

Texas Prior Authorization Program Clinical Edit Criteria

Drug/Drug Class

Neurontin (Gabapentin)

Clinical Edit Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical edit

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

- Added a new section to specify the drugs requiring prior authorization
- In the "Clinical Edit Criteria Logic" section, clarified wording associated with steps 1 and 6
- In the "Clinical Edit Criteria Supporting Tables" section, revised tables to specify the diagnosis codes pertinent to steps 2 and 4 of the logic diagram
- In the "Clinical Edit Criteria Supporting Tables" section, revised table to specify the procedure codes pertinent to step 3 of the logic diagram
- In the "Clinical Edit Criteria Supporting Tables" section, revised table to specify the drug names and GCNs pertinent to step 5 of the logic diagram



Neurontin (Gabapentin)

Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
GABAPENTIN 100 MG CAPSULE	00780
GABAPENTIN 300 MG CAPSULE	00781
GABAPENTIN 400 MG CAPSULE	00782
GABAPENTIN 250 MG/5 ML SOLN	13235
GABAPENTIN 600 MG TABLET	94624
GABAPENTIN 800 MG TABLET	94447
NEURONTIN 100 MG CAPSULE	00780
NEURONTIN 300 MG CAPSULE	00781
NEURONTIN 400 MG CAPSULE	00782
NEURONTIN 250 MG/5 ML SOLN	13235
NEURONTIN 600 MG TABLET	94624
NEURONTIN 800 MG TABLET	94447



Neurontin (Gabapentin)

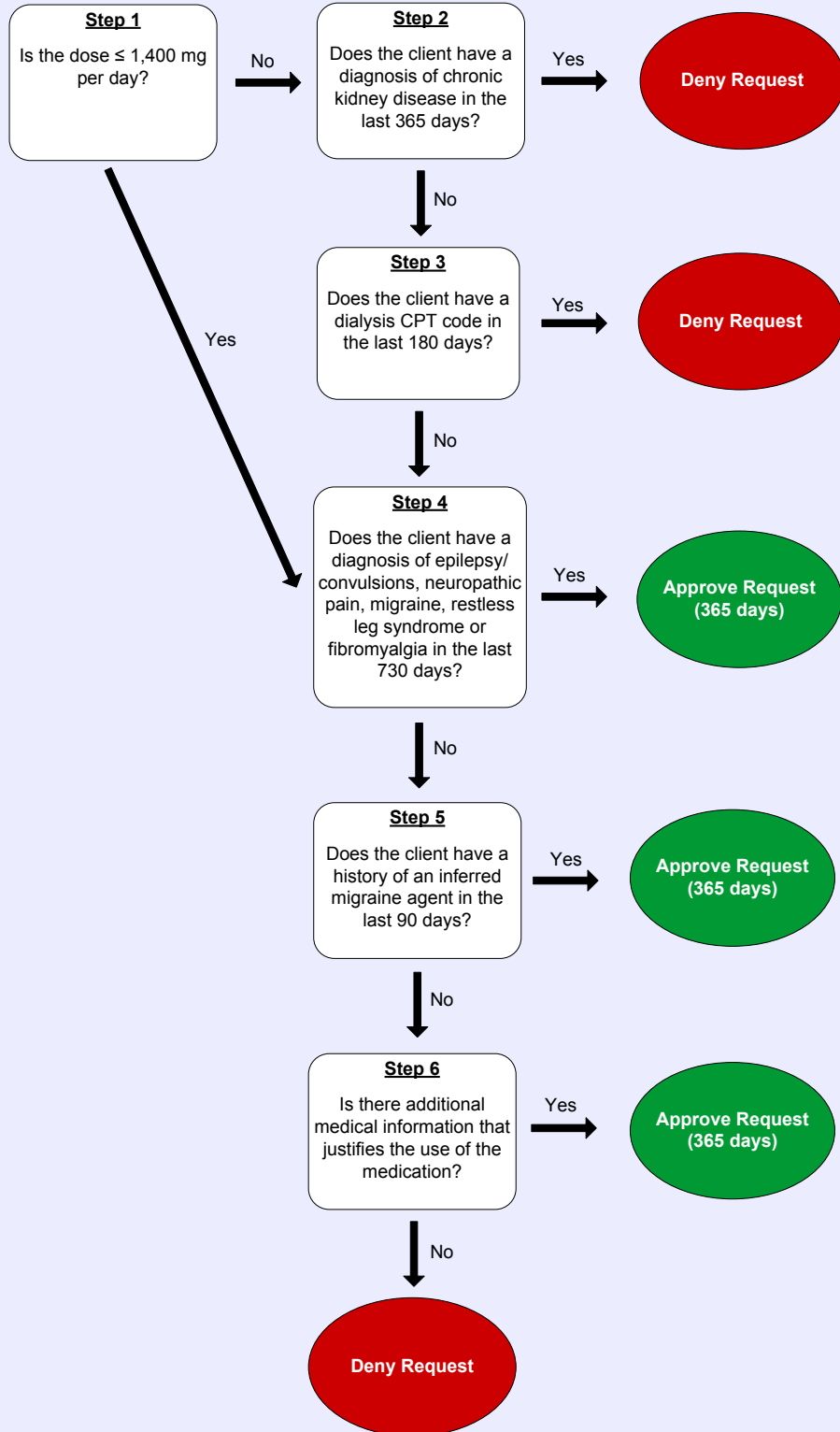
Clinical Edit Criteria Logic

1. Is the incoming request for a dose less than or equal to (\leq) 1,400 mg per day?
 Yes (Go to #4)
 No (Go to #2)
2. Does the client have a diagnosis of chronic kidney disease in the last 365 days?
 Yes (Deny)
 No (Go to #3)
3. Does the client have a dialysis CPT code in the last 180 days?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a diagnosis of epilepsy/convulsions, neuropathic pain, migraine, restless leg syndrome, or fibromyalgia in the last 730 days?
 Yes (Approve - 365 days)
 No (Go to #5)
5. Does the client have a history of an inferred migraine agent in the last 90 days?
 Yes (Approve - 365 days)
 No (Go to #6)
6. Manual step – Is there additional medical information that justifies the use of the medication?
 Yes (Approve - 365 days)
 No (Deny)



Neurontin (Gabapentin)

Clinical Edit Criteria Logic Diagram





Neurontin (Gabapentin)

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of chronic kidney disease)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
403	HYPERTENSIVE CHRONIC KIDNEY DISEASE
4030	MALIGNANT HYPERTENSIVE KIDNEY DISEASE
40300	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40301	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
4031	BENIGN HYPERTENSIVE KIDNEY DISEASE
40310	HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40311	HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
4039	UNSPECIFIED HYPERTENSIVE KIDNEY DISEASE
404	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE
4040	MALIGNANT HYPERTENSIVE HEART AND KIDNEY DISEASE
40400	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40401	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40402	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
40403	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
4041	BENIGN HYPERTENSIVE HEART AND KIDNEY DISEASE
40410	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40411	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40412	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE

Step 2 (diagnosis of chronic kidney disease)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-9 Code	Description
40413	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
4049	UNSPECIFIED HYPERTENSIVE HEART AND KIDNEY DISEASE
582	CHRONIC GLOMERULONEPHRITIS
5820	CHR PROLIFERAT NEPHRITIS
5821	CHR MEMBRANOUS NEPHRITIS
5822	CHR MEMBRANOPROLIF NEPHR
5824	CHR RAPID PROGR NEPHRIT
5828	CHRONIC GLOMERULONEPHRITIS WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY
58281	CHR NEPHRITIS IN OTH DIS
58289	CHRONIC NEPHRITIS NEC
5829	CHRONIC NEPHRITIS NOS
585	CHRONIC RENAL FAILURE
5851	CHRONIC KIDNEY DISEASE, STAGE I.
5852	CHRONIC KIDNEY DISEASE, STAGE II (MILD).
5853	CHRONIC KIDNEY DISEASE, STAGE III (MODERATE).
5854	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE).
5855	CHRONIC KIDNEY DISEASE, STAGE V.
5856	END STAGE RENAL DISEASE.
5859	CHRONIC KIDNEY DISEASE, UNSPECIFIED.

