

STEP THERAPY CRITERIA

BRAND NAME (generic)

GRALISE
(gabapentin extended release tablet)

HORIZANT
(gabapentin enacarbil extended release tablet)

LYRICA
(pregabalin)

LYRICA CR
(pregabalin extended-release)

Status: CVS Caremark Criteria

Type: Initial Step Therapy; Post Step Therapy Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Gralise

Gralise is indicated for the management of postherpetic neuralgia.

Gralise is not interchangeable with other gabapentin products because of differing pharmacokinetic profiles that affect the frequency of administration.

Horizant

Treatment of Restless Legs Syndrome

Horizant (gabapentin enacarbil) Extended-Release Tablets are indicated for the treatment of moderate-to-severe primary Restless Legs Syndrome (RLS) in adults.

Horizant is not recommended for patients who are required to sleep during the daytime and remain awake at night.

Management of Postherpetic Neuralgia

Horizant (gabapentin enacarbil) Extended-Release Tablets are indicated for the management of postherpetic neuralgia (PHN) in adults.

Lyrica

Lyrica is indicated for:

- Management of neuropathic pain associated with diabetic peripheral neuropathy
- Management of postherpetic neuralgia
- Adjunctive therapy for adult patients with partial onset seizures
- Management of fibromyalgia
- Management of neuropathic pain associated with spinal cord injury

Compendial Uses

- Cancer-Related Neuropathic Pain⁶
- Cancer Treatment Related Neuropathic Pain^{6,13}

Lyrica CR

Lyrica CR is indicated for the management of:

- Neuropathic pain associated with diabetic peripheral neuropathy
- Postherpetic neuralgia

Efficacy of Lyrica CR has not been established for the management of fibromyalgia or as adjunctive therapy for adult patients with partial onset seizures.

INITIAL STEP THERAPY CRITERIA

If the patient has filled a prescription for at least a 30 day supply of regular-release generic gabapentin within the past 120 days under a prescription benefit administered by CVS/caremark, then the requested Gralise, Horizant, Lyrica, or Lyrica CR will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the system will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has experienced an inadequate treatment response, intolerance, or contraindication to regular-release generic gabapentin
OR
- Lyrica (pregabalin) or Lyrica CR (pregabalin extended-release) is being prescribed for the management of neuropathic pain associated with diabetic peripheral neuropathy
OR
- Lyrica (pregabalin) is being prescribed for the management of fibromyalgia, the management of neuropathic pain associated with diabetic peripheral neuropathy, or the management of neuropathic pain associated with spinal cord injury
OR
- Horizant (gabapentin enacarbil) being prescribed for the treatment of Restless Legs Syndrome

REFERENCES

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