

GABAPENTIN
(Gralise*, Horizant*, Neurontin)

*Prior authorization for certain formulations apply only to formulary exceptions due to being a non-covered medication.

Pre - PA Allowance

Age 3 years of age or older

Quantity

Gabapentin

Formulation	Quantity Limit
Capsules, tablets, solution	3600mg per day

Prior-Approval Requirements

Age 3 years of age or older

Diagnosis

Patient must have the following:

1. Partial onset seizures
 - a. Used in combination with other first line anti-epileptic medications
 - b. **NO** dual therapy with pregabalin (Lyrica)

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Neuropathic pain
2. Post-herpetic neuralgia (PHN)
3. Restless legs syndrome (RLS)

AND the following:

- a. **NO** dual therapy with pregabalin (Lyrica)

Prior - Approval Limits

Quantity

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Gabapentin

Strength	Quantity Limit
Capsules, tablets, solution	Pre-PA allows for the FDA recommended maximum dosage

Medication / Strength <u>with approved FE only</u>	Quantity Limit
Gabapentin (once-daily) (generic Gralise)	3600mg per day OR
Gralise	
Horizant	3600mg per day

Duration 24 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above