

<b>Clinical Policy Title:</b>	gabapentin
<b>Policy Number:</b>	RxA.147
<b>Drug(s) Applied:</b>	Gralise®
<b>Original Policy Date:</b>	02/07/2020
<b>Last Review Date:</b>	04/18/2022
<b>Line of Business Policy Applies to:</b>	All lines of Business

## Background

Gralise® is an analog of gamma-aminobutyric acid (GABA) that has GABA agonist activity. It is indicated for the management of postherpetic neuralgia (PHN).

Limitation(s) of use: Gralise® is not interchangeable with other gabapentin products because of differing pharmacokinetic profiles that affect the frequency of administration.

## Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
gabapentin (Gralise®)	postherpetic neuralgia (PHN)	<p>Gralise® should be initiated and titrated as follows:</p> <p>Day 1: 300 mg orally Day 2: 600 mg orally Days 3 to 6: 900 mg orally once daily Days 7 to 10: 1,200 mg orally once daily Days 11 to 14: 1,500 mg orally once daily Days ≥ 15: 1,800 mg orally once daily</p> <p>Take with evening meal.</p> <p>If dose is reduced, discontinued, or substituted with an alternative medication, this should be done gradually over a minimum of 1 week or longer (at the discretion of the prescriber).</p> <p>Renal impairment: Dose should be adjusted in patients with reduced renal function. For CrCL (mL/min) ≥ 60: 1800 mg 30 - 60: 600 mg to 1800 mg Gralise® should not be used in patients with CrCl less than 30 or in patients on hemodialysis.</p>	1,800 mg/day

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

## Dosage Forms

- Tablets: 300 mg, 600 mg

## Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

### I. Initial Approval Criteria

#### A. Postherpetic Neuralgia (must meet all):

- Diagnosis of PHN;
- Age  $\geq$  18 years;
- Failure of a  $\geq$  30 day trial of immediate-release gabapentin at  $\geq$  1,800 mg per day, unless contraindicated to its excipients or clinically significant adverse effects are experienced;
- Dose does not exceed 1,800 mg per day.

#### Approval Duration

**Commercial:** 12 months

**Medicaid:** 12 months

### II. Continued Therapy Approval

#### A. Postherpetic Neuralgia (must meet all):

- Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria listed in this policy;
- Member is responding positively to therapy;
- If request is for a dose increase, new dose does not exceed 1,800 mg per day.

#### Approval Duration

**Commercial:** 12 months

**Medicaid:** 12 months

### III. Appendices

#### APPENDIX A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

GABA: Gamma-aminobutyric acid

PHN: Post herpetic neuralgia

#### APPENDIX B: Therapeutic Alternatives

Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
gabapentin (Neurontin®)	PHN: 300 mg orally as a single dose on day 1, then 600 mg/day (300 mg orally Twice daily ) on day 2, and 900 mg/day (300 mg orally Three	3,600 mg/day

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
	times daily ) on day 3. The dose can then be titrated up as needed for pain relief to a dose of 1800 mg/day (600 mg orally Three times daily ).	

Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand, Brand name® when the drug is available by brand only and generic name when the drug is available by generic only.

**APPENDIX C: Contraindications\*/Boxed Warnings**

- Contraindication(s):
  - Gralise® is contraindicated in patients who have demonstrated hypersensitivity to the drug or its ingredients.

\* Contraindications listed reflect direct statements made in the manufacturer's package insert; for additional uses, warnings, and precautions, please refer to clinical guidelines.

- Boxed Warning(s):
  - None reported.

**APPENDIX D: General Information**

- Respiratory depression may occur with Gralise® when used with concomitant CNS depressants or in the setting of underlying respiratory impairment.
- Increased seizure frequency may occur in patients with seizure disorders if Gralise® is rapidly discontinued.