Step 3 (procedure for dialysis)	
Required procedure: 1	
Look back timeframe: 180 days	
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

Step 3 (procedure for dialysis)	
Required procedure: 1	
Look back timeframe: 180 days	
CPT Code	Description
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
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 RESPONS FOR TOTAL CARE
90992	PERITONEAL DIALYSIS TRAINING AND/OR COUNSELING (MEDICARE ONLY)
90994	SUPERVISION OF CHRONIC AMBPERITONEAL DIAL (CAPD),HOME/OUT-PATIENT,MONTHLY

Step 4 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia)	
Required procedure: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
0531	HERPES ZOSTER WITH OTHER NERVOUS SYSTEM COMPLICATIONS
2506	DIABETES WITH NEUROLOGICAL MANIFESTATIONS
25060	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED

Step 4 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia)	
Required procedure: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
25061	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I (JUVENILE TYPE), NOT STATED AS UNCONTROLLED
25062	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25063	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I (JUVENILE TYPE), UNCONTROLLED
2773	AMYLOIDOSIS
3339	OTHER AND UNSPECIFIED EXTRAPYRAMIDAL DISEASES AND ABNORMAL MOVEMENT DISORDERS
33390	EXTRAPYRAMIDAL DIS NOS
33391	STIFF-MAN SYNDROME
33392	NEUROLEPTIC MALGNT SYND
33393	BNIGN SHUDDERING ATTACKS
33394	RESTLESS LEGS SYNDROME
33399	EXTRAPYRAMIDAL DIS NEC
336	OTHER DISEASES OF SPINAL CORD
3360	SYRINGOMYELIA
3361	VASCULAR MYELOPATHIES
3362	COMB DEG CORD IN OTH DIS
3363	MYELOPATHY IN OTH DIS
3368	MYELOPATHY NEC
3369	SPINAL CORD DISEASE NOS
337	IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY
3370	IDIOPATH AUTO NEUROPATHY
33700	IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY, UNSPECIFIED
33701	CAROTID SINUS SYNDROME
33709	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY
3371	AUT NEUROPTHY IN OTH DIS
3372	REFLEX SYMPATHETIC DYSTROPHY
33720	UNSP RFLX SYMPTH DYSTRPH
33721	RFLX SYM DYSTRPH UP LIMB
33722	RFLX SYM DYSTRPH LWR LMB
33729	RFLX SYM DYSTRPH OTH ST
3373	AUTONOMIC DYSREFLEXIA
3379	AUTONOMIC NERVE DIS NEC
345	EPILEPSY AND RECURRENT SEIZURES
3450	GENERALIZED NONCONVULSIVE EPILEPSY

Step 4 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia)	
Required procedure: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
34500	GEN NONCV EP W/O INTR EP
34501	GEN NONCONV EP W INTR EP
3451	GENERALIZED CONVULSIVE EPILEPSY
34510	GEN CNV EPIL W/O INTR EP
34511	GEN CNV EPIL W INTR EPIL
3452	PETIT MAL STATUS
3453	GRAND MAL STATUS
3454	LOCALIZATION-RELATED EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES
34540	LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, WITHOUT MENTION OF INTRACTABLE EPILEPSY
34541	LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, WITH INTRACTABLE EPILEPSY
3455	LOCALIZATION-RELATED EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES
34550	LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, WITHOUT MENTION OF INTRACTABLE EPILEPSY
34551	LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, WITH INTRACTABLE EPILEPSY
3456	INFANTILE SPASMS
34560	INF SPASM W/O INTR EPIL
34561	INF SPASM W INTRACT EPIL
3457	EPILEPSIA PARTIALIS CONTINUA
34570	EPIL PAR CONT W/O INT EP
34571	EPIL PAR CONT W INTR EPI
3458	OTHER FORMS OF EPILEPSY AND RECURRENT SEIZURES
34580	OTHER FORMS OF EPILEPSY AND RECURRENT SEIZURES, WITHOUT MENTION OF INTRACTABLE EPILEPSY
34581	OTHER FORMS OF EPILEPSY AND RECURRENT SEIZURES, WITH INTRACTABLE EPILEPSY
3459	EPILEPSY UNSPECIFIED
346	MIGRAINE
3460	MIGRAINE WITH AURA
34600	MIGRAINE WITH AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
34601	MIGRAINE WITH AURA, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS

Step 4 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia)	
Required procedure: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
34602	MIGRAINE WITH AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
34603	MIGRAINE WITH AURA, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
3461	MIGRAINE WITHOUT AURA
34610	MIGRAINE WITHOUT AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
34611	MIGRAINE WITHOUT AURA, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
34612	MIGRAINE WITHOUT AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
34613	MIGRAINE WITHOUT AURA, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
3462	VARIANTS OF MIGRAINE NOT ELSEWHERE CLASSIFIED
34620	VARIANTS OF MIGRAINE, NOT ELSEWHERE CLASSIFIED, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
34621	VARIANTS OF MIGRAINE, NOT ELSEWHERE CLASSIFIED, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
34622	VARIANTS OF MIGRAINE, NOT ELSEWHERE CLASSIFIED, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
34623	VARIANTS OF MIGRAINE, NOT ELSEWHERE CLASSIFIED, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
3463	HEMIPLEGIC MIGRAINE
34630	HEMIPLEGIC MIGRAINE, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
34631	HEMIPLEGIC MIGRAINE, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
34632	HEMIPLEGIC MIGRAINE, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
34633	HEMIPLEGIC MIGRAINE, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
3464	MENSTRUAL MIGRAINE
34640	MENSTRUAL MIGRAINE, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
34641	MENSTRUAL MIGRAINE, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
34642	MENSTRUAL MIGRAINE, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
34643	MENSTRUAL MIGRAINE, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
3465	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION

Step 4 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia)	
Required procedure: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
34650	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
34651	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
34652	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
34653	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
3466	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION
34660	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
34661	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
34662	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
34663	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
3467	CHRONIC MIGRAINE WITHOUT AURA
34670	CHRONIC MIGRAINE WITHOUT AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
34671	CHRONIC MIGRAINE WITHOUT AURA, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
34672	CHRONIC MIGRAINE WITHOUT AURA, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
34673	CHRONIC MIGRAINE WITHOUT AURA, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
3468	OTHER FORMS OF MIGRAINE
34680	OTHER FORMS OF MIGRAINE, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
34681	OTHER FORMS OF MIGRAINE, WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
34682	OTHER FORMS OF MIGRAINE, WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
34683	OTHER FORMS OF MIGRAINE, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
3469	MIGRAINE UNSPECIFIED
350	TRIGEMINAL NERVE DISORDERS
3501	TRIGEMINAL NEURALGIA
3502	ATYPICAL FACE PAIN

