authorization Unit or online via the provider portal.

For SoonerSelect members, please use the SoonerSelect health plan's PA process in which the member is enrolled or contact the specific health plan's provider support line.

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

---

**SOONERCARE PHARMACY SERVICES • PHARMACY MANAGEMENT CONSULTANTS**



**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

[oklahoma.gov/ohca](http://oklahoma.gov/ohca)  
[mysoonerCare.org](http://mysoonerCare.org)



**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767