

Criteria for Indiana Medicaid Gralise, Horizant, and Lyrica CR PA Criteria

Prepared for State of Indiana by OptumRx

EXECUTIVE SUMMARY

Purpose: Promote prudent prescribing of extended release gabapentin and pregabalin products.

Setting & Population: All members

Type of Criteria: Increased Risk of ADE Non-Preferred Agent
 Appropriate Indications Other:

Data Sources: Only administrative databases Databases + Prescriber-supplied

TARGETED PRODUCTS

Drug Name
GRALISE (GABAPENTIN ER)
HORIZANT (GABAPENTIN ER)
LYRICA CR (PREGABALIN ER)

APPROVAL DURATION

- Approvals will be granted for up to 1 year

APPROVAL CRITERIA

Prior authorization for the prescribed drug will be granted when the following approval criteria has been met:

GRALISE (GABAPENTIN ER)

Initial Authorization

- Must meet all of the following:
 - Member is 18 years of age or older
 - Diagnosis of postherpetic neuralgia (PHN)
 - One of the following:
 - Previous trial and failure of immediate-release gabapentin for 90 days in the past 180 days
 - Prescriber has submitted medical rationale for use of Gralise (gabapentin ER) over immediate-release gabapentin
 - Dose requested does not exceed 1800 mg/day AND the following:
 - 300 mg strength – max of 1 tablet/day
 - 450 mg strength – max of 1 tablet/day
 - 600 mg strength – max of 2 tablets/day
 - 750 mg strength – max of 2 tablets/day
 - 900 mg strength – max of 2 tablets/day
 - Titration pack – 1 pack/90 days

Criteria for Indiana Medicaid Gralise, Horizant, and Lyrica CR PA Criteria

Reauthorization

- Must meet all of the following:
 - History of the requested agent for at least 90 days within the past 120 days, confirmed by claims history or chart documentation
 - Dose requested does not exceed 1800 mg/day AND the following:
 - 300 mg strength – max of 1 tablet/day
 - 450 mg strength – max of 1 tablet/day
 - 600 mg strength – max of 2 tablets/day
 - 750 mg strength – max of 2 tablets/day
 - 900 mg strength – max of 2 tablets/day
 - Titration pack – 1 pack/90 days

HORIZANT (GABAPENTIN ER)

Initial Authorization

- Must meet all of the following:
 - Member is 18 years of age or older
 - Must meet one of the following:
 - Both of the following:
 - Diagnosis of postherpetic neuralgia (PHN)
 - One of the following:
 - Previous trial and failure of immediate-release gabapentin for 90 days in the past 180 days
 - Prescriber has submitted medical rationale for use of Horizant (gabapentin ER) over immediate-release gabapentin
 - Both of the following:
 - Diagnosis of moderate-to-severe primary restless legs syndrome (RLS)
 - One of the following:
 - Previous trial and failure of gabapentin IR, pramipexole, ropinirole, or rotigotine patches for 90 days in the past 180 days
 - Prescriber has submitted medical rationale for use of Horizant (gabapentin ER) over gabapentin IR, pramipexole, ropinirole, AND rotigotine patches
 - Dose requested does not exceed 1200 mg/day AND the following:
 - 300 mg strength – max of 2 tablets/day
 - 600 mg strength – max of 2 tablets/day

Reauthorization

- Must meet all of the following:
 - History of the requested agent for at least 90 days within the past 120 days, confirmed by claims history or chart documentation
 - Dose requested does not exceed 1200 mg/day AND the following:
 - 300 mg strength – max of 2 tablets/day
 - 600 mg strength – max of 2 tablets/day

LYRICA CR (PREGABALIN ER)

Initial Authorization

- Must meet all of the following:
 - Member is 18 years of age or older
 - Must meet one of the following:
 - All of the following:

Criteria for Indiana Medicaid Gralise, Horizant, and Lyrica CR PA Criteria

- Diagnosis of diabetic peripheral neuropathy (DPN)
- Dose requested does not exceed 330 mg/day AND the following:
 - 82.5 mg strength – max of 3 tablets/day
 - 165 mg strength – max of 1 tablet/day
 - 330 mg strength – max of 1 tablet/day
- All of the following:
 - Diagnosis of postherpetic neuralgia (PHN)
 - Dose requested does not exceed 660 mg/day AND the following:
 - 82.5 mg strength – max of 3 tablets/day
 - 165 mg strength – max of 3 tablets/day
 - 330 mg strength – max of 2 tablets/day
- One of the following:
 - Previous trial and failure of immediate-release pregabalin for 90 days in the past 180 days
 - Prescriber has submitted medical rationale for use of Lyrica CR (pregabalin ER) over immediate-release pregabalin

Reauthorization

- Must meet all of the following:
 - History of the requested agent for at least 90 days within the past 120 days, confirmed by claims history or chart documentation
 - Must meet one of the following:
 - All of the following:
 - Diagnosis of diabetic peripheral neuropathy (DPN)
 - Dose requested does not exceed 330 mg/day AND the following:
 - 82.5 mg strength – max of 3 tablets/day
 - 165 mg strength – max of 1 tablet/day
 - 330 mg strength – max of 1 tablet/day
 - All of the following:
 - Diagnosis of postherpetic neuralgia (PHN)
 - Dose requested does not exceed 660 mg/day AND the following:
 - 82.5 mg strength – max of 3 tablets/day
 - 165 mg strength – max of 3 tablets/day
 - 330 mg strength – max of 2 tablets/day

- Existing Criteria
 Revision of Existing Criteria
 New Criteria