

## Pharmacy Services

(800) 522-0114, option 4

January 13, 2018

**RE: Prior Authorization of Medications Used to Treat Acute Lymphoblastic Leukemia and Chronic Myeloid Leukemia – Effective February 15, 2018**

Dear Provider,

Effective February 15, 2018, the Oklahoma Health Care Authority (OHCA) will require a prior authorization (PA) for the following medications: Blincyto® (Blinatumomab), Besponsa® (Inotuzumab Ozogamicin), Bosulif® (Bosutinib), Gleevec® (Imatinib), Iclusig® (Ponatinib), Synribo® (Omacetaxine), Sprycel® (Dasatinib), and Tasigna® (Nilotinib).

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 note current therapy. In order to avoid a disruption in therapy we recommend that you submit PAs for those members who started on therapy after November 1, 2017. It is required that you list dates of previous doses on the PA form for a patient already receiving 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/forms](http://www.okhca.org/forms). Look for forms labeled PHARM-88 through PHARM-95.

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 via the provider portal.

If you have questions, please contact the Pharmacy Authorization Unit at 1-800-522-0114, option 4.

Thank you for your continued service to our SoonerCare members.