

Gabapentin Clinical Edit Criteria



Drug/Drug Class:

Gabapentin

Superior HealthPlan follows the guidance of the Texas Vendor Drug Program (VDP) for all clinical edit criteria. This clinical edit criteria applies to all Superior HealthPlan STAR, STAR Health, STAR Kids, STAR+PLUS and CHIP members. Superior has adjusted the clinical criteria to ease the prior authorization process regarding this clinical edit. Criteria for Neurontin agents will not be implemented. Criteria for Gralise and Horizant agents will be implemented as originally written. Adjusted criteria steps are outlined/highlighted in yellow.

The original clinical edit can be referenced at the Texas Vendor Drug Program website located at <https://paxpress.txpa.hidinc.com/neurontin.pdf>.

Clinical Edit Information Included in this Document:

Neurontin (gabapentin)

Gralise (gabapentin extended release)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria.
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules.
- **Logic diagram:** a visual depiction of the clinical edit criteria logic.
- **Diagnosis codes or drugs in step logic:** a list of diagnosis codes or drug information and additional step logic, claims and lookback period information.
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable.

Horizant (gabapentin enacarbil)

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- **Diagnosis codes or drugs in step logic:** a list of diagnosis codes or drug information and additional step logic, claims and lookback period information.
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable.

Please note: All tables are provided by original Texas Vendor Drug Program Gabapentin Edit.

Drugs Requiring Prior Authorization Gralise (gabapentin extended release):

The listed GCNs may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
GRALISE ER 300 MG TABLET	30295
GRALISE ER 600 MG TABLET	30296

Superior HealthPlan Clinical Criteria Logic Gralise (gabapentin extended release):

1. Is the client less than (<) 18 years of age?

☐ Yes (Deny)

☐ No (Go to #2)

2. Is the incoming request for a dose less than or equal to (\leq) 1,800 mg per day?

☐ Yes (Go to #3)

☐ No (Deny)

3. Does the client have a diagnosis of postherpetic neuralgia in the last 730 days?

☐ Yes (Go to #4)

