

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Horizant (gabapentin enacarbil)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Horizant (gabapentin enacarbil) 300mg, 600mg	2 tablets per day

APPROVAL CRITERIA

Requests for Horizant (gabapentin enacarbil) may be approved when the following criteria are met:

- I. Individual has been diagnosed with post herpetic neuralgia (PHN); **AND**
- II. Individual has had a trial of immediate release gabapentin;

OR

- III. Individual has been diagnosed with restless legs syndrome (RLS); **AND**
- IV. Individual has had a trial of or contraindication/intolerance to one of the following medications:
 - a. Pramipexole; **OR**
 - b. Ropinirole.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

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DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Drug Facts and Comparisons. Facts and Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health, Inc; 2016. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2015; Updated periodically.