Step 4 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia)	
Required procedure: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
3508	TRIGEMINAL NERVE DIS NEC
3509	TRIGEMINAL NERVE DIS NOS
3519	FACIAL NERVE DIS NOS
353	NERVE ROOT AND PLEXUS DISORDERS
3530	BRACHIAL PLEXUS LESIONS
3531	LUMBOSACRAL PLEX LESION
3532	CERVICAL ROOT LESION NEC
3533	THORACIC ROOT LESION NEC
3534	LUMBSACRAL ROOT LES NEC
3535	NEURALGIC AMYOTROPHY
3536	PHANTOM LIMB (SYNDROME)
3538	NERV ROOT/PLEXUS DIS NEC
3539	NERV ROOT/PLEXUS DIS NOS
354	MONONEURITIS OF UPPER LIMB AND MONONEURITIS MULTIPLEX
3540	CARPAL TUNNEL SYNDROME
3541	MEDIAN NERVE LESION NEC
3542	ULNAR NERVE LESION
3543	RADIAL NERVE LESION
3544	CAUSALGIA UPPER LIMB
3545	MONONEURITIS MULTIPLEX
3548	MONONEURITIS ARM NEC
3549	MONONEURITIS ARM NOS
355	MONONEURITIS OF LOWER LIMB AND UNSPECIFIED SITE
3550	SCIATIC NERVE LESION
3551	MERALGIA PARESTHETICA
3552	FEMORAL NERVE LESION NEC
3553	LAT POPLITEAL NERVE LES
3554	MED POPLITEAL NERVE LES
3555	TARSAL TUNNEL SYNDROME
3556	PLANTAR NERVE LESION
3557	OTHER MONONEURITIS OF LOWER LIMB
35571	CAUSALGIA LOWER LIMB
35579	OTH MONONEUR LOWER LIMB
3558	MONONEURITIS LEG NOS
3559	MONONEURITIS NOS

Step 4 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia)	
Required procedure: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
356	HEREDITARY AND IDIOPATHIC PERIPHERAL NEUROPATHY
3560	HERED PERIPH NEUROPATHY
3561	PERONEAL MUSCLE ATROPHY
3562	HERED SENSORY NEUROPATHY
3563	REFSUM'S DISEASE
3564	IDIO PROG POLYNEUROPATHY
3568	IDIO PERIPH NEURPTHY NEC
3569	IDIO PERIPH NEURPTHY NOS
357	INFLAMMATORY AND TOXIC NEUROPATHY
3570	AC INFECT POLYNEURITIS
3571	NEURPTHY IN COL VASC DIS
3572	NEUROPATHY IN DIABETES
3573	NEUROPATHY IN MALIG DIS
3574	NEUROPATHY IN OTHER DIS
3575	ALCOHOLIC POLYNEUROPATHY
3576	NEUROPATHY DUE TO DRUGS
3577	NEURPTHY TOXIC AGENT NEC
3578	INFLAM/TOX NEUROPTHY NEC
35781	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS
35782	CRITICAL ILLNESS POLYNEUROPATHY
35789	OTHER INFLAMMATORY AND TOXIC NEUROPATHY
3579	INFLAM/TOX NEUROPTHY NOS
721	SPONDYLOSIS AND ALLIED DISORDERS
7210	CERVICAL SPONDYLOSIS
7211	CERV SPONDYL W MYELOPATH
7212	THORACIC SPONDYLOSIS
7213	LUMBOSACRAL SPONDYLOSIS
7214	THORACIC OR LUMBAR SPONDYLOSIS WITH MYELOPATHY
72141	SPOND COMPR THOR SP CORD
72142	SPOND COMPR LUMB SP CORD
7215	KISSING SPINE
7216	ANKYL VERT HYPEROSTOSIS
7217	TRAUMATIC SPONDYLOPATHY
7218	SPINAL DISORDERS NEC
7219	SPONDYLOSIS OF UNSPECIFIED SITE

Step 4 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia)	
Required procedure: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
722	INTERVERTEBRAL DISC DISORDERS
7220	CERVICAL DISC DISPLACMNT
7221	DISPLACEMENT OF THORACIC OR LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
72210	LUMBAR DISC DISPLACEMENT
72211	THORACIC DISC DISPLACMNT
7222	DISC DISPLACEMENT NOS
7223	SCHMORL'S NODES
72230	SCHMORL'S NODES NOS
72231	SCHMORLS NODE-THORACIC
72232	SCHMORLS NODE-LUMBAR
72239	SCHMORLS NODE-REGION NEC
7224	CERVICAL DISC DEGEN
7225	DEGENERATION OF THORACIC OR LUMBAR INTERVERTEBRAL DISC
72251	THORACIC DISC DEGEN
72252	LUMB/LUMBOSAC DISC DEGEN
7226	DISC DEGENERATION NOS
7227	INTERVERTEBRAL DISC DISORDER WITH MYELOPATHY
72270	DISC DIS W MYELOPATH NOS
72271	CERV DISC DIS W MYELOPAT
72272	THOR DISC DIS W MYELOPAT
72273	LUMB DISC DIS W MYELOPAT
7228	POSTLAMINECTOMY SYNDROME
72280	POSTLAMINECTOMY SYND NOS
72281	POSTLAMINECT SYND-CERV
72282	POSTLAMINECT SYND-THORAC
72283	POSTLAMINECT SYND-LUMBAR
7229	OTHER AND UNSPECIFIED DISC DISORDER
72290	DISC DIS NEC/NOS-UNSPEC
72291	DISC DIS NEC/NOS-CERV
72292	DISC DIS NEC/NOS-THORAC
72293	DISC DIS NEC/NOS-LUMBAR
724	OTHER AND UNSPECIFIED DISORDERS OF BACK
7240	SPINAL STENOSIS OTHER THAN CERVICAL
72400	SPINAL STENOSIS NOS
72401	SPINAL STENOSIS-THORACIC

Step 4 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia)	
Required procedure: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
72402	SPINAL STENOSIS, LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION
72409	SPINAL STENOSIS-OTH SITE
7241	PAIN IN THORACIC SPINE
7242	LUMBAGO
7243	SCIATICA
7244	LUMBOSACRAL NEURITIS NOS
7245	BACKACHE NOS
7246	DISORDERS OF SACRUM
7247	DISORDERS OF COCCYX
72470	DISORDER OF COCCYX NOS
72471	HYPERMOBILITY OF COCCYX
72479	DISORDER OF COCCYX NEC
7248	OTHER BACK SYMPTOMS
7249	BACK DISORDER NOS
729	OTHER DISORDERS OF SOFT TISSUES
7290	RHEUMATISM NOS
7291	MYALGIA AND MYOSITIS NOS
7292	NEURALGIA/NEURITIS NOS
7293	PANNICULITIS UNSPECIFIED
72930	PANNICULITIS, UNSP SITE
72931	HYPERTROPHY OF FAT PAD
72939	PANNICULITIS, SITE NEC
7294	FASCIITIS NOS
7295	PAIN IN LIMB
7296	OLD FB IN SOFT TISSUE
7297	NONTRAUMATIC COMPARTMENT SYNDROME
72971	NONTRAUMATIC COMPARTMENT SYNDROME OF UPPER EXTREMITY
72972	NONTRAUMATIC COMPARTMENT SYNDROME OF LOWER EXTREMITY
72973	NONTRAUMATIC COMPARTMENT SYNDROME OF ABDOMEN
72979	NONTRAUMATIC COMPARTMENT SYNDROME OF OTHER SITES
7298	OTHER MUSCULOSKELETAL SYMPTOMS REFERABLE TO LIMBS
72981	SWELLING OF LIMB
72982	CRAMP IN LIMB
72989	MUSCSKEL SYMPT LIMB NEC
7299	SOFT TISSUE DIS NEC/NOS

