

Gabapentin Prior Authorization Criteria

1. Is the member being treated for a funded condition by the Oregon Health Plan?
 - a. If Yes, Move the 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 the 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 Language	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