

<b>POLICY NAME</b>	Gabapentin Extended Release (Gralise and	<b>POLICY #</b>	1901P
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## Criteria

### Criteria for coverage

- ☐ **1.1** 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)
- ☐ **1.2** Documented failure of gabapentin 1800mg per day for at least three months, OR documented intolerance or contraindication to gabapentin