GEORGIA MEDICAID FEE-FOR-SERVICE
GABAPENTIN PRODUCTS (GRALISE, HORIZANT) PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
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<tbody>
<tr>
<td>Gabapentin capsules generic</td>
<td>Gralise (gabapentin extended-release)</td>
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<td></td>
<td>Horizant (gabapentin extended-release)</td>
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NOTE: Criteria for generic gabapentin solution and tablets are listed in the Anticonvulsants PA Summary.

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

_Gralise_

- Approvable for members 18 years of age or older with a diagnosis of postherpetic neuralgia (PHN) who have experienced ineffectiveness to immediate-release gabapentin (for a 30-day course or longer) and ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to tricyclic antidepressants (amitriptyline, desipramine, nortriptyline).

_HORIZANT_

- Approvable for members 18 years of age or older with a diagnosis of postherpetic neuralgia (PHN) who have experienced ineffectiveness to immediate-release gabapentin (for a 30-day course or longer) and ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to tricyclic antidepressants (amitriptyline, desipramine, nortriptyline).
- Approvable for members 18 years of age or older with a diagnosis of restless legs syndrome (RLS) who have experienced ineffectiveness to immediate-release gabapentin (for a 30-day course or longer) and ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to pramipexole and ropinirole.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling OptumRx at 1-866-525-5827.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.
PA and APPEAL PROCESS:

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.