



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Gralise® (gabapentin)
[Prior Authorization Request Form](#)

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

- 1) Diagnosis of post herpetic neuralgia; **AND**
- 2) Trial of a tricyclic antidepressant for a least thirty (30) days; **AND**
- 3) Trial of gabapentin immediate release formulation (positive response without adequate duration) ; **AND**
- 4) Once daily dosing with 1800mg maximum daily dosage.

*PL Detail-Document, Gralise (Extended-Release Gabapentin).
Pharmacist's Letter/Prescriber's Letter.
November 2011.*

*Review and Approved
DUR Board 11/16/2011*