

Pharmacy Services

(800) 522-0114, option 4

Dear SoonerCare Prescriber,

The purpose of this fax is to provide information regarding criteria recently established for the reimbursement of Migranal® (dihydroergotamine mesylate nasal spray) and D.H.E 45® (dihydroergotamine injection). **Effective May 18, 2016, Migranal® (dihydroergotamine mesylate nasal spray) and D.H.E 45® (dihydroergotamine injection) will require prior authorization.** The following authorization criteria for reimbursement will apply:

D.H.E 45® (Dihydroergotamine Injection) Approval Criteria:

1. A patient-specific, clinically significant reason why the member cannot use lower-tiered triptan products).

Migranal® (Dihydroergotamine Mesylate Nasal Spray) Approval Criteria:

1. A patient-specific, clinically significant reason why the member cannot use lower-tiered triptan products and dihydroergotamine injection (D.H.E. 45®).

Please note all members receiving Migranal® (dihydroergotamine mesylate nasal spray) and D.H.E 45® (dihydroergotamine injection) will require that a manual prior authorization be submitted by their prescriber. No grandfathering will be allowed for Migranal® (dihydroergotamine mesylate nasal spray) or D.H.E 45® (dihydroergotamine injection). If a member requires Migranal® (dihydroergotamine mesylate nasal spray) or D.H.E 45® (dihydroergotamine injection), prior authorization requests can be submitted for consideration to SoonerCare Pharmacy Services, including patient-specific, clinically significant supporting information for use of the requested medication. Prior authorization request forms can be found online at www.okhca.org/forms (PHARM-04).

Updated versions of prior authorization criteria for anti-migraine medications can be downloaded from www.okhca.org/rx-pa, then clicking "Central Nervous System."

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