 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTHCARE</p>	Johns Hopkins HealthCare LLC <b>Pharmacy Public Pharmacy Management Drug Policies</b>	<i>Policy Number</i>	MEDS108	
		<i>Effective Date</i>	10/18/2017	
		<i>Review Date</i>	10/18/2017	
	<i>Subject</i>	<b>Gralise</b>	<i>Revision Date</i>	12/08/2021
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This document applies to the following Participating Organizations:

Priority Partners

**Keywords:** Gralise

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## **I. POLICY**

Gralise (gabapentin extended release) will require prior authorization for prescription benefit coverage to ensure it is used only when clinically appropriate. The process for initiating a prior authorization request can be found in policy PHARM20.

1. PPMCO members are subject to the Priority Partners formulary, available at [www.ppmco.org](http://www.ppmco.org).
2. USFHP members are subject to prior authorization criteria, step-edits and days-supply limits outlined in the Tricare PolicyManual. Tricare Policy supersedes JHHC Medical/Pharmacy Policies. Tricare limits may be accessed at: [http://pec.ha.osd.mil/formulary\\_search.php?submenuheader=1](http://pec.ha.osd.mil/formulary_search.php?submenuheader=1)

## **II. POLICY CRITERIA**

Gralise may be approved for patients that meet ALL of the following criteria:


1. Patients must be at least 18 years of age or older
2. Patients must have a diagnosis of postherpetic neuralgia

## **III. AUTHORIZATION PERIOD/LIMITATIONS**

1. Initial approval will be restricted to 6 months of therapy
2. Approval for continuation of therapy may be extended in 12-month intervals with documentation showing clinical benefit from treatment

## **IV. EXCLUSIONS**

- A. Gralise is not interchangeable with other gabapentin products due to different pharmacokinetic profiles and frequency of dosing.
- B. Gralise will not be approved for non-FDA-approved indications.
- C. The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

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## **V. REFERENCES**

1. Gralise: Prescribing Information. Newark, CA: Depomed Inc, April 2020.

## **VI. APPROVALS**

Signature on file at JHHC

<b>DATE OF REVISION</b>	<b>SUMMARY OF CHANGE</b>
10/18/2017	Creation of Gralise PA Criteria
05/13/2021	Updated authorization guidance
12/08/2021	Updated Exclusions section regarding physician samples

Review Date: 10/18/2017

Revision Date: 10/18/2017, 05/13/2021, 12/08/2021