OKLAHOMA Health Care Authority | Serving Oklahomans through SoonerCare

June 1, 2026

RE: Nyvepria™ Prior Authorization Effective June 15, 2026

Nyvepria™ (pegfilgrastim-apgf) will require prior authorization (PA) effective June 15, 2026. **Products which do not require a PA are** 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 Nyvepria™ and other pegfilgrastim products are listed below and can be found on the OHCA website at www.oklahoma.gov/ohca/pa in the "Oncologic Therapies" therapeutic category. Form PHARM-208 is used for Granulocyte Colony-Stimulating Factor (G-CSF) requests and can be found on the OHCA website at www.oklahoma.gov/ohca/rxforms.

Nyvepria™ (Pegfilgrastim-apgf) and Stimufend® (Pegfilgrastim-fpgk) Approval Criteria:

1. An FDA approved diagnosis; and
2. A patient-specific, clinically significant reason why the member cannot use Fulphila® (pegfilgrastim-jmdb), Fylnetra® (pegfilgrastim-pbbk), Neulasta® (pegfilgrastim), Neulasta® Onpro® (pegfilgrastim) as a medical only benefit, Udenyca® (pegfilgrastim-cbqv) as a medical only benefit, 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; and
3. Neulasta® Onpro® (pegfilgrastim) and Udenyca® (pegfilgrastim-cbqv) will be covered as a medical only benefit without prior authorization.

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

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