Step 4 (diagnosis of epilepsy/neuropathic pain/migraine/restless leg/fibromyalgia)	
Required procedure: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
72990	DISORDERS OF SOFT TISSUE, UNSPECIFIED
72991	POST-TRAUMATIC SEROMA
72992	NONTRAUMATIC HEMATOMA OF SOFT TISSUE
72999	OTHER DISORDERS OF SOFT TISSUE
78039	CONVULSIONS NEC

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
ACEBUTOLOL 200 MG CAPSULE	26460
ACEBUTOLOL 400 MG CAPSULE	26461
ADALAT CC 30 MG TABLET	02226
ADALAT CC 60 MG TABLET	02227
ADALAT CC 90 MG TABLET	02228
AFEDITAB CR 30 MG TABLET	02226
AFEDITAB CR 60 MG TABLET	02227
ALL DAY PAIN RELIEF 220 MG TAB	47132
ALL DAY PAIN RLF 220 MG CAPLET	47132
AMERGE 1 MG TABLET	81112
AMERGE 2.5 MG TABLET	81111
AMITRIPTYLINE HCL 10 MG TAB	16512
AMITRIPTYLINE HCL 25 MG TAB	16515
AMITRIPTYLINE HCL 50 MG TAB	16516
AMITRIPTYLINE HCL 75 MG TAB	16517
AMITRIPTYLINE HCL 100 MG TAB	16513
AMITRIPTYLINE HCL 150 MG TAB	16514
AMLODIPINE BESYLATE 2.5 MG TAB	02681
AMLODIPINE BESYLATE 5 MG TAB	02683
AMLODIPINE BESYLATE 10 MG TAB	02682
AMOXAPINE 25 MG TABLET	16559
AMOXAPINE 50 MG TABLET	16561
AMOXAPINE 100 MG TABLET	16557
AMOXAPINE 150 MG TABLET	16558
ANAFRANIL 25 MG CAPSULE	16602

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
ANAFRANIL 50 MG CAPSULE	16603
ANAFRANIL 75 MG CAPSULE	16604
ANAPROX DS 550 MG TABLET	47131
ARTHROTEC EC 50 MG-200 MCG TAB	62729
ARTHROTEC EC 75 MG-200 MCG TAB	06263
ATENOLOL 25 MG TABLET	20662
ATENOLOL 50 MG TABLET	20661
ATENOLOL 100 MG TABLET	20660
AXERT 6.25 MG TABLET	13587
AXERT 12.5 MG TABLET	12472
BANZEL 200 MG TABLET	98836
BANZEL 400 MG TABLET	98837
BETAPACE 80 MG TABLET	39512
BETAPACE 120 MG TABLET	39516
BETAPACE 160 MG TABLET	39511
BETAPACE 240 MG TABLET	39513
BETAPACE AF 80 MG TABLET	39512
BETAPACE AF 120 MG TABLET	39516
BETAPACE AF 160 MG TABLET	39511
BETAXOLOL 10 MG TABLET	12791
BETAXOLOL 20 MG TABLET	12792
BISOPROLOL FUMARATE 5 MG TAB	63821
BISOPROLOL FUMARATE 10 MG TAB	63820
BUTORPHANOL 10 MG/ML SPRAY	20351
BYSTOLIC 2.5 MG TABLET	99235
BYSTOLIC 5 MG TABLET	07055
BYSTOLIC 10 MG TABLET	99236
BYSTOLIC 20 MG TABLET	18703
CALAN 80 MG TABLET	02342
CALAN 120 MG TABLET	02341
CALAN SR 120 MG CAPLET	32472
CALAN SR 180 MG CAPLET	32471
CALAN SR 240 MG CAPLET	32470
CAMBIA 50 MG POWDER PACKET	99636
CARBAMAZEPINE 100 MG TAB CHEW	17460
CARBAMAZEPINE 100 MG/5 ML SUSP	47500

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
CARBAMAZEPINE 200 MG TABLET	17450
CARBAMAZEPINE XR 200 MG TABLET	27821
CARBAMAZEPINE XR 400 MG TABLET	27822
CARBATROL ER 100 MG CAPSULE	23934
CARBATROL ER 200 MG CAPSULE	23932
CARBATROL ER 300 MG CAPSULE	23933
CARDIZEM 30 MG TABLET	02360
CARDIZEM 60 MG TABLET	02361
CARDIZEM 90 MG TABLET	02362
CARDIZEM 120 MG TABLET	02363
CARDIZEM CD 120 MG CAPSULE	02326
CARDIZEM CD 180 MG CAPSULE	02323
CARDIZEM CD 240 MG CAPSULE	02324
CARDIZEM CD 300 MG CAPSULE	02325
CARDIZEM CD 360 MG CAPSULE	07460
CARDIZEM LA 120 MG TABLET	19180
CARDIZEM LA 180 MG TABLET	19183
CARDIZEM LA 240 MG TABLET	19184
CARDIZEM LA 300 MG TABLET	19185
CARDIZEM LA 360 MG TABLET	19186
CARDIZEM LA 420 MG TABLET	19187
CARTIA XT 120 MG CAPSULE	02326
CARTIA XT 180 MG CAPSULE	02323
CARTIA XT 240 MG CAPSULE	02324
CARTIA XT 300 MG CAPSULE	02325
CATAFLAM 50 MG TABLET	13960
CELEBREX 50 MG CAPSULE	97785
CELEBREX 100 MG CAPSULE	42001
CELEBREX 200 MG CAPSULE	42002
CELEBREX 400 MG CAPSULE	18127
CHILD IBUPROFEN SUSP	35930
CHILDREN IBUPROFEN 100 MG/5 ML	35930
CHILDREN'S MEDI-PROFEN SUSP	35930
CLINORIL 200 MG TABLET	35801
CLOMIPRAMINE 25 MG CAPSULE	16602
CLOMIPRAMINE 50 MG CAPSULE	16603

