Prior Authorization Approval Criteria
Gralise (gabapentin extended release)

Generic name: gabapentin extended release
Brand name: Gralise
Medication class: anticonvulsant
FDA-approved uses: Management of Post herpetic Neuralgia (PHN)

Criteria for use (bullet points below are all inclusive unless otherwise noted):
- Must have clinically diagnosed post herpetic neuralgia.
- Must be at least 18 years of age
- Must have tried and failed or intolerant to tricyclic antidepressants.
- Must have tried and been intolerant to generic gabapentin.

Criteria for continuation of therapy: Patient's therapy has been re-evaluated within the last 12 months, unless a re-evaluation is not clinically appropriate for the patient’s condition at this time
- Patient is tolerating treatment and there continues to be a medical need for the medication
- Patient has disease stabilization or improvement in disease (as defined by standard parameters for the patient’s condition)

Caution:
- Gralise is not interchangeable with other gabapentin products; differing pharmacokinetic profiles affect dosing frequency
- Abrupt discontinuation may increase seizure frequency or precipitate status epilepticus; discontinue gradually over minimum of 1 week
- Monitor for suicidality, worsening depression, or any unusual behavioral or mood changes (eg, anxiety, agitation, hostility, mania, and hypomania)

Contraindication:
- Patients with a demonstrated hypersensitivity to the drug or its ingredients.

Special Considerations:
- Pregnancy category C
- Dose adjustments should be made in patients with impaired renal function
- Safety and efficacy have not been established in patients younger than 18 years of age

Approval Duration:
- Indefinite

Benefit Type:
- Pharmacy
Adopted: 03/14/12
Revised: 3/8/17
Reviewed: 3/8/17 – updated criteria for use, added age, updated continuation of therapy & approval duration