



## Commercial/Healthcare Exchange PA Criteria Effective: December 2011

**Prior Authorization:** Gralise

**Products Affected:** Gralise (gabapentin) oral tablet, Gralise (gabapentin) ER tablets

**Medication Description:** Gralise is an analog of the neurotransmitter gammaaminobutyric acid (GABA). Gralise exerts its pharmacologic action by binding to the alpha-2-delta subunit of voltage-gated calcium channels. The binding of this subunit reduces the release of several neurotransmitters including glutamate, noradrenaline, and substance P.

**Covered Uses:** Management of postherpetic neuralgia.

**Exclusion Criteria:**

1. Known hypersensitivity to gabapentin

**Required Medical Information:**

1. Diagnosis
2. History of previous medications tried/failed

**Age Restrictions:** 18 years of age and older

**Prescriber Restrictions:** N/A

**Coverage Duration:** 12 months

**Other Criteria:**

- A. Patient has a diagnosis of postherpetic neuralgia; **AND**
- B. Patient has had treatment failure, intolerance, or contraindication to tricyclic antidepressants; **AND**
- C. Patient has had an intolerance to, or treatment failure of, gabapentin tablets or capsules, at a minimum dose of 1800mg per day.

**References:**

1. Gralise Full Prescribing Information, Menlo Park, CA, Depomed Inc
2. Facts & Comparisons online

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	12/2011
2.	Update	Moved to updated template CCI Revision Record: 9/15, 11/17	All	2/3/2020

Last Rev. May 19,.2023

3	Update	Added Gralise ER tablets to Products Affected	Products Affected	5/19/2023
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