



## Prior Authorization Approval Criteria

### *Horizant (gabapentin extended release)*

<b>Generic name:</b>	gabapentin extended release
<b>Brand name:</b>	Horizant
<b>Medication class:</b>	anticonvulsant
<b>FDA-approved uses:</b>	treatment of moderate to severe primary restless legs syndrome (RLS) in adults.
<b>Available dosage forms:</b>	600mg tablets
<b>Usual dose:</b>	600mg daily at 5pm
<b>Approximate monthly cost:</b> (based on AWP 2011)	\$118.80
<b>Duration of therapy:</b>	indefinite

**Criteria for use** (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Must have clinically diagnosed restless leg syndrome.
- Must have tried and failed pramipexole.
- Must have tried and failed ropinirole.
- Must have tried and failed generic gabapentin.

**Contraindication:**

- None reported at this time.

**Not approved if:**

- Does not meet the above stated criteria.

**Special considerations:**

- Gabapentin is considered second line therapy.
- Pramipexole and ropinirole is first line therapy.

FCHP Pharmacy and Therapeutics Committee approval: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: 12/14/11