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

1. **Diagnosis of Postherpetic Neuralgia (PHN)**
   - **AND-**
     - Documented clinically significant intolerance to immediate-release gabapentin and 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

OR

2. **Diagnosis of Restless Legs Syndrome (RLS) on Problem List**
   - **AND-**
     - 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-
     - Documented clinically significant intolerance to gabapentin extended-release (Gralise) **-AND-
     - Patient has not had a gastric-reduction procedure

OR

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.