



Kevin Corbett | Chief Executive Officer

J. Kevin Stitt | Governor

OHCA 2022-23

November 21, 2022

RE: Prior Authorization of Herceptin HYLECTA™ – Effective December 21, 2022

Dear Provider,

As authorized by OAC 317:30-5-77.2 (www.oklahoma.gov/ohca/policies-and-rules/), effective Dec. 21, 2022, the Oklahoma Health Care Authority (OHCA) will require a prior authorization (PA) for Herceptin HYLECTA™ (trastuzumab/hyaluronidase-oysk).

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

Of note, medical claims typically lag behind the treatment date, and OHCA may be unable to verify current therapy. To avoid a disruption in therapy, we recommend submitting a PA request for those members who started on therapy after Oct. 1, 2022. Dates of previous doses must be listed on the PA form if a member has already received therapy.

The specific PA requirements for Herceptin HYLECTA™ are below and on the OHCA website at www.oklahoma.gov/ohca/pa in the “Oncology Therapies” category. A specific PA form is required for the trastuzumab products (PHARM-133), which is located on the OHCA website at www.oklahoma.gov/ohca/rxforms.

Herceptin HYLECTA™ (Trastuzumab/Hyaluronidase-oysk) Approval Criteria [Breast Cancer Diagnosis]:

1. Diagnosis of human epidermal growth factor receptor 2 (HER2)-positive breast cancer; and



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

okhca.org
mysoonerCare.org



PHONE

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



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2. Authorization Herceptin HYLECTA™ (trastuzumab/hyaluronidase-oysk) will also require a patient-specific, clinically significant reason why the member cannot use ONTRUZANT® (trastuzumab-dttb) or TRAZIMERA® (trastuzumab-qyyp). 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.

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 you have questions, please contact the Pharmacy Prior Authorization Unit at 800-522-0114, option 4.

Thank you for your continued service to our SoonerCare members.

Sincerely,

Traylor Rains
State Medicaid Director



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4345 N. Lincoln Blvd.
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