

Proposed PA Criteria: Multivitamins and Gabapentin

7/1/14 P&T committee meeting

Proposed Adult Multivitamin Supplement PA Criteria:

1. Is patient diagnosed with an OHP funded condition?
 - a. If Yes, continue to #2.
 - b. If No, forward to PharmD for Category 1 denial.

2. Does the member have any of the following?
 - *A documented nutritional deficiency?*
 - *An increased nutritional need resulting from severe trauma (severe burn, major physical injury)?*
 - *A diagnosis resulting in malabsorption or increased vitamin need (celiac disease, Crohn's disease, cystic fibrosis, bowel resection or removal, gastric bypass, elderly, hemodialysis)?*
 - a. If Yes, Approve for 12 months
 - b. If No, Forward to PharmD or Medical Director (possible Category 3 or Category 5 denial).

Proposed Gabapentin PA Criteria:

Applies to requests above the QL or for non-formulary strengths/formulations
Proposed for P&T review 7/1/14

1. Is the member being treated for a funded condition by the Oregon Health Plan?
 - a. If Yes, move to question #4.
 - b. If No, move to question 2.

2. Is the medication being used for the treatment of chronic pain?
 - a. If Yes, move to question #3.
 - b. If No, Category 1 denial.

3. Has gabapentin improved member's quality of life or reduced the need for narcotic medications?
 - a. If Yes, move to question #5.
 - b. If No, forward to Medical Director to evaluate medical appropriateness (Category 5).

4. Is the member being treated for any of the following conditions: Epilepsy/seizures, postherpetic neuralgia, trigeminal neuralgia, or diabetic neuropathy?
 - a. If Yes, move to question #5.
 - b. If No, Category 3 denial.

5. Is the dosing within FDA approved limits?
 - a. If Yes, move to question # 6.
 - b. If No, Category 3 denial.
Rational: Maximum approved adult dosing for gabapentin is 3600mg daily.

6. Is the member unable to take preferred formulary options?

Exceptions will be made for the oral solution for pediatric members unable to swallow capsules or members with feeding tubes.

a. If Yes, approve by exception.

b. If No, Category 15 denial.

Medication non-adherence or pill burden will not be acceptable justification for failure of preferred formulary strengths of gabapentin.

Guide to Denial Categories	Reason for Denial
Category 1	The condition is not on a funded line
Category 3	The use of the medication is considered experimental/ investigational (usually applies to off-label use of a medication)
Category 5	Not medically appropriate
Category 15	Formulary medications have not been exhausted