

## Pharmacy Services

(800) 522-0114, option 4

September 16, 2019

### RE: Prior Authorization of Medications Used to Treat Lymphoma – Effective October 15, 2019

Dear Provider,

Effective October 15, 2019 the Oklahoma Health Care Authority (OHCA) will require a prior authorization (PA) for the following medications: Adcetris® (brentuximab vedotin), Beleodaq® (belinostat), Calquence® (acalabrutinib), Folutyn® (pralatrexate), Istodax® (romidepsin), Poteligeo® (mogamulizumab-kpkc), Truxima® (rituximab-abbs), Zevalin® (ibritumomab tiuxetan), and Zolinza® (vorinostat).

If a SoonerCare member has a paid claim for one of these medications within the last 45 days, 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.

Medical claims typically lag behind the treatment date, and we may be unable to see current therapy. In order to avoid a disruption in therapy we recommend submitting a PA for those members who started on therapy after September 1, 2019. It is required you list dates of previous doses on the PA form if a patient has already received therapy.

The specific PA requirements for each drug are located on the OHCA website at [www.okhca.org/pa](http://www.okhca.org/pa) in the “Oncologic” therapeutic category. A drug-specific prior authorization form is required, which can be found on the website at [www.okhca.org/rxforms](http://www.okhca.org/rxforms). Look for forms labeled PHARM-123 through PHARM-131.

All medication PA requests are submitted to the Pharmacy Prior Authorization Unit at the fax number located at the bottom of the form. 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.