



Missouri Pharmacy Program – Preferred Drug List



Neuropathic Pain Agents

Effective 05/29/2013

Revised 04/02/2015

Preferred Agents

- Gabapentin Caps
- Gabapentin Tabs

Non-Preferred Agents

- Neurontin® Soln
- Neurontin® Caps/Tabs
- Gabapentin Soln
- Horizant®
- Gralise®
- Lidoderm®
- Lidocaine Patch
- Qutenza® Kit

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents <ul style="list-style-type: none"> • Documented ADE/ADR to preferred agents 	Therapy will be denied if no approval criteria are met
Documented compliance on current therapy regimen	
Horizant Only: <ul style="list-style-type: none"> • Available for diagnosis of Restless Legs Syndrome <ul style="list-style-type: none"> ○ After trial on Preferred Non-Ergot Dopamine Agonist <ul style="list-style-type: none"> ▪ Ropinirole/Pramipexole ○ Documented ADE/ADR to preferred agents 	Drug Prior Authorization Hotline: (800) 392-8030