

Commercial/Healthcare Exchange PA Criteria

Effective: September 2011

Prior Authorization: Horizant

Products Affected: Horizant (gabapentin enacarbil) extended release oral tablets

Medication Description: Horizant is a prodrug of gabapentin. Horizant 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:

1. Treatment of moderate-to-severe primary Restless Legs Syndrome (RLS) in adults.
2. Management of postherpetic neuralgia (PHN) in adults.

Exclusion Criteria:

1. Patients who are required to sleep during the daytime and remain awake at night.

Required Medical Information:

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

Age Restrictions: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

Restless Leg Syndrome

- A. Patient has a diagnosis of moderate-to-severe primary Restless Legs Syndrome; AND
- B. Patient has a documented intolerance to, contraindication, or treatment failure with either pramipexole or ropinirole; AND
- C. Patient has a documented intolerance to, contraindication, or treatment failure with immediate-release gabapentin.

Postherpetic Neuralgia

- A. Patient has a diagnosis of postherpetic neuralgia; AND
- B. Patient has a documented intolerance to, contraindication, or treatment failure of immediate-release gabapentin at a minimum dose of 1800mg.

References:

1. Horizant [package insert] Research Triangle Park, NC; GlaxoSmithKline;
2. Facts and Comparisons Online

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	9/2011
2	Policy Update	Moved to updated template Updated exclusion criteria to include patients with "off" working hours	All	2/3/2020