Ellen M. Buettner | Chief Executive Officer **J. Kevin Stitt** | Governor

August 1, 2023

RE: Prior Authorization of NYVEPRIA™ – Effective September 1, 2023

Dear Provider,

As authorized by OAC 317:30-5-77-2 effective Sept. 15, 2023, the Oklahoma Health Care Authority (OHCA) will require a prior authorization (PA) for NYVEPRIA™ (pegfilgrastim-apgf). **No PA is required for FULPHILA® (pegfilgrastim-jmdb), FYLNETRA™ (pegfilgrastim-pbbk), ZIEXTENZO® (pegfilgrastim-bmez), GRANIX® (tbo-filgrastim), NEUPOGEN® (filgrastim), or ZARXIO® (filgrastim-sndz).** Please note, Neulasta® (pegfilgrastim), STIMUFEND® (pegfilgrastim-fpgk), UDENYCA® (pegfilgrastim-cbqv), NIVESTYM® (filgrastim-aafi), and RELEUKO® (filgrastim-ayow) continue to require a PA.

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

Medical claims typically lag behind the treatment date, and we 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 July 31, 2023. Dates of previous doses must be listed on the PA form if a member has already received therapy.

The specific PA requirements for the granulocyte colony-stimulating factor (G-CSF) products are below and on the OHCA website at oklahoma.gov/ohca/pa in the "Biologics" therapeutic category. A specific PA form is required for the non-preferred G-CSF products (PHARM-208), which is located on the OHCA website at oklahoma.gov/ohca/rxforms.

NIVESTYM (filgrastim-aafi) and RELEUKO (filgrastim-ayow) Approval Criteria:

1. An FDA-approved diagnosis.
2. A patient-specific, clinically significant reason why the member cannot use GRANIX (tbo-filgrastim), NEUPOGEN (filgrastim) or ZARXIO (filgrastim-sndz) 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.

Neulasta (pegfilgrastim), NYVEPRIA (pegfilgrastim-apgf), STIMUFEND (pegfilgrastimfpgk), and UDENYCA (pegfilgrastim-cbqv) Approval Criteria:

1. An FDA-approved diagnosis.

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2. A patient-specific, clinically significant reason why the member cannot use FULPHILA (pegfilgrastim-jmdb), FYLNETRA (pegfilgrastim-pbbk), GRANIX (tbofilgrastim), NEUPOGEN (filgrastim), ZARXIO (filgrastim-sndz), 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.

ROLVEDON® (eflapegrastim-xnst) Approval Criteria:

1. An FDA-approved diagnosis.
2. A patient-specific, clinically significant reason why the member cannot use FULPHILA (pegfilgrastim-jmdb), FYLNETRA (pegfilgrastim-pbbk), GRANIX (tbofilgrastim), NEUPOGEN (filgrastim), ZARXIO (filgrastim-sndz), or ZIEXTENZO (pegfilgrastim-bmez) must be provided.

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 Oklahoma's SoonerCare members.

Sincerely,

Traylor Rains
State Medicaid Director