

Cigna National Preferred Formulary Coverage Policy



Effective Date 1/1/2021

Next Review Date... 1/1/2022

Coverage Policy Number NPF055

Step Therapy Gabapentin

Table of Contents

NPF Coverage Policy	1
Background	2
References	2
Last Revision Details	2

Related Coverage Resources

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

NPF Coverage Policy

Cigna covers Step 2 agents as medically necessary when the following criteria are met:

This program has been developed to encourage the use of a Step 1 drug prior to the use of a Step 2 drug. If the Step Therapy rule is not met for a Step 2 drug at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

DRUGS AFFECTED:

- Gralise® (gabapentin extended release tablets)
- Horizant® (gabapentin enacarbil extended-release tablets)
- Neurontin® (gabapentin capsules and solution)

Step 1: gabapentin capsules, tablets, and oral solution

Step 2: Gralise, Horizant, Neurontin

Criteria

1. If the individual has tried one Step 1 product (brand [Neurontin] or generic), authorization for a Step 2 product may be given.

Conditions Not Covered

Any other exception is considered not medically necessary.

Background

Overview

Gabapentin, Gralise, and Horizant are indicated for:¹⁻³

- Management of postherpetic neuralgia in adults.
- Gabapentin is also approved as adjunctive therapy in the treatment of partial onset seizures, with and without secondary generalization, in adults and children ≥ 3 years of age with epilepsy.
- Horizant is also indicated for moderate-to-severe restless leg syndrome (RLS) in adults.

Gralise and gabapentin (Neurontin, generics) are analogs of the neurotransmitter gamma-aminobutyric acid (GABA).^{1,2} Horizant is a prodrug of gabapentin.³ These drugs exert their pharmacologic action by binding to the alpha-2-delta subunit of voltage-gated calcium channels.¹⁻³ The binding of this subunit reduces the release of several neurotransmitters including glutamate, noradrenaline, and substance P. Gabapentin is available as capsules and oral solution; Gralise and Horizant are available as extended-release (ER) tablets. Product labeling for Gralise and Horizant note that they are not to be used interchangeably with other gabapentin products due to differing pharmacokinetic profiles that affect frequency of administration or different plasma concentrations relative to other gabapentin products. Gralise and Horizant are dosed once daily and should be taken with evening meals, whereas gabapentin is dosed three times a day and can be taken without regard to food.

References

1. Neurontin® capsules, tablets, oral solution [prescribing information]. New York, NY: Pfizer, Inc.; April 2020.
2. Gralise® tablets [prescribing information]. Morristown, NJ: Almatica Pharma, Inc.; April 2020.
3. Horizant® extended-release tablets [prescribing information]. Atlanta, GA: Arbor Pharmaceuticals, LLC; April 2020

Last Revision Details

Annual revision	No change to criteria.	07/29/2020
-----------------	------------------------	------------

"Cigna Companies" refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., QualCare, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2021 Cigna