

## Pharmacy Services

(800) 522-0114, option 4

November 6, 2017

**RE: Prior Authorization of Rayaldee® (calcifediol ER capsules), Parsabiv™ (etelcalcetide), Zemplar® (paricalcitol capsules), and Hectorol® (doxercalciferol capsules) – Effective November 20, 2017**

The purpose of this fax is to provide information regarding criteria recently established for the reimbursement of the following Vitamin D analogs: Rayaldee® (calcifediol ER capsules), Parsabiv™ (etelcalcetide), Zemplar® (paricalcitol capsules), and Hectorol® (doxercalciferol capsules). You are receiving this fax because you prescribed or dispensed one of the listed Vitamin D analog medications for SoonerCare member(s) within the past 6 months.

**Effective 11/20/2017, Rayaldee®, Parsabiv™, Zemplar®, and Hectorol® will require prior authorization.**

If a SoonerCare member is currently on therapy with any of the listed Vitamin D analogs, the medication will be “grandfathered”. If the drug is obtained through the pharmacy claim system, it will be automatically prior authorized based on past claims. The listed Vitamin D analogs will require submission of a prior authorization request after 11/20/2017. If a member requires any of the listed medications, prior authorization requests can be submitted for consideration to SoonerCare Pharmacy Services.

The specific prior authorization criteria for Rayaldee®, Parsabiv™, Zemplar®, and Hectorol® can be downloaded from [www.okhca.org/rx-pa](http://www.okhca.org/rx-pa), by clicking “Diabetes/Endocrine”.

Prior authorization request forms can be found online at [www.okhca.org/forms](http://www.okhca.org/forms) (PHARM-04).

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