

Pharmacy Services

(800) 522-0114, option 4

March 15, 2016

Dear SoonerCare Provider,

Effective April 18th, 2016, SoonerCare will require a prior authorization for Neulasta® (pegfilgrastim), Granix® (tbo-filgrastim), and Zarxio™ (filgrastim-sndz). The prior authorization criteria are located on the OHCA website on the Pharmacy Prior Authorization page at www.okhca.org/pa in the biologic therapeutic category and are as follows:

- An FDA approved diagnosis; and
- A patient-specific, clinically significant reason why the member cannot use Neupogen® (filgrastim).
- Additional consideration for Neulasta® will be given for caregivers or members who cannot self-inject at home. The prescriber must provide specific documentation of the reason the caregiver or member cannot self-inject at home.

Neupogen® **does not** require a prior authorization.

The prior authorization requirement will apply to both the pharmacy benefit and medical benefit. In the event a patient is in the middle of treatment with Neulasta®, Granix®, or Zarxio™ at the time the prior authorization goes into effect, a prior authorization request must be submitted. These types of requests will be approved to finish the current treatment period. The patient should use Neupogen® if treatment is needed for a subsequent neutropenic event unless the patient meets the above criteria, then the clinical information should be noted on the original prior authorization request. The prior authorization forms can be located on the forms page on the OHCA website at www.okhca.org/forms. Please use PHARM-04 for pharmacy requests and PHARM-18 for medical requests.

All medication prior authorization requests are processed by the pharmacy authorization unit whether the drug is ultimately provided through a physician's office, outpatient clinic, or pharmacy.

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.