

Checklist for Prior Authorization Submission

As with most branded medications, your patient's health plan may require a Prior Authorization (PA) before it approves Horizant[®] (gabapentin enacarbil). The checklist below provides basic guidance on what may be needed to obtain a PA decision. It's important to note that PA requirements will vary among insurers. We encourage health providers to review PA guidelines on the insurer's website or to contact the insurer's customer service department to confirm requirements, forms, and contacts.

Use of this checklist does not guarantee coverage nor does it guarantee that a health plan will provide reimbursement for Horizant[®]. This check list is not intended to be a substitute for or to influence the independent medical judgment of the health care provider.

Completed PA Request Form*

If required, complete and submit the PA request form to the insurer. PA forms can be obtained through the insurer's website or by contacting the insurer's customer service department.

Clinical Documentation Such As:

- ☐ Diagnosis
- ☐ Letter of Medical Necessity
- ☐ Office visit notes, progress report notes, and/or clinical notes
- ☐ Previously tried and/or failed Medication(s): _____
- ☐ Relevant information regarding treatment decision to prescribe Horizant[®]
- ☐ Other

If the information below is not part of the PA request form, it may be beneficial to provide to the insurer:

- ☐ Patient name, date of birth, insurance policy number/member ID and other relevant information
- ☐ Physician and facility information (e.g., name, provider ID number and tax ID number)
- ☐ Relevant ICD-10 Codes:
- ☐ Relevant Information regarding the treatment decision:
 - ☐ Horizant[®] full Prescribing Information
 - ☐ American Academy of Sleep Medicine Clinical Practice Guidelines¹ (Guideline related to Restless Legs Syndrome indication - [Journal of Clinical Sleep Medicine](#))
 - ☐ Peer-reviewed journal articles

For expedited requests, adequate information should be provided to support the urgent nature of the request. *Specific prior authorization forms may need to be completed for select products or therapeutic areas. Always verify that the correct form has been completed.

Reference: 1. Winkelman JW, Berkowski JA, DelRosso LM, et al. Treatment of restless legs syndrome and periodic limb movement disorder: an American Academy of Sleep Medicine clinical practice guideline. J Clin Sleep Med. Published online September 26, 2024. doi: [10.5664/jcsm.11390](#)