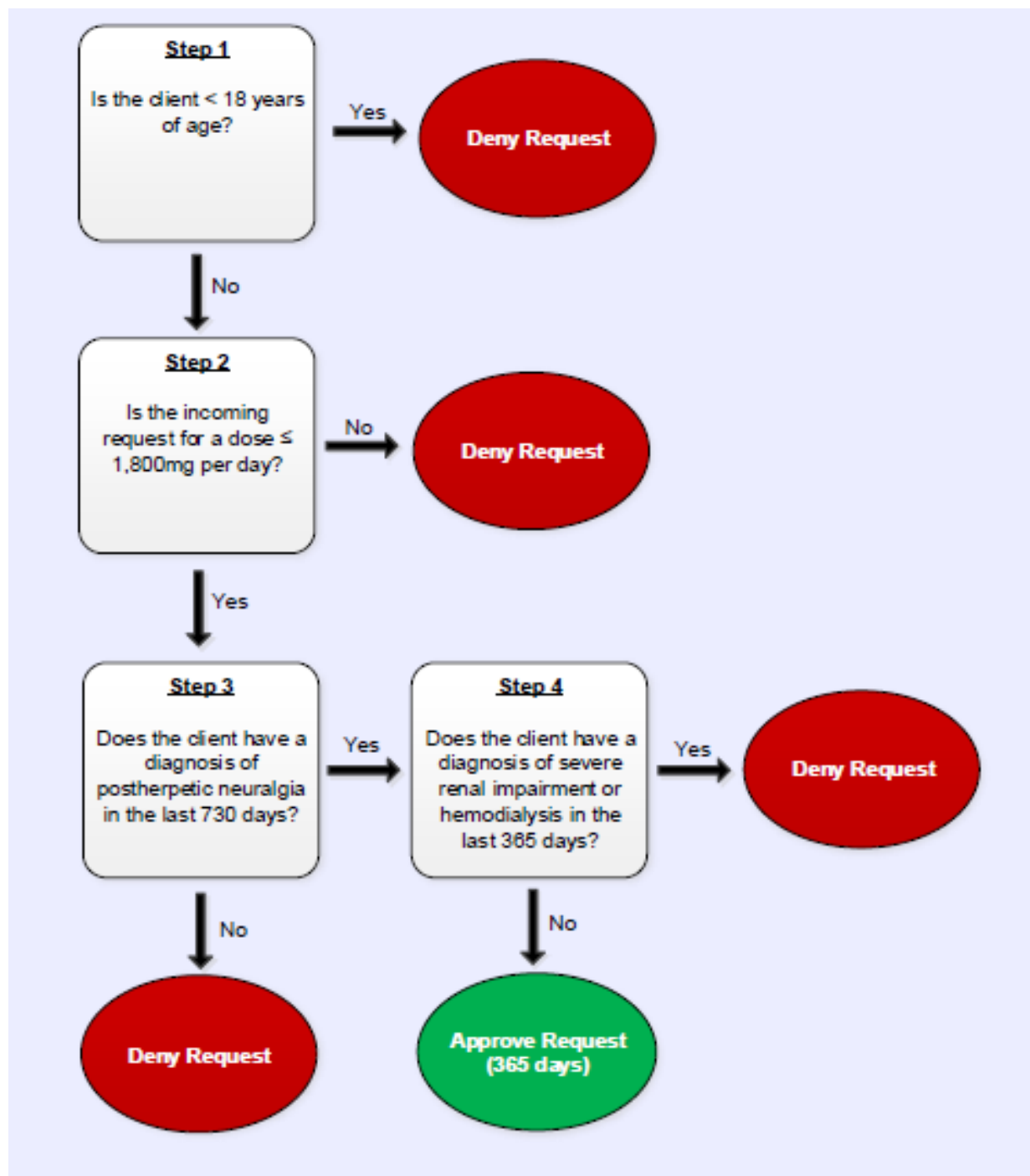
☐ No (Deny)

4. Does the client have a diagnosis of severe renal impairment or hemodialysis in the last 365 days?

☐ Yes (Deny)

☐ No (Approve – 365 days)

Superior HealthPlan Clinical Edit Logic Diagram Gralise (gabapentin extended release):



Clinical Criteria Supporting Tables Gralise (gabapentin extended release):

Step 3 (diagnosis of postherpetic neuralgia) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
B0221	POSTHERPETIC GENICULATE GANGLIONITIS
B0222	POSTHERPETIC TRIGEMINAL NEURALGIA
B0223	POSTHERPETIC POLYNEUROPATHY
B0224	POSTHERPETIC MYELITIS
B0229	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT

Step 4 (diagnosis of severe renal impairment or hemodialysis) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE
CPT Code	Description
90940	HEMODIALYSIS ACCESS STUDY
90941	HEMODIALYSIS, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT OVER 40 KG
90942	HEMODIALYSIS, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT: PAT 21-40 KG
90943	HEMODIAL, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT OVER 40 KG
90944	HEMODIAL, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT UNDER 10 KG
90945	DIALYSIS, ONE EVALUATION
90947	DIALYSIS, REPEATED EVAL
90951	ESRD SERV, 4 VISITS P MO, <2
90952	ESRD SERV, 2-3 VSTS P MO, <2
90953	ESRD SERV, 1 VISIT P MO, <2
90954	ESRD SERV, 4 VSTS P MO, 2-11
90956	ESRD SRV, 1 VISIT P MO, 2-11
90957	ESRD SRV, 4 VSTS P MO, 12-19
90958	ESRD SRV 2-3 VSTS P MO 12-19

