



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Horizant™ (gabapentin enacarbil)

**Review Criteria**

Member must meet all the following criteria specific for diagnosis:

**Restless Legs Syndrome (RLS)**

- Member must have trial or contraindication to one other generic treatment for RLS (pramipexole or ropinirole)

Limitations:

- Maximum daily allowed dose is 1.0 tablet

**Post-Herpetic Neuralgia (PHN)**

- Member must have had a trial of gabapentin immediate release (drug must have been successful, but not controlling the symptoms for an adequate duration) and trial/contraindication to TCA

Limitations:

- Maximum daily allowed dose is 600mg twice daily