## **Attachment H**



## Office of Pharmacy Service Prior Authorization Criteria

## Horizant (gabapentin)

Prior authorization requests for Horizant will be approved if the following criteria are met:

- 1. Diagnosis of restless leg syndrome (RS)
- 2. Trials of preferred agents (pramexipole and ropinirole) with indication for restless leg syndrome
- 3. Trial of gabapentin immediate release (trial must have been successful, but not contolling symptoms for an adequate duration during the night)

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