

Pharmacy Services

(800) 522-0114, option 4

February 2, 2016

Dear SoonerCare Prescriber,

The purpose of this fax is to provide information regarding an update in coverage of the following medications: **Tykerb® (lapatinib)**, **Halaven® (ervulin)**, **Ixempra® (ixabepilone)**, **Kadcyla® (ado-trastuzumab)**, **Afinitor® (everolimus)**, **Perjeta® (pertuzumab)**, and **Ibrance® (palbociclib)**. You are receiving this fax because you prescribed one of these medications for SoonerCare member(s) in the past 12 months.

Effective March 1st, 2016, the aforementioned medications will require a prior authorization.

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 see current therapy. In order to avoid a disruption in therapy we recommend submitting a prior authorization for those members started on therapy after 12/1/15. Dates of previous doses must be listed on the prior authorization form in order for our staff to know the patient has already received therapy.

The specific prior authorization requirements for each drug are located on the SoonerCare website, www.okhca.org/pa in the “Chemotherapy” therapeutic category. A drug specific prior authorization form is required which can be found on the website at www.okhca.org/forms. Look for forms labeled PHARM39 – PHARM45.

All medication prior authorizations are processed by the pharmacy authorization unit whether the drug is ultimately provided through a physician’s office, outpatient clinic, or pharmacy. If you have questions, please contact the pharmacy authorization unit at (800) 522-0114, option 4.

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