**References**

1. Gralise® Prescribing Information. Morristown, NJ: Almatica Pharma LLC.; April 2020. Available at: <https://www.gralise.com/>. Accessed January 12, 2022.
2. Rowbotham M, Harden N, Stacey B, Bernstein P, Magnus-Miller L. Gabapentin for the treatment of postherpetic neuralgia: a randomized controlled trial. JAMA 1998; 280:1837-42. Available at: <https://jamanetwork.com/journals/jama/fullarticle/188226> . Accessed January 12, 2022.
3. Rice ACS, Maton S. Gabapentin in postherpetic neuralgia: a randomised, double blind, placebo-controlled study. Pain 2001; 94:215–224. Available at: [https://journals.lww.com/pain/Abstract/2001/11000/Gabapentin\\_in\\_postherpetic\\_neuralgia\\_a.13.aspx](https://journals.lww.com/pain/Abstract/2001/11000/Gabapentin_in_postherpetic_neuralgia_a.13.aspx) . Accessed January 12, 2022.
4. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2018. Available at: <https://www.clinicalkey.com/pharmacology/login> . Accessed January 12, 2022.
5. Gabapentin. Lexicomp. Wolters Kluwer. Hudson, OH. Available at [https://online.lexi.com/lco/action/doc/retrieve/docid/gdh\\_f/132773?cesid=9lIGZVgnZKO&searchUrl=%2Ffco%2Faction%2Fsearch%3Fq%3Dgabapentin%26t%3Dname%26va%3Dgabapentin](https://online.lexi.com/lco/action/doc/retrieve/docid/gdh_f/132773?cesid=9lIGZVgnZKO&searchUrl=%2Ffco%2Faction%2Fsearch%3Fq%3Dgabapentin%26t%3Dname%26va%3Dgabapentin). Accessed January 12, 2022.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	1/2020	02/07/2020
Policy was reviewed:	6/22/2020	09/14/2020

<ol style="list-style-type: none"> <li>1. Clinical Policy Title was updated.</li> <li>2. Drug(s) Applied was updated.</li> <li>3. Line of Business Policy Applies to was updated.</li> <li>4. Continued Therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance..."</li> <li>5. Initial and Continued Therapy Approval criteria: Commercial approval duration was updated from length of benefit to 12 months; Medicaid approval duration was included.</li> <li>6. References were updated.</li> </ol>		
<p>Policy was reviewed:</p> <ol style="list-style-type: none"> <li>1. Last review date was updated.</li> <li>2. Clinical policy verbiage added "The provision of provider samples does not guarantee..."</li> <li>3. Continued Therapy criteria II.A.1 was rephrased from</li> <li>4. "Currently receiving medication that has been authorized by RxAdvance..."</li> <li>5. Appendix B: "Therapeutic alternatives verbiage was updated to below are suggested therapeutic alternatives based on clinical guidance...."</li> <li>6. Appendix C: Contraindication updated to "Gralise® is contraindicated in patients who have demonstrated hypersensitivity to the drug or its ingredients."</li> <li>7. References were reviewed and updated.</li> <li>8. Dosing regimen updated to include: If dose is reduced, discontinued, or substituted with an alternative medication, this should be done gradually over a minimum of 1 week or longer (at the discretion of the prescriber). Renal impairment: Dose should be</li> </ol>	<p>02/18/2021</p>	<p>06/10/2021</p>

<p>adjusted in patients with reduced renal function. Gralise® should not be used in patients with CrCl less than 30 or in patients on hemodialysis. Take with evening meal.</p>		
<p>Policy was reviewed:</p> <ol style="list-style-type: none"> <li>1. Dosing Information, Dosing Regimen, Gralise®: Updated to include renal impairment dosing information for indication PHN.</li> <li>2. Statement about drug listing format in Appendix B is rephrased to "Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand; Brand name® when the drug is available by brand only and generic name when the drug is available by generic only".</li> <li>3. Disclaimer about contraindications "Contraindications listed reflect statements made in the manufacturer's package insert..." was added to Appendix C.</li> <li>4. Appendix D, General Information: Updated to include new information regarding Warnings &amp; Precautions.</li> <li>5. References were reviewed and updated.</li> </ol>	<p>01/12/2022</p>	<p>04/18/2022</p>