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
CLOMIPRAMINE 75 MG CAPSULE	16604
COVERA-HS ER 180 MG TABLET	32473
COVERA-HS ER 240 MG TABLET	32474
D.H.E.45 1 MG/ML AMPUL	01590
DAYPRO 600 MG CAPLET	01750
DEPAKENE 250 MG CAPSULE	17270
DEPAKENE 250 MG/5 ML SYRUP	17280
DEPAKOTE 125 MG SPRINKLE CAP	17400
DEPAKOTE DR 125 MG TABLET	17292
DEPAKOTE DR 250 MG TABLET	17290
DEPAKOTE DR 500 MG TABLET	17291
DEPAKOTE ER 250 MG TABLET	18754
DEPAKOTE ER 500 MG TABLET	18040
DESIPRAMINE 10 MG TABLET	16583
DESIPRAMINE 25 MG TABLET	16586
DESIPRAMINE 50 MG TABLET	16587
DESIPRAMINE 75 MG TABLET	16588
DESIPRAMINE 100 MG TABLET	16584
DESIPRAMINE 150 MG TABLET	16585
DICLOFENAC POT 50 MG TABLET	13960
DICLOFENAC SOD DR 50 MG TAB	35851
DICLOFENAC SOD DR 75 MG TAB	35852
DICLOFENAC SOD EC 25 MG TAB	35850
DICLOFENAC SOD EC 50 MG TAB	35851
DICLOFENAC SOD EC 75 MG TAB	35852
DICLOFENAC SOD ER 100 MG TAB	13310
DIHYDROERGOTAMINE 1 MG/ML AM	01590
DILACOR XR 240 MG CAPSULE	07462
DILANTIN 100 MG CAPSULE	17700
DILANTIN 125 MG/5 ML SUSP	17241
DILANTIN 30 MG CAPSULE	17701
DILANTIN 50 MG INFATAB	17250
DILT XR 120 MG CAPSULE	07463
DILT XR 180 MG CAPSULE	07461
DILT XR 240 MG CAPSULE	07462
DILT-CD 120 MG CAPSULE	02326

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
DILT-CD 180 MG CAPSULE	02323
DILT-CD 240 MG CAPSULE	02324
DILT-CD ER 300 MG CAPSULE	02325
DILTIA XT 120 MG CAPSULE	07463
DILTIA XT 180 MG CAPSULE	07461
DILTIA XT 240 MG CAPSULE	07462
DILTIAZEM 120 MG TABLET	02363
DILTIAZEM 24HR CD 120 MG CAP	02326
DILTIAZEM 24HR CD 180 MG CAP	02323
DILTIAZEM 24HR CD 240 MG CAP	02324
DILTIAZEM 24HR CD 300 MG CAP	02325
DILTIAZEM 24HR ER 120 MG CAP	02326
DILTIAZEM 24HR ER 180 MG CAP	02323
DILTIAZEM 24HR ER 180 MG TAB	19183
DILTIAZEM 24HR ER 240 MG CAP	02324
DILTIAZEM 24HR ER 240 MG TAB	19184
DILTIAZEM 24HR ER 300 MG CAP	02325
DILTIAZEM 24HR ER 300 MG TAB	19185
DILTIAZEM 24HR ER 360 MG TAB	19186
DILTIAZEM 24HR ER 420 MG TAB	19187
DILTIAZEM 30 MG TABLET	02360
DILTIAZEM 60 MG TABLET	02361
DILTIAZEM 90 MG TABLET	02362
DILTIAZEM ER 60 MG 12-HR CAP	02322
DILTIAZEM ER 90 MG 12-HR CAP	02320
DILTIAZEM ER 120 MG 12-HR CAP	02321
DILTIAZEM ER 120 MG CAPSULE	02330
DILTIAZEM ER 120 MG CAPSULE	07463
DILTIAZEM ER 180 MG CAPSULE	02329
DILTIAZEM ER 180 MG CAPSULE	07461
DILTIAZEM ER 240 MG CAPSULE	07462
DILTIAZEM HCL ER 240 MG CAP	02332
DILTIAZEM HCL ER 300 MG CAP	02333
DILTIAZEM HCL ER 360 MG CAP	02328
DILTIAZEM HCL ER 420 MG CAP	94691
DILTZAC ER 120 MG CAPSULE	02330

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
DILTZAC ER 180 MG CAPSULE	02329
DILTZAC ER 240 MG CAPSULE	02332
DILTZAC ER 300 MG CAPSULE	02333
DILTZAC ER 360 MG CAPSULE	02328
DIVALPROEX SOD DR 125 MG TAB	17292
DIVALPROEX SOD DR 250 MG TAB	17290
DIVALPROEX SOD DR 500 MG TAB	17291
DIVALPROEX SOD ER 250 MG TAB	18754
DIVALPROEX SOD ER 500 MG TAB	18040
DIVALPROEX SODIUM 125 MG CAP	17400
DOXEPIN 10 MG CAPSULE	16563
DOXEPIN 25 MG CAPSULE	16566
DOXEPIN 50 MG CAPSULE	16567
DOXEPIN 75 MG CAPSULE	16568
DOXEPIN 100 MG CAPSULE	16564
DOXEPIN 150 MG CAPSULE	16565
DOXEPIN 10 MG/ML ORAL CONC	16571
DYNACIRC CR 10 MG TABLET	02615
EPITOL 200 MG TABLET	17450
EQUETRO 100 MG CAPSULE	13781
EQUETRO 200 MG CAPSULE	13805
EQUETRO 300 MG CAPSULE	13818
ERGOTAMINE-CAFFEINE TABLET	72950
ETODOLAC 200 MG CAPSULE	33870
ETODOLAC 300 MG CAPSULE	33871
ETODOLAC 400 MG TABLET	61761
ETODOLAC 500 MG TABLET	61766
ETODOLAC ER 400 MG TABLET	61765
ETODOLAC ER 500 MG TABLET	61767
ETODOLAC ER 600 MG TABLET	61762
FELBATOL 400 MG TABLET	38021
FELBATOL 600 MG TABLET	38022
FELBATOL 600 MG/5 ML SUSP	38020
FELDENE 10 MG CAPSULE	35820
FELDENE 20 MG CAPSULE	35821
FELODIPINE ER 2.5 MG TABLET	02620

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
FELODIPINE ER 5 MG TABLET	02621
FELODIPINE ER 10 MG TABLET	02622
FENOPROFEN 600 MG TABLET	35760
FLURBIPROFEN 50 MG TABLET	35710
FLURBIPROFEN 100 MG TABLET	35711
FROVA 2.5 MG TABLET	14977
GABITRIL 2 MG TABLET	54681
GABITRIL 4 MG TABLET	37980
GABITRIL 12 MG TABLET	37981
GABITRIL 16 MG TABLET	37982
HYDROCODONE BT-IBUPROFEN TAB	63101
IBU-DROPS 40 MG/ML SUSP DRPS	35931
IBUDONE 5-200 MG TABLET	22678
IBUDONE 10-200 MG TABLET	99371
IBUPROFEN 100 MG/5 ML SUSP	35930
IBUPROFEN 200 MG CAPLET	35743
IBUPROFEN 200 MG TABLET	35743
IBUPROFEN 400 MG TABLET	35741
IBUPROFEN 600 MG TABLET	35742
IBUPROFEN 800 MG TABLET	35744
IBUPROFEN COLD SUSPENSION	86172
IBUPROFEN COLD-SINUS CPLT	92250
IBUPROFEN JR STR 100 MG TB CHW	35749
IMIPRAMINE HCL 10 MG TABLET	16541
IMIPRAMINE HCL 25 MG TABLET	16542
IMIPRAMINE HCL 50 MG TABLET	16543
IMIPRAMINE PAMOATE 75 MG CAP	16554
IMIPRAMINE PAMOATE 100 MG CAP	16548
IMIPRAMINE PAMOATE 125 MG CAP	16549
IMIPRAMINE PAMOATE 150 MG CAP	16553
IMITREX 4 MG/0.5 ML CARTRIDGES	26667
IMITREX 6 MG/0.5 ML CARTRIDGES	24708
IMITREX 5 MG NASAL SPRAY	50740
IMITREX 20 MG NASAL SPRAY	50744
IMITREX 4 MG/0.5 ML PEN INJECT	26666
IMITREX 6 MG/0.5 ML PEN INJECT	50741

