Non-formulary gabapentin ER (Gralise®) will be covered on the prescription drug benefit when the following criteria are met:

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

2. **Diagnosis of Restless Legs Syndrome (RLS) on Problem List**
   - Prescribed by Sleep Specialist -AND-
   - Documented treatment failure, inadequate response, intolerance or contraindication to ropinirole, and pramipexole -AND-
   - Documented clinically significant intolerance to immediate-release gabapentin and pregabalin (Lyrica)** -AND-
   - Patient has not had a gastric-reduction procedure

3. **Dose Change Only**: Patient previously met criteria and is already taking the drug.

   ** Intolerance occurring after adjusting dose and interval AND intolerance expected to improve with ER formulation.