

POLICY NAME	Gabapentin Extended Release (Gralise and	POLICY #	1901P
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Criteria

Criteria for coverage

- ☐ Food and Drug Administration (FDA) label diagnosis specific to requested product
 - Gralise is approved for the management of postherpetic neuralgia (PHN) in adults
 - Horizant is approved for the management of postherpetic neuralgia (PHN) in adults and restless leg syndrome (RLS)
- ☐ Documented failure of gabapentin 1800mg per day for at least three months, OR documented intolerance or contraindication to gabapentin