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
IMITREX 25 MG TABLET	05702
IMITREX 50 MG TABLET	05700
IMITREX 100 MG TABLET	05701
IMITREX 6 MG/0.5 ML VIAL	50742
INDERAL LA 60 MG CAPSULE	03233
INDERAL LA 80 MG CAPSULE	03230
INDERAL LA 120 MG CAPSULE	03231
INDERAL LA 160 MG CAPSULE	03232
INDOMETHACIN 25 MG CAPSULE	35680
INDOMETHACIN 50 MG CAPSULE	35681
INDOMETHACIN ER 75 MG CAPSULE	35690
INFANT IBUPROFEN SUSP DROP	35931
INFANTS IBU-DROPS SUSPENSION	35931
INNOPRAN XL 80 MG CAPSULE	20621
INNOPRAN XL 120 MG CAPSULE	19359
ISRADIPINE 2.5 MG CAPSULE	02611
ISRADIPINE 5 MG CAPSULE	02612
KEPPRA 100 MG/ML ORAL SOLN	20353
KEPPRA 250 MG TABLET	41587
KEPPRA 500 MG TABLET	41597
KEPPRA 750 MG TABLET	41586
KEPPRA 1,000 MG TABLET	86223
KEPPRA XR 500 MG TABLET	14305
KEPPRA XR 750 MG TABLET	20765
KETOPROFEN 50 MG CAPSULE	34420
KETOPROFEN 75 MG CAPSULE	34421
KETOPROFEN ER 200 MG CAPSULE	33792
KETOROLAC 10 MG TABLET	32531
KETOROLAC 15 MG/ML VIAL	35238
KETOROLAC 30 MG/ML VIAL	35239
KETOROLAC 60 MG/2 ML VIAL	35236
LAMICTAL 5 MG DISPER TABLET	64323
LAMICTAL 25 MG DISPER TABLET	64322
LAMICTAL 25 MG TABLET	64317
LAMICTAL 100 MG TABLET	64316
LAMICTAL 150 MG TABLET	64324

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
LAMICTAL 200 MG TABLET	64325
LAMICTAL ODT 25 MG TABLET	23201
LAMICTAL ODT 50 MG TABLET	23096
LAMICTAL ODT 100 MG TABLET	23254
LAMICTAL ODT 200 MG TABLET	23274
LAMICTAL ODT START KIT (BLUE)	23294
LAMICTAL ODT START KIT (GREEN)	23309
LAMICTAL ODT START KT (ORANGE)	23293
LAMICTAL TAB START KIT (BLUE)	23969
LAMICTAL TAB START KIT (GREEN)	23972
LAMICTAL TB START KIT (ORANGE)	23973
LAMICTAL XR 25 MG TABLET	24693
LAMICTAL XR 50 MG TABLET	24697
LAMICTAL XR 100 MG TABLET	24703
LAMICTAL XR 200 MG TABLET	24739
LAMICTAL XR 300 MG TABLET	29725
LAMICTAL XR START KIT (BLUE)	24851
LAMICTAL XR START KIT (GREEN)	24856
LAMICTAL XR START KIT (ORANGE)	24869
LAMOTRIGINE 5 MG DISPER TABLET	64323
LAMOTRIGINE 25 MG DISPER TAB	64322
LAMOTRIGINE 25 MG TABLET	64317
LAMOTRIGINE 100 MG TABLET	64316
LAMOTRIGINE 150 MG TABLET	64324
LAMOTRIGINE 200 MG TABLET	64325
LEVATOL 20 MG TABLET	39350
LEVETIRACETAM 100 MG/ML SOLN	20353
LEVETIRACETAM 250 MG TABLET	41587
LEVETIRACETAM 500 MG TABLET	41597
LEVETIRACETAM 750 MG TABLET	41586
LEVETIRACETAM 1,000 MG TABLET	86223
LOPRESSOR 50 MG TABLET	20642
LOPRESSOR 100 MG TABLET	20641
LYRICA 25 MG CAPSULE	23039
LYRICA 50 MG CAPSULE	23046
LYRICA 75 MG CAPSULE	23047

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
LYRICA 100 MG CAPSULE	23048
LYRICA 150 MG CAPSULE	23049
LYRICA 200 MG CAPSULE	23051
LYRICA 225 MG CAPSULE	25019
LYRICA 300 MG CAPSULE	23052
MATZIM LA 180 MG TABLET	19183
MATZIM LA 240 MG TABLET	19184
MATZIM LA 300 MG TABLET	19185
MATZIM LA 360 MG TABLET	19186
MATZIM LA 420 MG TABLET	19187
MAXALT 5 MG TABLET	19591
MAXALT 10 MG TABLET	19592
MAXALT MLT 5 MG TABLET	19593
MAXALT MLT 10 MG TABLET	19594
MECLOFENAMATE 50 MG CAPSULE	35811
MECLOFENAMATE 100 MG CAPSULE	35810
MEDI-PROFEN 200 MG CAPLET	35743
MEDI-PROFEN 200 MG TABLET	35743
MEFENAMIC ACID 250 MG CAPSULE	16530
MELOXICAM 7.5 MG/5 ML SUSP	26227
MELOXICAM 7.5 MG TABLET	31661
MELOXICAM 15 MG TABLET	31662
METOPROLOL SUCC ER 25 MG TAB	12947
METOPROLOL SUCC ER 50 MG TAB	20741
METOPROLOL SUCC ER 100 MG TAB	20742
METOPROLOL SUCC ER 200 MG TAB	20743
METOPROLOL TARTRATE 25 MG TAB	17734
METOPROLOL TARTRATE 50 MG TAB	20642
METOPROLOL TARTRATE 100 MG TAB	20641
MIGERGOT SUPPOSITORY	72930
MIGRANAL NASAL SPRAY	24732
MOBIC 7.5 MG TABLET	31661
MOBIC 15 MG TABLET	31662
MYSOLINE 50 MG TABLET	17322
MYSOLINE 250 MG TABLET	17321
NABUMETONE 500 MG TABLET	32961

