

Pain Management – Neuropathic Pain

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

POS Abbreviations

AL – Age Limit	DS – Maximum Days’ Supply Allowed	PU – Prior Use of Other Medication is Required
BH – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	DT – Duration of Therapy Limit	QL – Quantity Limit
BY – Diagnosis Codes Bypass Some Requirements	DX – Diagnosis Code Requirement	RX – Specific Prescription Requirement
CL – Additional Clinical Information is Required	ER – Early Refill	TD – Therapeutic Duplication
CU – Concurrent Use with Other Medication is Restricted	MD – Maximum Dose Limit	YQ – Yearly Quantity Limit
DD – Drug-Drug Interaction	MME – Maximum Morphine Milligram Equivalent is Restricted	

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POS Edits

~~No additional POS edits apply on all EXCEPT duloxetine and lidocaine patch.~~

BH – Additional behavioral-health related clinical information (trial of behavioral therapy, etc.) is required for duloxetine when requested for recipients who are younger than 7 years of age.

PU – If the request is for Horizant® or Gralise® (brand or generic), the pharmacy POS system verifies that there has been at least a 60-day supply of immediate-release gabapentin capsules in the previous 180-day period.

QL – <u>These agents are limited to a maximum quantity listed in the chart to the right. Pharmacy claims for lidocaine patches are limited to 30 patches every rolling 30 days.</u> <u>*Override is available through an authorization process when the recipient has a diagnosis of post-herpetic neuralgia.</u>	<u>Medication Generic (Brand Example)</u>	<u>Quantity Limit</u>
	<u>Capsaicin/Skin Cleanser (Qutenza Kit®)</u>	<u>4 topical systems per 90 days</u>
	<u>Duloxetine Capsule (Cymbalta®)</u>	<u>2 capsules per day</u>
	<u>Duloxetine DR Capsule (Drizalma Sprinkle™)</u>	<u>2 capsules per day</u>
	<u>Gabapentin Capsule/Tablet (Neurontin®)</u>	<u>3 units per day</u>
	<u>Gabapentin Solution (Neurontin®)</u>	<u>72 mls per day</u>
	<u>Gabapentin ER Tablet (Gralise®)</u>	<u>2 tablets per day</u>
	<u>Gabapentin Enacarbil Tablet (Horizant®)</u>	<u>2 tablets per day</u>
	<u>Lidocaine Patch (DermacinRx®, Lidoderm®)</u>	<u>30 patches per rolling 30 days*</u>
	<u>Lidocaine/Kinesiology Tape (XyliDerm®)</u>	<u>30 patches per rolling 30 days</u>
	<u>Milnacipran Tablet (Savella®)</u>	<u>2 tablets per day</u>
	<u>Pregabalin Capsule (Lyrica®)</u>	<u>3 capsules per day</u>
	<u>Pregabalin Solution (Lyrica®)</u>	<u>30 mls per day</u>
	<u>Pregabalin ER Tablet (Lyrica CR®)</u>	<u>1 tablet per day</u>

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Revision / Date	Implementation Date
Created POS Document	February 2020
Modified to apply new age requirement for behavioral health clinical authorization / November 2020	January 2021
Formatting changes / August 2023	October 2023
<u>Added quantity limits, added previous use requirement for Gralise® and Horizant® / March 2025</u>	<u>August 2025</u>