



SoonerCare Fax Blast

December 29, 2009

SUBJECT: Fibromyalgia & Antimigraine Step Therapy

The step therapy requirements listed below will take effect January 11, 2010.

Approval Criteria:

1. Recent trials (within the last six months) of two Tier-1 medications at least 3 weeks in duration that did not provide adequate response, or resulted in intolerable adverse effects, or
2. Contraindication(s) to all available lower tiered medications,
3. Current stabilization on a Tier 2 medication (Samples will not be accepted if member has not had appropriate lower tiered trials.)

Tier 1	Tier 2
Amitriptyline Cyclobenzaprine Fluoxetine Tramadol	Pregabalin (Lyrica®) Duloxetine HCl (Cymbalta®) Milnacipran (Savella™)

Antimigraine Step Therapy

Tier 2 Approval Criteria:

- Trial of all available Tier 1 products with inadequate response, or
- Documented adverse effect to all the Tier 1 products, or
- Previous success with a Tier 2 product within the last 60 days.

Tier 3 Approval Criteria:

- Trial of all available Tier 2 products with inadequate response, or
- Documented adverse effect to all available Tier 2 products, or
- Previous success with a Tier 3 medication within the last 60 days.

Tier 1	Tier 2	Tier 3
Sumatriptan (Imitrex®)	Naratriptan (Amerge®) Sumatriptan/Naproxen (Treximet®)	Almotriptan (Axert®) Eletriptan (Relpax®) Frovatriptan (Frova®) Rizatriptan (Maxalt®; Maxalt MLT®) Zolmitriptan (Zomig®; Zomig-ZMT®)

Pharmacy Help Desk Phone Numbers (405)522-6205 option 4 or (800)522-0114 option 4
Service Hours: Monday – Friday (8:30a – 7:00p); Saturday (9:00a – 5:00p); Sunday (11:00a – 5:00p)

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PA Criteria: www.okhca.org/providers/rx/pa PA forms: www.okhca.org/rx-forms