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
NABUMETONE 750 MG TABLET	32962
NAPRELAN CR 375 MG TABLET	98900
NAPRELAN CR 500 MG TABLET	92253
NAPRELAN CR 750 MG TABLET	16134
NAPROSYN 125 MG/5 ML SUSPEN	41670
NAPROSYN 250 MG TABLET	35790
NAPROSYN 375 MG TABLET	35792
NAPROSYN EC 500 MG TABLET	61851
NAPROXEN 125 MG/5 ML SUSPEN	41670
NAPROXEN 250 MG TABLET	35790
NAPROXEN 375 MG TABLET	35792
NAPROXEN 500 MG TABLET	35793
NAPROXEN EC 375 MG TABLET	61850
NAPROXEN EC 500 MG TABLET	61851
NAPROXEN SODIUM 220 MG CAPLET	47132
NAPROXEN SODIUM 220 MG TABLET	47132
NAPROXEN SODIUM 275 MG TAB	47130
NAPROXEN SODIUM 550 MG TAB	47131
NARATRIPTAN HCL 1 MG TABLET	81112
NARATRIPTAN HCL 2.5 MG TABLET	81111
NICARDIPINE 20 MG CAPSULE	02390
NICARDIPINE 30 MG CAPSULE	02391
NIFEDIAC CC 30 MG TABLET	02226
NIFEDIAC CC 60 MG TABLET	02227
NIFEDIAC CC 90 MG TABLET	02228
NIFEDICAL XL 30 MG TABLET	02221
NIFEDICAL XL 60 MG TABLET	02222
NIFEDIPINE 10 MG CAPSULE	02350
NIFEDIPINE 20 MG CAPSULE	02351
NIFEDIPINE ER 30 MG TABLET	02221
NIFEDIPINE ER 30 MG TABLET	02226
NIFEDIPINE ER 60 MG TABLET	02222
NIFEDIPINE ER 60 MG TABLET	02227
NIFEDIPINE ER 90 MG TABLET	02223
NIFEDIPINE ER 90 MG TABLET	02228
NIMODIPINE 30 MG CAPSULE	02440

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
NISOLDIPINE ER 8.5 MG TABLET	99445
NISOLDIPINE ER 17 MG TABLET	99446
NISOLDIPINE ER 25.5 MG TABLET	99447
NISOLDIPINE ER 34 MG TABLET	99448
NORPRAMIN 10 MG TABLET	16583
NORPRAMIN 25 MG TABLET	16586
NORPRAMIN 50 MG TABLET	16587
NORPRAMIN 75 MG TABLET	16588
NORPRAMIN 100 MG TABLET	16584
NORPRAMIN 150 MG TABLET	16585
NORTRIPTYLINE 10 MG/5 ML SOL	16535
NORTRIPTYLINE HCL 10 MG CAP	16529
NORTRIPTYLINE HCL 25 MG CAP	16532
NORTRIPTYLINE HCL 50 MG CAP	16533
NORTRIPTYLINE HCL 75 MG CAP	16534
NORVASC 2.5 MG TABLET	02681
NORVASC 5 MG TABLET	02683
NORVASC 10 MG TABLET	02682
OXAPROZIN 600 MG TABLET	01750
OXCARBAZEPINE 300 MG/5 ML SUSP	21723
OXCARBAZEPINE 150 MG TABLET	21724
OXCARBAZEPINE 300 MG TABLET	21721
OXCARBAZEPINE 600 MG TABLET	21722
OXYCODONE-IBUPROFEN 5-400 TAB	23827
PAMELOR 10 MG CAPSULE	16529
PAMELOR 10 MG/5 ML SOLUTION	16535
PAMELOR 25 MG CAPSULE	16532
PAMELOR 50 MG CAPSULE	16533
PAMELOR 75 MG CAPSULE	16534
PHENYTEK 200 MG CAPSULE	15038
PHENYTEK 300 MG CAPSULE	15037
PHENYTOIN 50 MG/ML VIAL	17200
PHENYTOIN 100 MG/2 ML VIAL	17200
PHENYTOIN 125 MG/5 ML SUSP	17241
PHENYTOIN 250 MG/5 ML VIAL	17200
PHENYTOIN SOD EXT 100 MG CAP	17700

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
PHENYTOIN SOD EXT 200 MG CAP	15038
PHENYTOIN SOD EXT 300 MG CAP	15037
PINDOLOL 5 MG TABLET	20681
PINDOLOL 10 MG TABLET	20680
PIROXICAM 10 MG CAPSULE	35820
PIROXICAM 20 MG CAPSULE	35821
PONSTEL 250 MG KAPSEALS	16530
PRIMIDONE 50 MG TABLET	17322
PRIMIDONE 250 MG TABLET	17321
PROCARDIA 10 MG CAPSULE	02350
PROCARDIA XL 30 MG TABLET	02221
PROCARDIA XL 60 MG TABLET	02222
PROCARDIA XL 90 MG TABLET	02223
PROPRANOLOL 20 MG/5 ML SOLN	45260
PROPRANOLOL 40 MG/5 ML SOLN	45261
PROPRANOLOL 10 MG TABLET	20630
PROPRANOLOL 20 MG TABLET	20631
PROPRANOLOL 40 MG TABLET	20632
PROPRANOLOL 60 MG TABLET	20633
PROPRANOLOL 80 MG TABLET	20634
PROPRANOLOL ER 60 MG CAPSULE	03233
PROPRANOLOL ER 80 MG CAPSULE	03230
PROPRANOLOL ER 120 MG CAPSULE	03231
PROPRANOLOL ER 160 MG CAPSULE	03232
PROTRIPTYLINE HCL 5 MG TABLET	16556
PROTRIPTYLINE HCL 10 MG TABLET	16555
QC IBUPROFEN 200 MG SOFTGEL	35431
QC IBUPROFEN 200 MG TABLET	35743
QC NAPROXEN SOD 220 MG TABLET	47132
RELPAK 20 MG TABLET	15173
RELPAK 40 MG TABLET	15174
REPRESAIN 2.5-200 MG TABLET	16279
REPRESAIN 5-200 MG TABLET	22678
REPRESAIN 7.5-200 MG TABLET	63101
REPRESAIN 10-200 MG TABLET	99371
SABRIL 500 MG POWDER PACKET	64314

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
SABRIL 500 MG TABLET	64315
SECTRAL 200 MG CAPSULE	26460
SECTRAL 400 MG CAPSULE	26461
SM IBUPROFEN 200 MG CAPLET	35743
SM IBUPROFEN 200 MG TABLET	35743
SM IBUPROFEN IB 200 MG CAPLET	35743
SORINE 80 MG TABLET	39512
SORINE 120 MG TABLET	39516
SORINE 160 MG TABLET	39511
SORINE 240 MG TABLET	39513
SOTALOL 80 MG TABLET	39512
SOTALOL 120 MG TABLET	39516
SOTALOL 160 MG TABLET	39511
SOTALOL 240 MG TABLET	39513
SOTALOL AF 80 MG TABLET	39512
SOTALOL AF 120 MG TABLET	39516
SOTALOL AF 160 MG TABLET	39511
STAVZOR DR 125 MG CAPSULE	99981
STAVZOR DR 250 MG CAPSULE	99982
STAVZOR DR 500 MG CAPSULE	17220
SULAR ER 8.5 MG TABLET	99445
SULAR ER 17 MG TABLET	99446
SULAR ER 25.5 MG TABLET	99447
SULAR ER 34 MG TABLET	99448
SULINDAC 150 MG TABLET	35800
SULINDAC 200 MG TABLET	35801
SUMATRIPTAN 6 MG/0.5 ML INJECT	50741
SUMATRIPTAN 4 MG/0.5 ML KIT	26666
SUMATRIPTAN 5 MG NASAL SPRAY	50740
SUMATRIPTAN 20 MG NASAL SPRAY	50744
SUMATRIPTAN 4 MG/0.5 ML REFILL	26667
SUMATRIPTAN 6 MG/0.5 ML REFILL	24708
SUMATRIPTAN 6 MG/0.5 ML SYRNG	04428
SUMATRIPTAN 4 MG/0.5 ML VIAL	16854
SUMATRIPTAN 6 MG/0.5 ML VIAL	50742
SUMATRIPTAN SUCC 25 MG TABLET	05702

