

New Hampshire Medicaid Fee-for-Service Program Restless Leg Syndrome Criteria

Approval Date: December 3, 2019

Medication

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

Criteria for Approval

1. Diagnosis of restless legs syndrome (RLS); **AND**
2. Trial and failure of gabapentin IR; **AND**
3. Trial and failure or contraindication to of **ONE** of the following:
 - a. Levodopa/carbidopa **OR**
 - b. Pramipexole; **OR**
 - c. Ropinirole.

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

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