



Missouri Pharmacy Program – Preferred Drug List



Neuropathic Pain Agents

Effective 05/29/2013

Revised 04/05/2018

Preferred Agents

- Gabapentin Capsules
- Gabapentin Tablets
- **Lidocaine 5% Patch**

Non-Preferred Agents

- Fanatrex® Suspension
- Gabapentin Solution
- Gralise® Tablets
- Horizant® ER Tablets
- Lidoderm® Transdermal Patch
- Neurontin® Solution
- Neurontin® Capsules/Tablets
- Qutenza® Patch Kit

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
- Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen
- **Lidocaine 5% Topical Patch**
 - **Approved for Post-Herpetic Neuralgia**
- Horizant Only:
 - Available for diagnosis of Restless Legs Syndrome
 - After trial on Preferred Non-Ergot Dopamine Agonist
 - Ropinirole/Pramipexole
 - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- **Daily doses >2400mg Gabapentin require Clinical Consultant Review**
- **> (3) Lidocaine 5% Patches daily for up to 12 hrs within a 24 hr period**
- Drug Prior Authorization Hotline: (800) 392-8030