



Ellen M. Buettner | Chief Executive Officer

J. Kevin Stitt | Governor

OHCA 2025-01

January 2, 2025

RE: Prior authorization of icatibant injection — effective Feb. 1, 2025

Dear Provider,

As authorized by [OAC 317:30-5-77-2](#), effective Feb. 1, 2025, the Oklahoma Health Care Authority (OHCA) will require a prior authorization (PA) for the icatibant injection.

If a SoonerCare member is currently on therapy with icatibant, the medication will be approved for continuation of therapy.

Medical claims typically lag behind 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 Jan. 1, 2025, to ensure uninterrupted therapy. Dates of previous doses must be listed on the PA form if a member has already received therapy.

The specific PA requirements for icatibant are located on the [OHCA website](#) in the “Cardiovascular” therapeutic category under the Hereditary Angioedema section. Use **PHARM-04** for pharmacy PA requests and PHARM-18 for medical PA requests. The [forms](#) can be found on the OHCA website.

Icatibant Approval Criteria:

- An FDA approved diagnosis of hereditary angioedema (HAE); and
- Must be used for the treatment of acute attacks of HAE; and
- For authorization consideration of Firazyr (icatibant), a patient-specific clinically significant reason why the member cannot use Berinert (C1 esterase inhibitor) must be provided; or
- For authorization consideration of Sajazir (icatibant), a patient-specific, clinically significant reason why the member cannot use Berinert (C1 esterase inhibitor), Firazyr (icatibant), or Kalbitor (ecallantide) must be provided.



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/ohca
mysoonerCare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767

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.

If the member is with a SoonerSelect health plan, please use their PA process or contact the specific SoonerSelect plan's provider support line. If you have questions for members with traditional SoonerCare benefits, please contact the SoonerCare Pharmacy Prior Authorization Unit at 800-522-0114, option 4.

Thank you for your continued service to Oklahoma's SoonerCare and SoonerSelect members.

Sincerely,

A handwritten signature in black ink, appearing to read "Traylor Rains". The signature is fluid and cursive, with a large initial "T" and a long, sweeping underline.

Traylor Rains

State Medicaid Director