

gabapentin enacarbil extended-release (HORIZANT)

Diagnoses Considered for Coverage:

- Restless Leg Syndrome (RLS)
- Post Herpetic Neuralgia (PHN)

Coverage Criteria:

For Restless Leg Syndrome (RLS):

- Inadequate response or intolerable effect with 2 preferred drugs for RLS, **and**
- Dose does not exceed 600 mg per day.

Preferred drugs for RLS

cabergoline
pregabalin
pramipexole (IR, ER)
ropinirole (IR, ER)

For Post Herpetic Neuralgia (PHN):

For patients 65 years of age and older

- Dose does not exceed 1200 mg per day, **and**
- Inadequate response or intolerable side effect to a preferred gabapentin product [immediate-release gabapentin (Neurontin)]

For patients <65 years of age

- Dose does not exceed 1200 mg per day, **and**
- Inadequate response or intolerable side effect to a preferred gabapentin product [immediate-release gabapentin (Neurontin)] , **and**
- Inadequate response or intolerable side effect to ONE of the following drugs for post-herpetic neuralgia: amitriptyline, nortriptyline, desipramine, imipramine, lidocaine patch, or pregabalin or contraindication to all of these drugs.

Coverage Duration: one year

Effective Date: 5/31/2023