EXTENDED-RELEASE GABAPENTIN

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
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<tbody>
<tr>
<td>Gralise</td>
<td>Gabapentin ER</td>
<td>Calendar Year</td>
</tr>
<tr>
<td>Horizant</td>
<td>Gabapentin ER</td>
<td>Calendar Year</td>
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I. Approvable Criteria for Gralise & Horizant:

A. Member has a clinically documented diagnosis of Post-Herpetic Neuralgia (PHN) [Shingles].
   AND
B. Member has a documented treatment failure, intolerance or contraindication to a trial of a tricyclic antidepressant.
   AND
C. Member has a documented treatment failure, or intolerance to a trial of immediate-release gabapentin.

2. Additional Approvable Criteria for Horizant:

A. Member has a clinically documented diagnosis of Restless Leg Syndrome (RLS).
   AND
B. Member has a documented treatment failure, intolerance or contraindication to a trial of Mirapex (pramipexole) OR Requip (ropinirole).
   AND
C. Member has a documented treatment failure, or intolerance to a trial of immediate-release gabapentin.

If Criteria Met, Approve for Calendar Year.

**GRALISE: QL = 90 x 30 DAYS**

**HORIZANT: QL = 60 x 30 DAYS**

*References: