



Pharmacy Update

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 OHCA Website: www.okhca.org
PA Criteria: www.okhca.org/providers/rx/pa PA forms: www.okhca.org/rx-forms

March 16, 2012

Erythropoietin Stimulating Agents (ESAs) Prior Authorization

Prior authorization criteria for the erythropoietin stimulating agents (ESAs) Aranesp[®], Epogen[®], and Procrit[®] to conform to new product labeling approved by the FDA. The new criteria will go into effect on April 1, 2012.

Changes to the criteria include:

Continuation Criteria:

- Continue dose if Hb is \leq 11.0 g/dL.
- If Hb is increasing and approaching 11.0 g/dL then reduce dose.
- If more than 1 g/dL increase (but Hb not greater than upper limits listed below) has occurred in a 2 week period reduce dose by 25 to 50 %.

Discontinuation Criteria:

- ESRD – Discontinue treatment if Hb is at or above 11.0 g/dL.
- All others – Discontinue treatment if Hb is at or above 11.0 g/dL.
- If a minimum increase of 1 g/dL has not been achieved after initial 8 weeks of therapy for anemia associated with chemotherapy and 12 weeks of therapy for ESRD.

The full ESA prior authorization criteria can be found at www.okhca.org/providers/rx/pa.

Please continue to use prior authorization form PHARM-17 for all ESA requests. It can be downloaded at www.okhca.org/providers/forms.

All ESA prior authorizations for pharmacy **and** medical claims will continue to be handled through the Pharmacy Prior Authorization Unit. Please use the fax numbers listed on the bottom of the PA form.

We appreciate the services you provide to Oklahomans insured by SoonerCare.