

New Hampshire Medicaid Fee-for-Service Program

Horizant® Criteria

Approval Date: January 22, 2024

Medication

Brand Name	Generic Name	Dosage Strength(s)
Horizant®	gabapentin enacarbil	300 mg, 600 mg

Criteria for Approval

1. Diagnosis of restless legs syndrome (RLS); **AND**
 - a. Trial and failure of gabapentin IR; **AND**
 - b. Trial and failure or contraindication to of **ONE** of the following:
 - i. Levodopa/carbidopa **OR**
 - ii. Pramipexole; **OR**
 - iii. Ropinirole; **OR**
2. Diagnosis of postherpetic neuralgia (PHN); **AND**
 - a. Failure of, or non-candidacy for, any tricyclic antidepressant or generic gabapentin IR treatment; **AND**
 - b. Failure of, or non-candidacy for generic pregabalin.

Criteria for Denial

Criteria for approval not met

Length of Approval: One year

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date
DUR Board	New	10/19/2011
Commissioner	Approval	04/12/2012
DUR Board	Update	09/27/2018
Commissioner Designee	Approval	11/27/2018
DUR Board	Update	10/28/2019
Commissioner Designee	Approval	12/03/2019
DUR Board	Update	12/15/2020
Commissioner Designee	Approval	02/24/2021
DUR Board	Revision	06/02/2022
Commissioner Designee	Approval	07/12/2022
DUR Board	Revision	12/08/2023
Commissioner Designee	Approval	01/22/2024