KEVIN S. CORBETT
CHIEF EXECUTIVE OFFICER

J. KEVIN STITT
GOVERNOR

STATE OF OKLAHOMA

OKLAHOMA HEALTH CARE AUTHORITY

OHCA 2020-02

Mar. 30, 2020

RE: Prior authorization for Soliris® - Effective May 1, 2020

As authorized by Oklahoma Administrative Code 317:30-5-77.2, effective May 1, 2020, the OHCA will be adding a prior authorization requirement for Soliris® (eculizumab) when billed through the medical benefit. Soliris® already requires a prior authorization when billed through the pharmacy benefit.

Currently, if a SoonerCare member is utilizing Soliris® through the medical benefit, then the medication will be grandfathered in.

Because medical claims typically lag behind the treatment date, the OHCA may not be able to accurately track current therapy in all cases. In order to avoid a disruption in therapy, the OHCA recommends you submit a prior authorization for those members who started on therapy after March 1, 2020. You must list the dates of previous doses on the prior authorization form for a patient who has already received therapy.

The specific prior authorization requirements are listed below and can also be located on the OHCA website at www.okhca.org/pa under the biologic therapeutic category. Those requests, which are billed through an outpatient hospital or physician, will need to be submitted using form PHARM-18. Requests which come through a pharmacy, should continue to be submitted using PHARM-04. These forms can be found on the website at www.okhca.org/rxforms. Please use the appropriate form when requesting a prior authorization.

Soliris® (Eculizumab) approval criteria [Paroxysmal Nocturnal Hemoglobinuria or Atypical Hemolytic Uremic Syndrome]:

- Member must have an established diagnosis of paroxysmal nocturnal hemoglobinuria or atypical hemolytic uremic syndrome via international classification of disease (ICD) coding in member's medical claims history;
- An age restriction of 18 years and older will apply; and
- For members younger than 18 years of age, approval can be granted with a documented diagnosis of atypical hemolytic uremic syndrome.

Soliris® (Eculizumab) approval criteria [Generalized Myasthenia Gravis (gMG) Diagnosis]:

- An FDA-approved diagnosis of gMG;
- Positive serologic test for anti-AChR antibodies;
- Myasthenia Gravis Foundation of America (MGFA) Clinical Classification Class II to IV;

- MG-Activities of Daily Living (MG-ADL) total score ≥ six; and
- Member must meet one of the following:
    - Failed treatment over one year or more with two or more immunosuppressive therapies (ISTs) either in combination or as monotherapy; or
    - Failed at least one IST and required chronic plasmapheresis or plasma exchange (PE) or intravenous immunoglobulin (IVIg); and
- Initial approvals will be for the duration of six months at which time an updated MG-ADL score must be provided. Continued authorization requires improvement in the MG-ADL score from baseline. Subsequent approvals will be for the duration of one year.

Soliris® (Eculizumab) Approval Criteria [Neuromyelitis Optica Spectrum Disorder (NMOSD)]:

- An FDA-approved diagnosis of NMOSD; and
- Member is anti-aquaporin-4 (AQP4) antibody positive; and
- Member must be 18 years of age or older.

All medication prior authorization requests must be submitted to the pharmacy prior authorization unit at the fax number located at the bottom of the form.

Please do not submit the request to the medical authorization unit or online via the provider portal.

If you have questions, please contact the pharmacy authorization unit at 800-522-0114, option 4.

Thank you for your continued service to Oklahoma's SoonerCare members.

Sincerely,

Melody Anthony

Melody Anthony
State Medicaid Director