# **QUANTITY LIMIT CRITERIA**

BRAND NAME (generic)

**GRALISE** 

(gabapentin extended-release tablet)

**HORIZANT** 

(gabapentin enacarbil extended-release tablet)

Status: CVS Caremark® Criteria

Type: Quantity Limit

# **POLICY**

## **FDA-APPROVED INDICATIONS**

#### **Gralise**

Gralise is indicated for the management of postherpetic neuralgia.

Gralise is not interchangeable with other gabapentin products because of differing pharmacokinetic profiles that affect the frequency of administration.

#### Horizant

Treatment of Restless Legs Syndrome

Horizant is indicated for the treatment of moderate-to-severe primary Restless Legs Syndrome (RLS) in adults. Horizant is not recommended for patients who are required to sleep during the daytime and remain awake at night. Management of Postherpetic Neuralgia

Horizant is indicated for the management of postherpetic neuralgia (PHN) in adults.

| INITIAL LIMIT QUANTITY   |                       |                       |
|--|-----------------------|-----------------------|
| Limits do not accumulate together; patient is allowed the maximum limit for each drug and strength |                       |                       |
| Drug   | 1 Month Limit*        | 3 Month Limit*        |
| Gralise 300 mg<br>(gabapentin extended-release)  | 150 tablets / 25 days | 450 tablets / 75 days |
| Gralise 450 mg<br>(gabapentin extended-release)  | 90 tablets / 25 days  | 270 tablets / 75 days |
| Gralise 600 mg<br>(gabapentin extended-release)  | 90 tablets / 25 days  | 270 tablets / 75 days |
| Gralise 750 mg<br>(gabapentin extended-release)  | 60 tablets / 25 days  | 180 tablets / 75 days |
| Gralise 900 mg<br>(gabapentin extended-release)  | 60 tablets / 25 days  | 180 tablets / 75 days |
| Horizant 300 mg<br>(gabapentin enacarbil extended-release)   | 60 tablets / 25 days  | 180 tablets / 75 days |

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Horizant 600 mg (gabapentin enacarbil extended-release)

60 tablets / 25 days

180 tablets / 75 days

\*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

### **REFERENCES**

- 1. Gralise [package insert]. Morristown, NJ: Almatica Pharma LLC.; March 2023.
- 2. Horizant [package insert]. Atlanta, GA: Arbor Pharmaceuticals, LLC; April 2020.
- 3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed April 20, 2023.Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 04/20/2023).

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