



## Missouri Pharmacy Program – Preferred Drug List



### NSAID Agents

Effective 06/25/2012

Revised 04/05/2018

#### Preferred Agents

- Diclofenac SR Tablets
- Diclofenac Sodium Tablets
- Ibuprofen Chew Tablets OTC
- Ibuprofen Rx/OTC Tablets
- Ibuprofen Susp/Drops OTC
- Ketorolac Tablets
- Meloxicam Tablets
- Meloxicam Suspension
- Naproxen Tablets
- Naproxen Sodium  
OTC Capsules/Tablets

(Available with Clinical Edits)

- **Diclofenac 1% Topical Gel**
- **Flector 1.3% Topical Patch**

#### Non-Preferred Agents

- Aleve/Advil
- Arthrotec
- Cambia
- Cataflam
- DermacinRx Lexitral
- Diclofenac Potassium
- Diclofenac Sodium PMP Topical Solution
- Diflunisal
- Duexis
- Etodolac
- Etodolac SR Tablet
- Feldene® Capsule
- Fenoprofen Capsules/Tablets
- Flurbiprofen Tablets
- Indocin Rectal
- Indocin Suspension
- Indomethacin Caps/Susp/Rectal
- Indomethacin ER Capsules
- Ketoprofen Capsules
- Ketoprofen ER Capsules
- Meclofenamate Capsules
- Mefenamic Acid Capsules
- Mobic® Tablets/Suspension
- Motrin® Rx/OTC/Motrin® Infant
- Nabumetone
- Nalfon®
- Naprelan® ER Tablets
- Naprosyn®
- Naprosyn® EC
- Naproxen EC / Naproxen CR
- Naproxen Sodium Rx Tablets
- **Naproxen Suspension**
- Oxaprozin Tablets
- Pennsaid® Topical Gel
- Piroxicam Capsules

- Ponstel® Capsules
- Solaraze® Topical Gel
- Sprix® Nasal Spray
- Sulindac Tablets
- Tivorbex® Capsules
- Tolmetin Sodium Tabs/Caps
- Vimovo® DR Tablets
- Vivlodex® Capsules
- Voltaren® Tablets/ Topical Gel
- Vopac MDS® Topical Kit
- Zipsor® Capsules
- Zorvolex® Capsules

## Approval Criteria

- **Short-term therapy (fewer than SIX prescriptions within a 12 month period) with preferred agents will not require prior authorization.**
- **Long-term therapy (i.e. SIX or more prescription refills in the past 12 months) will require prior authorization.**
- Failure to achieve desired therapeutic outcomes with trial on 4 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen
- **OTC products may be required to be dispensed in unit-of-use quantities**

### For PREFERRED Diclofenac Topical Products:

- **History of or high risk for adverse GI effects with oral NSAID use AND Trial/Failure of Celecoxib; OR**
- **High risk for other adverse effects with oral NSAID use (i.e. CHF, renal failure, concomitant use of Lithium); OR**
- **Trial/Failure on 2 or more preferred ORAL agents**
- **Diclofenac 1% Gel: Diagnosis of Osteoarthritis (OA) of knee or hand**
- **Flector 1.3% Patch: Acute Pain indication**
  - **90 out of 120 days compliance**

## Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- **For PREFERRED Diclofenac Topical Products**
  - **Dosing exceeds maximum daily amounts**
  - **Lack of approved indications for Diclofenac 1% Gel**
  - **Flector 1.3% Patch for Chronic Pain**
- Drug Prior Authorization Hotline: (800) 392-8030

