

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Gabapentin ER (Gralise)

Notes:

- Quantity limits: Yes
- &: Intolerance occurring after adjusting dose and interval AND intolerance expected to improve with ER formulation.
- ^ Adequate trial is defined as 2 months treatment duration
- Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **gabapentin ER (Gralise)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

Diagnosis of Postherpetic Neuralgia (PHN)

- Documented clinically significant intolerance to immediate-release gabapentin and pregabalin[&]
- Patient has failed an adequate trial[^] of or patient has an allergy or intolerance* to a formulary tricyclic antidepressant, and an alternative anti-epileptic, and a serotonin-norepinephrine reuptake inhibitor (duloxetine or venlafaxine)
- Patient has not had a gastric-reduction procedure

-OR-

Diagnosis of Restless Legs Syndrome (RLS) on Problem List

- Prescribed by Sleep Specialist
- Patient has failed an adequate trial[^] of or patient has an allergy or intolerance* to ropinirole, and pramipexole
- Documented clinically significant intolerance to immediate-release gabapentin and pregabalin[&]
- Patient has not had a gastric-reduction procedure

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CRITERIA FOR DRUG COVERAGE

Gabapentin ER (Gralise)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **gabapentin ER (Gralise)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

Diagnosis of Postherpetic Neuralgia (PHN)

- Intolerance to immediate-release gabapentin and pregabalin
- Patient has failed an adequate trial[^] of or patient has an allergy or intolerance* to a formulary tricyclic antidepressant, and an alternative anti-epileptic, and a serotonin-norepinephrine reuptake inhibitor (duloxetine or venlafaxine)
- Patient has not had a gastric-reduction procedure

-OR-

Diagnosis of Restless Legs Syndrome (RLS) on Problem List

- Patient has failed an adequate trial[^] of or patient has an allergy or intolerance* to ropinirole, and pramipexole
- Intolerance to immediate-release gabapentin and pregabalin
- Patient has not had a gastric-reduction procedure

Continued use criteria for patients stable on the medication: Non-formulary **gabapentin ER (Gralise)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Office or telephone visit with prescriber in the past 12 months
- Patient continues to report sustained improvement in postherpetic neuralgia symptoms or restless leg symptoms, as documented by prescriber