

Clinical Policy Title:	Gabapentin once daily
Policy Number:	RxA.147
Drug(s) Applied:	gabapentin (once-daily) oral tablet 300 mg, 600 mg, Gralise®
Original Policy Date:	02/07/2020
Last Review Date:	03/05/2026
Line of Business Policy Applies to:	All lines of Business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Postherpetic Neuralgia (must meet all):

1. Diagnosis of PHN;
2. Trial and failure of more than a 30-day supply, unless contraindicated or clinically significant adverse effects are experienced (must meet a, b, and c):
 - a. Gabapentin immediate release
 - b. Pregabalin immediate release or extended release
 - c. Tricyclic antidepressant (e.g., amitriptyline, nortriptyline, imipramine)

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Postherpetic Neuralgia

1. Member is currently receiving medication in the past 120 days that has been authorized by RxAdvance or the member has met the initial approval criteria.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. 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 March 20, 2025.
2. 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 . Accessed March 20, 2025.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	1/2020	02/07/2020
Policy was reviewed: 1. Clinical Policy Title was updated. 2. Drug(s) Applied was updated.	6/22/2020	09/14/2020

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.

<ul style="list-style-type: none"> 3. Line of Business Policy Applies to was updated. 4. Continued Therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance..." 5. Initial and Continued Therapy Approval criteria: Commercial approval duration was updated from length of benefit to 12 months; Medicaid approval duration was included. 6. References were updated. 		
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. Last review date was updated. 2. Continued Therapy criteria II.A.1 was rephrased from Currently receiving medication that has been authorized by RxAdvance..." 3. References were reviewed and updated. 	02/18/2021	06/10/2021
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. References were reviewed and updated. 	01/12/2022	04/18/2022
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. Initial Approval Criteria I.A.4: Trial and failure of generic pregabalin immediate-release (at doses up to 450 mg/day) and controlled-release (at doses up to 660 mg/day) each used for ≥ 30-days, unless clinically significant adverse effects are experienced, or both are contraindicated. 2. Trial and failure of a ≥ 30-day trial of a tricyclic antidepressant (TCA) (e.g., amitriptyline, nortriptyline, imipramine), unless clinically significant adverse effects are experienced, member's age is ≥ 65, or all are contraindicated. 3. References were reviewed and updated. 	01/18/2023	04/13/2023
<p>Policy was reviewed:</p> <ul style="list-style-type: none"> 1. Removed prior age criteria. 2. Removed prior dosing criteria. 3. Restructured try/fail criteria. 4. Updated approval duration. 5. Removed reauthorization requirement for positive response to therapy. 6. References were reviewed and updated. 	11/21/2023	01/01/2024
<p>Policy was reviewed.</p>	02/28/2024	02/28/2024
<p>Policy was reviewed.</p> <ul style="list-style-type: none"> 1. Updated continuation of therapy language. 	03/20/2025	04/10/2025
<p>Policy was reviewed.</p> <ul style="list-style-type: none"> 1. Updated policy name 	3/5/26	N/A