

Gabapentin Compounding Powder

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

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

1. Post-herpetic neuralgia
 - a. 18 years of age or older
2. Partial seizure epilepsy
 - a. Ages 3 -12 years of age
 - b. Adjunctive therapy
3. Partial seizure epilepsy with or without secondary generalization
 - a. 12 years of age or older
 - b. Adjunctive therapy
4. Restless Legs Syndrome (RLS)
 - a. 18 years of age or older

AND ALL of the following:

- a. The requested dosage form is for oral use
- b. The requested dosage unit does not exceed the FDA approved dose of 800 mg/unit
- c. The requested dose is not commercially available

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above