Step 4 (diagnosis of severe renal impairment or hemodialysis) Required diagnosis: 1 Look back timeframe: 365 days	
CPT Code	Description
90966	ESRD HOME PT, SERV P MO, 20+
90967	ESRD HOME PT SERV P DAY, <2
90968	ESRD HOME PT SRV P DAY, 2-11
90969	ESRD HOME PT SRV P DAY 12-19
90976	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT MORE THAN 40 KG
90977	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT 21-40 KG
90978	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT 11-20 KG
90979	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT UNDER 10 KG
90982	PERITONEAL DIALYSIS FOR (ESRD), MAINT STABI COND, HOSP/OTHER FACIL PER SET; MORE 40 KG
90983	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABL COND,HOSP/OTHER FAC PER SET;PATIENT 21-40 KG
90984	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABI COND, HOSP/OTHER FAC PER SET;PATIENT 11-20 KG
90985	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABI COND,HOSP/OTHER FAC PER SET;PATIENT UNDER 10K
90990	HEMODIALYSIS TRAINING AND/OR COUNSELING
90991	HOME HEMODIALYSIS CARE, OUTPAT, SERV PROVID BY PHYSI RESPNS FOR TOTAL CARE
90992	PERITONEAL DIALYSIS TRAINING AND/OR COUNSELING (MEDICARE ONLY)
90994	SUPERVISION OF CHRONIC AMBPERITONEAL DIAL (CAPD),HOME/OUT-PATIENT,MONTHLY

Drugs Requiring Prior Authorization Horizant (gabapentin enacarbil):

The listed GCNs may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
HORIZANT ER 300 MG TABLET	35819
HORIZANT ER 600 MG TABLET	29888

Superior HealthPlan Clinical Criteria Logic Horizant (gabapentin enacarbil):

1. Is the client less than (<) 18 years of age?

☐ Yes (Deny)

☐ No (Go to #2)

2. Does the client have a diagnosis of restless leg syndrome in the last 730 days?

☐ Yes (Go to #3)

☐ No (Go to #4)

3. Is the incoming request for a dose less than or equal to (\leq) 600 mg per day?

☐ Yes (Go to #6)

☐ No (Go to #4)

4. Does the client have a diagnosis of postherpetic neuralgia in the last 730 days?

☐ Yes (Go to #5)

☐ No (Deny)

5. Is the incoming request for a dose less than or equal to (\leq) 1,200 mg per day?

☐ Yes (Go to #6)

