

## **gabapentin extended-release (GRALISE)**

### **Diagnosis Considered for Coverage:**

- Postherpetic Neuralgia (*Shingles, Herpes Zoster, Varicella-Zoster virus*)

### **Coverage Criteria:**

#### **If less than 65 years of age:**

- For diagnosis listed above, **and**
- Dose does not exceed 1800 mg per day, **and**
- Inadequate response or intolerable side effect with immediate-release gabapentin (Neurontin), **and**
- Inadequate response or intolerable side effect to ONE of the following agents for post-herpetic neuralgia: amitriptyline, nortriptyline, desipramine, imipramine, lidocaine patch, or pregabalin, OR contraindication to all these agents.

#### **If 65 years of age or older:**

- For diagnosis listed above, **and**
- Inadequate response or intolerable side effect with gabapentin immediate-release, **and**
- Dose does not exceed 1800 mg per day.

### **Coverage Duration: one year**

Effective Date: 5/31/2023