

Policy Name:	Gabapentin Extended Release (Gralise and Horizant)	Policy #:	1901P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for the coverage of branded agents related to generic gabapentin.

Statement of the Policy

Gralise (gabapentin extended release) and Horizant (gabapentin enacarbil extended release) will be covered if the following criteria are met.

Criteria

1. Criteria for coverage

- 1.1 Food and Drug Administration (FDA) label diagnosis specific to requested product
 - Gralise is approved for the management of postherpetic neuralgia (PHN) in adults
 - Horizant is approved for the management of postherpetic neuralgia (PHN) in adults and restless leg syndrome (RLS)
- 1.2 Documented failure of gabapentin 1800mg per day for at least three months, OR documented intolerance or contraindication to gabapentin

2. Approval Period

- 2.1 Initial: 12 months
- 2.2 Reauthorization: 12 months with documented clinical benefit from therapy

CPT Codes

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HCPCS Codes

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References

1. Moore A, Derry S, Wiffen P. Gabapentin for Chronic Neuropathic Pain. JAMA 2018; 319:818.
2. Winkelman JW, Armstrong MJ, Allen RP, et al. Practice guideline summary: treatment of restless legs syndrome in adults: report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology. Neurology. 2016;87(24):2585-2593.
3. Gralise (gabapentin) [prescribing information]. Newark, CA: Depomed, Inc; April 2023.
4. Horizant (gabapentin enacarbil) [prescribing information]. Woburn, MA: Azurity Pharmaceuticals Inc; August 2022.

Created Date: N/A

Effective Date: 06/06/12

Posted to Website: 01/01/22

Revision Date: 08/07/24

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.