STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

Office of Pharmacy Service
Prior Authorization Criteria

HORIZANT® (gabapentin enacarbil)

Prior Authorization Request Form

Horizant is a prodrug of gabapentin with extended release properties, indicated for the treatment of moderate-to-severe restless leg syndrome (RLS) and for the management of post-herpetic neuralgia (PHN).

Criteria for Approval by Indication

I. Horizant will be approved for treatment of **RLS** provided the following criteria have been met:

1) Diagnosis of RLS – documentation must accompany request; **and**
2) Patient must be eighteen (18) years of age or older; **and**
3) Patient must have had a trial of pramipexole for a least thirty (30) days; **and**
4) Patient must have had a trial of ropinirole for at least thirty (30) days; **and**
5) Patient must have a trial of gabapentin for at least thirty (30) days and experienced a positive response without adequate duration of relief.

II. Horizant will be approved for treatment of **PHN** provided the following criteria have been met:

1) Diagnosis of PHN (and not another type of neuralgia) – documentation must accompany request; **and**
2) Patient must be eighteen (18) years of age or older; **and**
3) Patient must have had a trial of a tricyclic antidepressant for a least thirty (30) days **and**
4) Patient must have a trial of gabapentin immediate release formulation for at least thirty (30) days and experienced a positive response without adequate duration of relief.

Note:

- Doses above 1200 mg will not be authorized for any indication.
- Horizant is pregnancy category C; caution is advised when considering use during pregnancy.

References

1) Horizant package insert 10/06/2014
2) Lexi-Comp Clinical Application 01/02/2015

Version 1 – DUR Board reviewed and approved with changes (02-25-2015)
Version 1.2 - created 3-09-2015 (BMT)