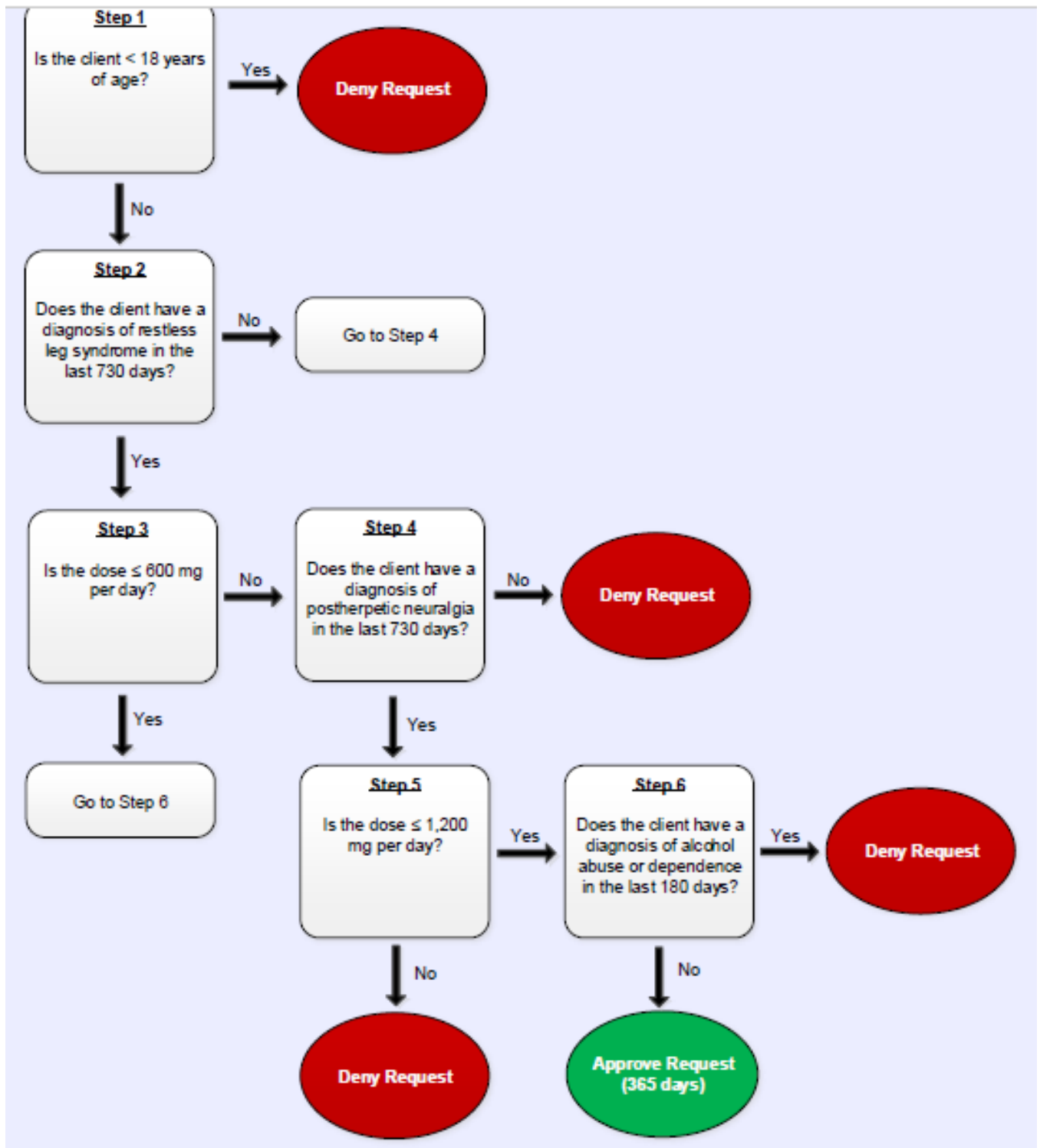
☐ No (Deny)

6. Does the client have a diagnosis of alcohol abuse or dependence in the last 180 days?

☐ Yes (Deny)

☐ No (Approve – 365 days)

Superior HealthPlan Clinical Edit Logic Diagram Horizant (gabapentin enacarbil):



Clinical Criteria Supporting Tables Horizant (gabapentin enacarbil):

Step 2 (diagnosis of restless leg syndrome) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
G2581	RESTLESS LEGS SYNDROME

Step 4 (diagnosis of postherpetic neuralgia) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
B0221	POSTHERPETIC GENICULATE GANGLIONITIS
B0222	POSTHERPETIC TRIGEMINAL NEURALGIA
B0223	POSTHERPETIC POLYNEUROPATHY
B0224	POSTHERPETIC MYELITIS
B0229	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT

Step 6 (diagnosis of alcohol abuse or dependence) Required diagnosis: 1 Look back timeframe: 180 days	
ICD-10 Code	Description
F1010	ALCOHOL ABUSE UNCOMPLICATED
F10120	ALCOHOL ABUSE WITH INTOXICATION UNCOMPLICATED
F10121	ALCOHOL ABUSE WITH INTOXICATION DELIRIUM
F10129	ALCOHOL ABUSE WITH INTOXICATION UNSPECIFIED
F1014	ALCOHOL ABUSE WITH ALCOHOL-INDUCED MOOD DISORDER
F10150	ALCOHOL ABUSE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F10151	ALCOHOL ABUSE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F10159	ALCOHOL ABUSE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F10180	ALCOHOL ABUSE WITH ALCOHOL-INDUCED ANXIETY DISORDER
F10181	ALCOHOL ABUSE WITH ALCOHOL-INDUCED SEXUAL DYSFUNCTION
F10182	ALCOHOL ABUSE WITH ALCOHOL-INDUCED SLEEP DISORDER