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
SUMATRIPTAN SUCC 50 MG TABLET	05700
SUMATRIPTAN SUCC 100 MG TABLET	05701
SURMONTIL 25 MG CAPSULE	16593
SURMONTIL 50 MG CAPSULE	16594
SURMONTIL 100 MG CAPSULE	16592
TAZTIA XT 120 MG CAPSULE	02330
TAZTIA XT 180 MG CAPSULE	02329
TAZTIA XT 240 MG CAPSULE	02332
TAZTIA XT 300 MG CAPSULE	02333
TAZTIA XT 360 MG CAPSULE	02328
TEGRETOL 100 MG TABLET CHEW	17460
TEGRETOL 100 MG/5 ML SUSP	47500
TEGRETOL 200 MG TABLET	17450
TEGRETOL XR 100 MG TABLET	27820
TEGRETOL XR 200 MG TABLET	27821
TEGRETOL XR 400 MG TABLET	27822
TENORMIN 25 MG TABLET	20662
TENORMIN 50 MG TABLET	20661
TENORMIN 100 MG TABLET	20660
TIAZAC ER 120 MG CAPSULE	02330
TIAZAC ER 180 MG CAPSULE	02329
TIAZAC ER 240 MG CAPSULE	02332
TIAZAC ER 300 MG CAPSULE	02333
TIAZAC ER 360 MG CAPSULE	02328
TIAZAC ER 420 MG CAPSULE	94691
TIMOLOL MALEATE 5 MG TABLET	20672
TIMOLOL MALEATE 10 MG TABLET	20670
TIMOLOL MALEATE 20 MG TABLET	20671
TOFRANIL 50 MG TABLET	16543
TOFRANIL-PM 75 MG CAPSULE	16554
TOFRANIL-PM 100 MG CAPSULE	16548
TOFRANIL-PM 125 MG CAPSULE	16549
TOFRANIL-PM 150 MG CAPSULE	16553
TOLMETIN SODIUM 200 MG TAB	35780
TOLMETIN SODIUM 400 MG CAP	35770
TOLMETIN SODIUM 600 MG TAB	35781

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
TOPAMAX 15 MG SPRINKLE CAP	36556
TOPAMAX 25 MG SPRINKLE CAP	36557
TOPAMAX 25 MG TABLET	36553
TOPAMAX 50 MG TABLET	36550
TOPAMAX 100 MG TABLET	36551
TOPAMAX 200 MG TABLET	36552
TOPIRAGEN 25 MG TABLET	36553
TOPIRAGEN 50 MG TABLET	36550
TOPIRAGEN 100 MG TABLET	36551
TOPIRAGEN 200 MG TABLET	36552
TOPIRAMATE 15 MG SPRINKLE CAP	36556
TOPIRAMATE 25 MG SPRINKLE CAP	36557
TOPIRAMATE 25 MG TABLET	36553
TOPIRAMATE 50 MG TABLET	36550
TOPIRAMATE 100 MG TABLET	36551
TOPIRAMATE 200 MG TABLET	36552
TOPROL XL 25 MG TABLET	12947
TOPROL XL 50 MG TABLET	20741
TOPROL XL 100 MG TABLET	20742
TOPROL XL 200 MG TABLET	20743
TREXIMET 85-500 MG TABLET	99597
TRILEPTAL 300 MG/5 ML SUSP	21723
TRILEPTAL 150 MG TABLET	21724
TRILEPTAL 300 MG TABLET	21721
TRILEPTAL 600 MG TABLET	21722
VALPROIC ACID 250 MG CAPSULE	17270
VALPROIC ACID 250 MG/5 ML SYR	17280
VERAPAMIL 360 MG CAP PELLETT	03004
VERAPAMIL 40 MG TABLET	47110
VERAPAMIL 80 MG TABLET	02342
VERAPAMIL 120 MG TABLET	02341
VERAPAMIL ER 120 MG CAPSULE	03003
VERAPAMIL ER 180 MG CAPSULE	03001
VERAPAMIL ER 240 MG CAPSULE	03002
VERAPAMIL ER 120 MG TABLET	32472
VERAPAMIL ER 180 MG TABLET	32471

Step 5 (history of an inferred migraine agent)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
VERAPAMIL ER 240 MG TABLET	32470
VERAPAMIL ER PM 100 MG CAPSULE	94122
VERAPAMIL ER PM 200 MG CAPSULE	94123
VERAPAMIL ER PM 300 MG CAPSULE	94124
VERELAN 120 MG CAP PELLETT	03003
VERELAN 180 MG CAP PELLETT	03001
VERELAN 240 MG CAP PELLETT	03002
VERELAN 360 MG CAP PELLETT	03004
VERELAN PM 100 MG CAP PELLETT	94122
VERELAN PM 200 MG CAP PELLETT	94123
VERELAN PM 300 MG CAP PELLETT	94124
VICOPROFEN 200-7.5 MG TAB	63101
VIMPAT 10 MG/ML SOLUTION	28643
VIMPAT 50 MG TABLET	14338
VIMPAT 100 MG TABLET	14339
VIMPAT 150 MG TABLET	14341
VIMPAT 200 MG TABLET	14342
VIVACTIL 5 MG TABLET	16556
VIVACTIL 10 MG TABLET	16555
VOLTAREN 1% GEL	45680
VOLTAREN-XR 100 MG TABLET	13310
ZEBETA 5 MG TABLET	63821
ZEBETA 10 MG TABLET	63820
ZIPSOR 25 MG CAPSULE	27392
ZOMIG 5 MG NASAL SPRAY	18972
ZOMIG 2.5 MG TABLET	46131
ZOMIG 5 MG TABLET	46132
ZOMIG ZMT 2.5 MG TABLET	42098
ZOMIG ZMT 5 MG TABLET	14324
ZONEGRAN 25 MG CAPSULE	20831
ZONEGRAN 100 MG CAPSULE	92219
ZONISAMIDE 25 MG CAPSULE	20831
ZONISAMIDE 50 MG CAPSULE	20833
ZONISAMIDE 100 MG CAPSULE	92219



Neurontin (Gabapentin)

Clinical Edit Criteria References

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc., updated January 2011. Available at http://www.clinicalpharmacology.com/?epm=2_1.
2. 2011 ICD-9-CM Diagnosis Codes, Volume 1, 2011. Available at <http://www.icd9data.com/>. Accessed on August 14, 2011.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
03/14/2011	Added step 6 for medical justification
10/21/2011	<ul style="list-style-type: none"> • Added a new section to specify the drugs requiring prior authorization • In the "Clinical Edit Criteria Logic" section, clarified wording associated with steps 1 and 6 • In the "Clinical Edit Criteria Supporting Tables" section, revised tables to specify the diagnosis codes pertinent to steps 2 and 4 of the logic diagram • In the "Clinical Edit Criteria Supporting Tables" section, revised table to specify the procedure codes pertinent to step 3 of the logic diagram • In the "Clinical Edit Criteria Supporting Tables" section, revised table to specify the drug names and GCNs pertinent to step 5 of the logic diagram