Gabapentin ER (extended-release) [Horizant, Gralise] Step Therapy and Quantity Limit Program Summary

Program applies to FlexRx Open, GenRx Open, Health Insurance Marketplace, FocusRx and KeyRx.

This is a FlexRx standard and GenRx standard step therapy program.

FDA APPROVED INDICATIONS AND DOSAGE[1,2]

Agent	Indication	Dosage
Gralise (gabapentin) extended-release tablet	Management of postherpetic neuralgia (PHN)	Once daily at evening meal, titrated (schedule below). Day(s) 1 | 2 | 3–6 | 7–10 | 11–14 | 15 Dose (mg) 300 | 600 | 900 | 1200 | 1500 | 1800 Discontinuation should be done gradually over a minimum of 1 week or longer (at the discretion of the prescriber).
Horizant (gabapentin enacarbil) extended-release tablet	Treatment of moderate-to-severe primary Restless Legs Syndrome (RLS) in adults Management of postherpetic neuralgia (PHN)	RLS: 600 mg once daily at 5 pm; PHN: 600 mg twice daily (initiate at 600 mg daily for 3 days, then increase to 600 mg twice daily) NOTE: 300 mg tablet to be used in patients with creatinine clearance <60 mL/min.

***** Gralise and Horizant are not interchangeable with other gabapentin products due to differing pharmacokinetic profiles.[1,2]

CLINICAL RATIONALE

Restless Legs Syndrome (RLS)

Pramipexole, ropinirole, and rotigotine transdermal system are recommended by the American Academy of Sleep Medicine (AASM) and the European Federation of Neurological Societies/European Neurological Society/European Sleep Research Society as first line treatment for restless leg syndrome (RLS).[3] The non-ergot dopamine agonists, pramipexole and ropinirole, are effective in the treatment of RLS and are less likely to cause side effects than other dopamine agonists (eg, cabergoline and pergolide) and levodopa. Gabapentin and pregabalin may be useful in RLS in patients with painful peripheral neuropathy or an unrelated chronic pain syndrome, in patients with comorbid comorbid pain.[3]

The American Academy of Neurology recommends that the choice of agent for the treatment of primary RLS be based on goal of treatment and patient comorbidities. The level of evidence for use of pramipexole, rotigotine, cabergoline, gabapentin, IV ferric carboxymaltose, levodopa, pregabalin in RLS varies depending on those goals and comorbidities.[5]

Postherpetic Neuralgia (PHN)

Both topical (capsaicin and lidocaine) and systemic treatments can be effective in the management of PHN. The anticonvulsants gabapentin and pregabalin are approved for treatment of PHN. Tricyclic antidepressants are also effective in treating PHN, but up to one-fourth of patients discontinue treatment due to adverse reactions. Opioids are considered third-line treatment. [6,7] Acetaminophen and nonsteroidal anti-inflammatory drugs are generally considered to be ineffective for neuropathic pain.[7]

REFERENCES

1. Horizant prescribing information. Arbor Pharmaceuticals, LLC. Research Triangle Park, NC 27709. October 2016.
2. Gralise prescribing information Baron R,. Depomed. Menlo Park, CA 94025. September 2015.
3. Aurora RN, Kristo DA, Bista SR, et. al. The Treatment of Restless Legs Syndrome and Periodic Limb Movement Disorder in Adults-An Update for 2012: Practice Parameters with an Evidence-Based Systematic Review and Meta-Analyses. An American Academy of Sleep Medicine Clinical Practice Guideline. *Sleep.* 2012, 35(8): 1039-1062. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3397811/ Accessed 12/6/2019.
4. Garcia-Borreguero D, Ferini-Strambi L, Kohnen R, et. al. "European guidelines on management of restless legs syndrome: report of a joint task force by the European Federation of Neurological Societies, the European Neurological Society and the European Sleep Research Society. *European Journal of Neurology* 2012, 19: 1385-1396. Available at: https://onlinelibrary.wiley.com/doi/full/10.1111/j.1468-1331.2012.03853.x Accessed on 12/6/2019
5. Winkelman WJ, Armstrong MJ, Chaudhuri KR. Practice guideline summary: treatment of restless legs syndrome in adults. Neurology. December 13, 2016; 87 (24).
6. Johnson, RW, Rice AS. Postherpetic Neuralgia. *N Engl J Med* 2014;371:1526-33. Available at: https://www.nejm.org/action/showPdf?downloadfile=showPdf&doi=10.1056/NEJMcp1403062&loaded=true Accessed 12/6/2019.
7. Saguil AS, Kane S, Mercado M, et. al. Herpes Zoster and Postherpetic Neuralgia: Prevention and Management. *Am Fam Physician.* 2017;96(10):656-663. Available at: https://www.aafp.org/afp/2017/1115/p656.pdf Accessed 12/6/2019.

Gabapentin ER (extended-release) [Horizant, Gralise] Step Therapy

TARGET AGENTS
Gralise® (gabapentin)
Horizant® (gabapentin enacarbil)

PRIOR AUTHORIZATION CRITERIA FOR APPROVAL
Target Agent will be approved when ONE of the following is met:

1. The patient is currently being treated with the requested agent as indicated by ALL of the following:
    a. A statement by the prescriber that the patient is currently taking the requested agent
    AND
    b. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent
    AND
    c. The prescriber states that a change in therapy is expected to be ineffective or cause harm

    OR
2. The patient's medication history includes use of generic gabapentin within the past 999 days

    OR
3. BOTH of the following:
    a. The prescriber has stated that the patient has tried generic gabapentin
    AND
    b. Generic gabapentin was discontinued due to lack of effectiveness or an adverse event

    OR
4. The patient has an intolerance, FDA labeled contraindication, or hypersensitivity to generic gabapentin

    OR
5. The prescriber has provided documentation that generic gabapentin cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in performing daily activities or cause physical or mental harm

Length of Approval: 12 months

NOTE: If Quantity Limit program also applies, please refer to Quantity Limit documents.