



## Missouri Pharmacy Program – Preferred Drug List



### ***Non-Ergot Dopamine Receptor Agonists***

***Effective 12/26/2007***

***Revised 07/07/2011***

#### **Preferred Agents**

- Ropinirole
- **Pramipexole**

#### **Non-Preferred Agents**

- Requip®
- **Requip XL®**
- **Mirapex®**
- **Mirapex ER®**

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
Failure to achieve desired therapeutic outcomes with documented trial period for 2 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030