

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Neuropathic Pain Agents PDL Edit
<b>First Implementation Date:</b>	May 29, 2013
<b>Proposed Date:</b>	December 15, 2022
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

## Executive Summary

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected:** Neuropathic pain results from damage or disease affecting the somatosensory system. It may be associated with abnormal sensations and pain produced by normally non-painful stimuli. Neuropathic pain may have continuous and/or episodic components. Common symptoms include burning or coldness, pins and needles sensations, numbness, and itching. This type of pain may result from disorders of the peripheral nervous system or the central nervous system and may be divided into peripheral or central neuropathic pain, or mixed (which includes both).

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> <li>Gabapentin Caps/Tabs</li> <li>Lidoderm® 5% Patch</li> </ul>	<ul style="list-style-type: none"> <li>Gabapentin Soln</li> <li>Gralise®</li> <li>Horizant®</li> <li><b>Lidocaine 5% Patch</b></li> <li>Neurontin®</li> <li>Qutenza®</li> <li>Ztlido®</li> </ul>

**Type of Criteria:**  Increased risk of ADE  
 Appropriate Indications

Preferred Drug List  
 Clinical Edit

**Data Sources:**  Only Administrative Databases

Databases + Prescriber-Supplied

## Setting & Population

- Drug class for review: Neuropathic Pain Agents
- Age range: All appropriate MO HealthNet participants

## Approval Criteria

- Failure to achieve desired therapeutic outcomes with a trial on 2 or more preferred agents
  - Documented trial period for preferred agents **OR**
  - Documented ADE/ADR to preferred agents
- For gabapentin solution: participant aged ≤ 10 years
- For Horizant: available for diagnosis of restless legs syndrome
  - After therapeutic trial on ropinirole or pramipexole (trial defined as 30/180 days) **OR**
  - Documented ADE/ADR to ropinirole or pramipexole
- For Gralise: documented allergy to ≥ 3 immediate-release gabapentin products

## Denial Criteria

- Lack of adequate trial on preferred agents
- Therapy will be denied if all approval criteria are not met
- For gabapentin:
  - Documented history of pregabalin therapy in the past 30 days **OR**
  - Cumulative daily doses > **2,400 mg**
- Denial criteria contained within the High Risk Therapies Clinical Edit: Claim is for gabapentin and:
  - Participant has history of > 7 days of opioid therapy (excluding buprenorphine tablets and buprenorphine/naloxone combinations) in the past 60 days **AND**
  - Participant lacks history of at least 1 claim for an opioid emergency reversal agent in the past 2 years
- Claim exceeds maximum dosing limitations for the following:

Drug Description	Generic Equivalent	Max Units per Day
GABAPENTIN 250 MG/CUP SOLUTION	GABAPENTIN	48 mL
GABAPENTIN 300 MG/6ML SOLUTION	GABAPENTIN	48 mL
GRALISE ER 300 MG TABLET	GABAPENTIN	8 tablets
GRALISE ER 600 MG TABLET	GABAPENTIN	4 tablets
HORIZANT ER 300 MG TABLET	GABAPENTIN ENACARBIL	8 tablets
HORIZANT ER 600 MG TABLET	GABAPENTIN ENACARBIL	4 tablets
LIDODERM 5% PATCH	LIDOCAINE	3 patches
NEURONTIN 100 MG CAPSULE	GABAPENTIN	24 capsules
NEURONTIN 250 MG/5 ML SOLN	GABAPENTIN	48 mL
NEURONTIN 300 MG CAPSULE	GABAPENTIN	8 capsules
NEURONTIN 400 MG CAPSULE	GABAPENTIN	6 capsules
NEURONTIN 600 MG TABLET	GABAPENTIN	4 tablets
NEURONTIN 800 MG TABLET	GABAPENTIN	3 tablets
QUTENZA 8% KIT	CAPSAICIN/SKIN CLEANSER	4 patches
ZTLIDO 1.8% TOPICAL SYSTEM	LIDOCAINE	3 patches

## Required Documentation

Laboratory Results:

Progress Notes:

MedWatch Form:

Other:

## Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)  
Rule Type: PDL

SmartPA PDL Proposal Form

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## Default Approval Period

1 year

## References

- Evidence-Based Medicine and Fiscal Analysis: “Neuropathic Pain Agents – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; November 2021.
- Evidence-Based Medicine Analysis: “Neuropathic Pain”, UMKC-DIC; August 2022.
- “Gabapentin Misuse, Abuse, and Diversion: A Systematic Review”. Havens, JR, Smith, RV, Walsh, SL. *Addiction*. 2016 July; 111(7): 1160–1174. doi:10.1111/add.13324.
- Ohio Administrative Code, 4729 State Board of Pharmacy; Chapter 4729-37 Drug Database. Rule 4729-37-12: Dangerous Drug Monitoring. Rule effective December 2016. Ohio website accessed December 2017.
- USPDI, Micromedex; 2022.
- Drug Facts and Comparisons On-line; 2022.

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