

## Pharmacy Services

(800) 522-0114, option 4

February 2, 2016

Dear SoonerCare Provider,

The purpose of this fax is to provide information regarding an update in coverage of the following medications: **Kadcyla® (ado-trastuzumab)**, **Afinitor® (everolimus)**, and **Ibrance® (palbociclib)**. You are receiving this fax because your pharmacy dispensed one of these medications for SoonerCare member(s) in the past 12 months.

**Effective March 1<sup>st</sup>, 2016, the aforementioned medications will require a prior authorization.**

If a SoonerCare member is currently on therapy with one of these medications, 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 specific prior authorization requirements for each drug are located on the SoonerCare website, [www.okhca.org/pa](http://www.okhca.org/pa) in the “Chemotherapy” therapeutic category. A drug specific prior authorization form is required which can be found on the website at [www.okhca.org/forms](http://www.okhca.org/forms). Look for forms labeled PHARM41, PHARM 43, and PHARM44.

All medication prior authorizations 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 the services you provide to Oklahomans insured by SoonerCare!