

Clinical Oversight Review Board (CORB) Criteria for Prescribing/
Criteria-Based Consultation (CBC) Criteria for Coverage

Gabapentin Enacarbil (Horizant)

Notes:

- Quantity Limits: Yes
- ** Intolerance occurring after adjusting dose and interval AND intolerance expected to improve with ER formulation.

Non-formulary **gabapentin enacarbil (Horizant)** requires a clinical review before ordering. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **gabapentin enacarbil (Horizant)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of ***

1. Patient has a diagnosis of Postherpetic Neuralgia (PHN)

- Documented clinically significant intolerance to immediate-release gabapentin and pregabalin **
- Documented treatment failure, inadequate response, intolerance or contraindication to formulary tricyclic antidepressant, alternative anti-epileptic and SNRI (duloxetine or venlafaxine)
- Patient has not had a gastric-reduction procedure

-OR-

2. Patient has a diagnosis of Restless Legs Syndrome (RLS)

- Prescribed by Sleep Specialist
- Documented treatment failure, inadequate response, intolerance or contraindication to ropinirole, and pramipexole
- Documented clinically significant intolerance to immediate-release gabapentin and pregabalin**
- Documented clinically significant intolerance to gabapentin extended-release (Gralise)
- Patient has not had a gastric-reduction procedure