



Clay Bullard | Chief Executive Officer

J. Kevin Stitt | Governor

2026-06

April 7, 2026

RE: Prior Authorization or Certain Intravenous and Subcutaneous Immunoglobulins Effective May 1, 2026

Dear Provider,

As authorized by [317:30-5-77.2](#), effective May 1, 2026, the Oklahoma Health Care Authority (OHCA) will require a prior authorization (PA) for Alyglo™ [Immune Globulin (IG) Intravenous (IV), Human-stwk], Asceniv™ (IGIV, Human-slra), Bivigam® (IGIV, Human), Cuvitru® [IG Subcutaneous (SC), Human], Gammaplex® (IGIV, Human), Hizentra® (IGSC, Human), Octagam® (IGIV, Human), Panzyga® (IGIV, Human-ifas) and Xembify® (IGSC, Human).

The specific PA requirements for these products are listed below and are located on the OHCA [prior authorization page](#) in the Biologics therapeutic category. [Form PHARM-322](#) is used for IGIV/IGSC PA requests and can be found on the OHCA [pharmacy forms page](#).

Approval Criteria:

1. Documentation of prior stabilization on the requested product with documented benefit from therapy (i.e., recent office notes) must be submitted with the request; or
2. For Alyglo and Asceniv, a patient-specific, clinically significant reason why the member cannot use all other available immunoglobulin therapy products must be provided; or
3. A patient-specific, clinically significant reason why the member cannot use all the following, which are available without prior authorization, as appropriate for the requested route of administration:
 - a. For intravenous (IV) administration:
 - i. Gammagard Liquid® (IG infusion, human); and
 - ii. Gammagard S/D® (IGIV, human); and
 - iii. Gammaked™ (IG injection, human); and
 - iv. Gamunex®-C (IG injection, human); and
 - v. Privigen® (IGIV, human); and
 - b. For subcutaneous (SC) administration:
 - i. Cutaquig® (IGSC, human); and



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/ohca
mysooner care.org



PHONE

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

- ii. HyQvia® (IG infusion, human and recombinant human hyaluronidase); and
 - iii. Gammagard Liquid® (IG infusion, human); and
 - iv. Gammaked™ (IG injection, human); and
 - v. Gamunex®-C (IG injection, human); and
4. Member's recent weight (taken within the last 3 months) utilized for dosing calculations (e.g., actual body weight, ideal body weight, adjusted body weight) and intended dosing frequency must be provided on the prior authorization request in order to authorize the appropriate amount of product; and
5. Initial approvals will be for up to 6 months. Subsequent approval will be for the duration of up to 1 year if there is documentation of clinical effectiveness.

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 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 members.

Sincerely,



Sherri White
Chief Operating Officer