Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

TONMYA™ (cyclobenzaprine sublingual tablets) PA CRITERIA:

TONMYA™ (cyclobenzaprine) is a skeletal muscle relaxant indicated for the treatment of fibromyalgia in adults.

Prior authorization is required for TONMYA™ (cyclobenzaprine). Prior authorization approval will be considered when the following criteria are met. Along with the Universal PA Form, please submit any supporting clinical documentation.

Initial Authorization: 12 Months

1. The patient must meet the minimum age requirements recommended by the package insert for the FDA approved indication; **AND**

2. The patient has a diagnosis of fibromyalgia; **AND**

3. The patient has tried and had an inadequate response, or a documented contraindication or intolerance, to all the following:
    a. cyclobenzaprine oral tablets
    b. all preferred agents under the same Preferred Drug List (PDL) class; **AND**

4. Prescribed TONMYA™ dose does not exceed 5.6 mg daily.

Re-Authorization: 12 Months

1. Documented positive clinical response to therapy; **AND**

2. Prescribed dose does not exceed 5.6 mg daily.

TONMYA™ (cyclobenzaprine) Dosing:

- The recommended starting dose of TONMYA™ is 2.8 mg once daily at bedtime for 14 days, then 5.6 mg once daily thereafter. See package insert for dosage adjustments for patients who are geriatric or have hepatic impairment.

Formulation:

- TONMYA™ is available as 2.8 mg sublingual tablets.