



## SoonerCare Fax Blast

March 3, 2009

**SUBJECT: ESA Prior Authorization**

Dear SoonerCare Provider,

**ESA Prior Authorization**

Prior authorization requirements for erythropoietin stimulating agents (ESAs) including Aranesp<sup>®</sup>, Epogen<sup>®</sup>, and Procrit<sup>®</sup>, take effect on March 11, 2009. Below is an overview of the PA requirements. Complete authorization criteria can be found on the OHCA website at [www.okhca.org/providers/rx/pa](http://www.okhca.org/providers/rx/pa).

- All members, including individuals receiving therapy prior to March 11, 2009, will need to have a prior authorization.
- Prior authorization requests will be approved for FDA approved indications only. The member's most recent hemoglobin (Hb) level, including date obtained, should be included on petition.
- Authorizations for surgery patients are for a maximum of 4 weeks, and authorizations for all other indications are for 8 weeks.
- Discontinuation Criteria:
  - a. ESRD – Discontinue treatment if **Hb is at or above 13.0 g/dL**.
  - b. All other indications – Discontinue treatment if **Hb is at or above 12 g/dL**.
  - c. All patients - When a minimum increase of 1 g/dL is not achieved after initial 8 weeks of therapy.

There are two PA forms for the ESA authorization requests, available at [www.okhca.org/providers/forms](http://www.okhca.org/providers/forms). The initial prior authorization request for a member should be submitted using form *Pharm-17*, and subsequent requests for continuation of therapy should be submitted on form *Pharm-17A*. If therapy is discontinued and restarted at a later date, the PA form for therapy initiation (*Pharm-17*) will be required for authorization.

**Please Note: Patients who have started therapy prior to March 11, 2009 will need to have prior authorization before further therapy can be covered. The therapy initiation PA form, *PHARM-17*, should be used for these patients. Do not use the therapy continuation form, *PHARM-17A*, for these patients.**

ESA prior authorization requests for both pharmacy claims and medical claims should be submitted to the Pharmacy Prior Authorization Unit, using the fax numbers listed on the bottom of the PA forms. Prior authorization requests can be submitted for approval beginning on March 4, 2009. **Requests received before March 4, 2009 will not be approved.**

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](mailto:pharmacy@okhca.org) OHCA Website: [www.okhca.org](http://www.okhca.org)