



SoonerCare Fax Blast

April 21, 2009

SUBJECT: Narcotic Analgesic Step Therapy

Dear Provider:

This update is part of an ongoing series featuring SoonerCare medication prior authorization (PA) criteria. Each update will include current information on a different therapeutic category.

- PA information for all therapeutic categories is available at www.okhca.org/providers/rx/pa.
- PA forms are available at www.okhca.org/rx-forms.

Narcotic Analgesic Step Therapy

Tier-1 medications are available without prior authorization.

Tier-2 authorization requires:

1. Documented 30 day trial / titration period with at least 2 Tier-1 medications within the last 90 days, or
2. Clinically appropriate pain therapy requiring time-released medication

Tier 3 authorization requires:

1. Documented 30 day trial with at least 2 long-acting Tier-2 medications within the last 90 days, or
2. Documented allergy or contraindication to all Tier-2 medications

Other criteria for this category:

- Members with an oncology-related diagnosis are exempt from the step therapy process, although quantity and dosage limits still apply. Actiq® and Fentora® are approved only for oncology-related diagnoses.
- Only one long-acting and one short-acting agent may be used concurrently.

Tier-1	Tier-2	Tier-3	Oncology Only
--Immediate release--	--Long Acting--		
codeine	fentanyl patches (Duragesic®)	morphine sulfate (Avinza®)	
hydromorphone (Dilaudid®)	morphine ER	morphine sulfate (Kadian®)	
morphine – Immediate Release (MSIR®)	oxymorphone (Opana® ER)	oxycodone (OxyContin®)	
methadone (Dolophine®)	--Short Acting--		
oxycodone-Immediate Release (OxyIR®)	hydrocodone (Xodol®)		fentanyl (Actiq®)
propoxyphene (Darvon®)			fentanyl (Fentora®)
oxymorphone (Opana®)			
oxycodone/APAP (Percocet®)			
oxycodone/ASA (Percodan®)			
propoxyphene/APAP (Darvocet®)			
hydrocodone/APAP (Lortab®)			
hydrocodone/IBU (Vicoprofen®)			
ASA/butalbital/caffeine/codeine (Fiorinal with Codeine®)			
tramadol/APAP (Ultracet®)			