Step 6 (diagnosis of alcohol abuse or dependence) Required diagnosis: 1 Look back timeframe: 180 days	
ICD-10 Code	Description
F10188	ALCOHOL ABUSE WITH OTHER ALCOHOL-INDUCED DISORDER
F1019	ALCOHOL ABUSE WITH OTHER ALCOHOL-INDUCED DISORDERS WITH UNSPECIFIED ALCOHOL-INDUCED DISORDER
F1020	ALCOHOL DEPENDENCE UNCOMPLICATED
F10220	ALCOHOL DEPENDENCE WITH INTOXICATION UNCOMPLICATED
F10221	ALCOHOL DEPENDENCE WITH INTOXICATION DELIRIUM
F10229	ALCOHOL DEPENDENCE WITH INTOXICATION UNSPECIFIED
F10230	ALCOHOL DEPENDENCE WITH WITHDRAWAL UNCOMPLICATED
F10231	ALCOHOL DEPENDENCE WITH WITHDRAWAL DELIRIUM
F10232	ALCOHOL DEPENDENCE WITH WITHDRAWAL WITH PERCEPTUAL DISTURBANCE
F10239	ALCOHOL DEPENDENCE WITH WITHDRAWAL UNSPECIFIED
F1024	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED MOOD DISORDER
F10250	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F10251	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F10259	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS UNSPECIFIED
F1026	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PERSISTING AMNESTIC DISORDER
F1027	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PERSISTING DEMENTIA
F10280	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED ANXIETY DISORDER
F10281	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED SEXUAL DYSFUNCTION
F10282	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED SLEEP DISORDER
F10288	ALCOHOL DEPENDENCE WITH OTHER ALCOHOL-INDUCED DISORDER
F1029	ALCOHOL DEPENDENCE WITH UNSPECIFIED ALCOHOL-INDUCED DISORDER

Clinical Criteria References:

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5. Neurontin Prescribing Information. New York, New York. Parke-Davis; October 2021.
6. Bajwa ZH, Ortega E. Postherpetic neuralgia. In: UpToDate, Shefner JM (Ed), UpToDate, Waltham, MA. Accessed August 5, 2022.
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8. Dworkin RH, O'Connor AB, Kent J, et al. International Association for the Study of Pain – Neuropathic Pain Special Interest Group. Interventional management of neuropathic pain: NeuPSIG recommendations. *Pain* 2015;23(4):1-8.
9. Aurora RN, Kristo DA, Bista SR, et al. The Treatment of Restless Legs Syndrome and Periodic Limb Movement Disorder in Adults – An Update for 2012: Practice Parameters with an Evidence-Based Systematic Review and Meta-Analyses. *Sleep* 2012;35(8):1039-62.
10. Gralise (gabapentin) [prescribing information]. Newark, CA: Depomed, Inc; April 2017.
11. Winkelman JW, Armstron MJ, Allen RP, et al. Practice Guideline Summary: Treatment of Restless Legs Syndrome in Adults – Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. *Neurology* December 2016; 87 (24): 2585- 2593.
12. Horizant (gabapentin enacarbil) [prescribing information]. Atlanta, GA: Arbor Pharmaceuticals LLC: April 2020.

Publication History:

Publication	Notes
05/20/2019	Criteria created and cross referenced to VDP criteria.
04/13/20	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table Corrected numbering order for Clinical Edit References #'s 10 and 11.
3/14/2022	Annual review by staff Removed GCN for Gralise 30-day starter pack (30297) Updated references