Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

OHCA 2022-21

September 15, 2022

RE: Prior Authorization of Neulasta® – Effective October 15, 2022

Dear Provider,

As authorized by Oklahoma Administrative Code (OAC) 317:30-5-77-2, effective October 15, 2022, the Oklahoma Health Care Authority (OHCA) will require a prior authorization (PA) for Neulasta® (pegfilgrastim). **No PA is required for Nyvepria™ (pegfilgrastim-apgf), Ziextenzo® (pegfilgrastim-bmez), Granix® (tbo-filgrastim), Neupogen® (filgrastim), or Zarxio® (filgrastim-sndz).** Please note, Fulphila® (pegfilgrastim-jmdb), Udenyca® (pegfilgrastim-cbqv), Nivestym® (filgrastim-aafi), and Releuko™ (filgrastim-ayow) continue to require a PA.

For SoonerCare members currently on therapy with Neulasta®, the medication will be approved for continuation of therapy.

Medical claims typically lag the treatment date, and we may be unable to verify current therapy. In order to avoid a disruption in therapy, we recommend submitting a PA request for those members who started on therapy after July 31, 2022. Dates of previous doses must be listed on the PA form if a member has already received therapy.

The specific PA requirements for the granulocyte colony-stimulating factor (G-CSF) products are below and listed on the OHCA website at www.oklahoma.gov/ohca/pa in the "Biologics" therapeutic category. A specific PA form is required for the non-preferred G-CSF products (PHARM-208), which is located on the OHCA website at www.oklahoma.gov/ohca/rxforms.

Nivestym® (Filgrastim-aafi) and Releuko™ (Filgrastim-ayow) Approval Criteria:

1. An FDA approved diagnosis; and
2. A patient-specific, clinically significant reason why the member cannot use Granix® (tbo-filgrastim), Neupogen® (filgrastim), or Zarxio® (filgrastim-sndz) must be provided. Biosimilars and/or reference products are preferred based on the

lowest net cost product(s) and may be moved to either preferred or non-preferred if the net cost changes in comparison to the reference product and/or other available biosimilar products.

Fulphila® (Pegfilgrastim-jmdb), Neulasta® (Pegfilgrastim), and Udenyca® (Pegfilgrastim-cbqv) Approval Criteria:

1. An FDA approved diagnosis; and
2. A patient-specific, clinically significant reason why the member cannot use Granix® (tbo-filgrastim), Neupogen® (filgrastim), Nyvepria™ (pegfilgrastim-apgf), Zarxio® (filgrastim-sndz), or Ziextenzo® (pegfilgrastim-bmez) must be provided. Biosimilars and/or reference products are preferred based on the lowest net cost product(s) and may be moved to either preferred or non-preferred if the net cost changes in comparison to the reference product and/or other available biosimilar products.

All medication PA requests are submitted to the Pharmacy Prior Authorization Unit at the fax number located at the bottom of the PA form. Do not submit the requests to the Medical Authorization Unit or online via the provider portal.

Please contact the Pharmacy Prior Authorization Unit at (800) 522-0114, option 4 if you have questions.

Thank you for your continued service to our SoonerCare members.

Sincerely,

Traylor Rains,
State Medicaid Director