

Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial



HORIZANT® (gabapentin encarbil ER tablets)

GPI CODING:

62560030207530

DESCRIPTION:

Horizant is the extended release formulation of gabapentin indicated for partial seizures, postherpetic neuralgia, and restless legs syndrome (RLS). The purpose of this document is to provide approval criteria and guidelines for medical exceptions for Horizant prior to being a covered benefit. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

APPROVAL DURATION:

Approval duration: 12 months

CRITERIA FOR HORIZANT

- I. The patient has experienced an inadequate treatment response to generic gabapentin **AND**
- II. The patient experienced an inadequate treatment response or intolerance to, or has a contraindication to generic pramipexole or generic ropinirole