

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

Prior Authorization: Gralise

Products Affected: Gralise (gabapentin) oral tablet

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