

Pharmacy Services

(800) 522-0114, option 4

October 3, 2016

RE: Prior Authorization of Medications Used to Treat Prostrate Cancer – Effective November 1, 2016

Dear Provider,

Effective November 1, 2016, the Oklahoma Health Care Authority will require a prior authorization (PA) for the following medications: Zytiga® (abiraterone), Jevtana® (cabazitaxel), Xtandi® (enzalutamide), Xofigo® (radium – 223 dichloride), and Provenge® (sipuleucel-T).

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. 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 8/1/16. Dates of previous doses must be listed on the PA form in order for our staff to know the patient has already received therapy.

The specific PA requirements for each drug are located on the SoonerCare website, Prior Authorizations, in the “Oncologic” therapeutic category. A drug specific prior authorization form is required, which can be found on the website at OHCA Forms. Look for forms labeled PHARM54 – PHARM58.

Xofigo® PA requests will continue to be processed by eviCore through October 31, 2016. If there is a PA in place for Xofigo®, then it will continue to be effective through the original end date. Beginning November 1st all of these medication PAs will be 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.