OKLAHOMA Health Care Authority | Serving Oklahomans through SoonerCare

May 4, 2026

RE: Granulocyte Colony-Stimulating Factors (G-CSF) and Brand Required Changes Effective May 18, 2026

The following changes take effect May 18, 2026. Complete prior authorization (PA) criteria can be found on the OHCA website at www.oklahoma.gov/ohca/pa. The Brand Required List can be found on the OHCA website at www.oklahoma.gov/ohca/rx. Pharmacy PA forms can be found on the OHCA website at www.oklahoma.gov/ohca/rxforms.

G-CSFs

Neulasta® (pegfilgrastim) will be a preferred pegfilgrastim product and be available without PA. Udenyca® (pegfilgrastim-cbqv) will no longer be covered as a pharmacy benefit. Udenyca® will be covered without PA as a medical only benefit. Preferred pegfilgrastim products include Fulphila® (pegfilgrastim-jmdb), Fylnetra® (pegfilgrastim-pbbk), Neulasta® (pegfilgrastim), Neulasta® Onpro® (pegfilgrastim) as a medical only benefit, Udenyca® (pegfilgrastim-cbqv) as a medical only benefit, and Ziextenzo® (pegfilgrastim-bmez). The specific PA requirements for the G-CSFs can be found on the OHCA website in the "Oncologic Therapies" therapeutic category.

Asthma and COPD Medications

- **Atrovent® HFA** (ipratropium bromide HFA) will be brand preferred and will remain available without prior authorization. Members currently utilizing ipratropium bromide HFA will need to switch to brand Atrovent® HFA.
- **Incruse® Ellipta®** (umeclidinium) will be brand preferred and will remain in Tier-1 of the Long-Acting $Beta_2$ Agonists (LABA)/Long-Acting Anticholinergics (LAMA) tier chart. Members currently utilizing umeclidinium will need to switch to brand Incruse® Ellipta®.

The specific PA requirements and tier chart for the Asthma and COPD medications can be found on the OHCA website in the "Respiratory" therapeutic category.

Lumigan® 0.01% (bimatoprost ophthalmic solution) will be brand preferred and will remain in Tier-1 of the Glaucoma Medications tier chart. Members currently utilizing bimatoprost will need to switch to brand Lumigan®. The specific PA requirements and tier chart for Glaucoma Medications can be found on the OHCA website in the "Ocular/Otic" therapeutic category.

Mavenclad® (cladribine) will be brand preferred and will continue to require a PA. Members currently utilizing generic cladribine will need to switch to brand Mavenclad®.

Savella® (milnacipran) will be brand preferred and will remain in Tier-2 of the Fibromyalgia Medications tier chart. Members currently utilizing milnacipran will need to switch to brand Savella®.

The specific PA requirements for Mavenclad® and the specific PA requirements and tier chart for Fibromyalgia can be found on the OHCA website in the "Central Nervous System/Behavioral Health" therapeutic category.

Thank you for the services you provide to Oklahomans insured by SoonerCare!