



STEP THERAPY POLICY

- POLICY:** Gabapentin Step Therapy Policy
- Gralise® (gabapentin extended-release tablets – Almatica, generic)
 - Gabarone™ (gabapentin tablets – INA Pharmaceuticals)
 - Horizant® (gabapentin enacarbil extended-release tablets – Arbor)
 - Neurontin® (gabapentin capsules, tablets, and solution – Pfizer, generic)

REVIEW DATE: 02/11/2026

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. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. 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.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Gabapentin, gabapentin extended-release (ER) [Gralise, generic], Gabarone, and Horizant are indicated for the following uses:¹⁻³

- Management of **postherpetic neuralgia** in adults.
- Gabapentin and Gabarone are 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.

Gabapentin ER (Gralise, generic), gabapentin (Neurontin, generic), and Gabarone are analogs of the neurotransmitter gamma-aminobutyric acid (GABA).^{1,2,4} 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.¹⁻⁴ The binding of this subunit reduces the release of several neurotransmitters including glutamate, noradrenaline, and substance P. Gabapentin is available as capsules, tablets, and oral solution; Gabarone is available as tablets; gabapentin ER and Horizant are available as ER tablets. Product labeling for gabapentin ER and Horizant note that they are not to be used interchangeably with other gabapentin products due to different pharmacokinetic profiles that affect frequency of administration or different plasma concentrations relative to other gabapentin products. Gabapentin ER and Horizant are dosed once daily and should be taken with evening meals, whereas gabapentin and Gabarone are dosed three times a day and can be taken without regard to food.

POLICY STATEMENT

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

Step 1: generic gabapentin capsules, tablets, and oral solution

Step 2: Gabarone, Gralise (brand and generic), Horizant, Neurontin

Gabapentin Step Therapy Policy product(s) is(are) covered as medically necessary when the following step therapy criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.

REFERENCES

1. Neurontin[®] capsules, tablets, oral solution [prescribing information]. New York, NY: Pfizer; July 2022.
2. Gralise[®] extended-release tablets [prescribing information]. Morristown, NJ: Almatica; April 2023.
3. Horizant[®] extended-release tablets [prescribing information]. Atlanta, GA: Arbor; August 2022.
4. Gabarone[™] tablets [prescribing information]. Fairmont, WV: INA Pharmaceuticals; December 2024.

HISTORY

| Type of Revision | Summary of Changes | Review Date |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Annual Revision | No criteria changes. | 08/09/2023 |
| Early Annual Revision | Gabapentin ER tablets (generic for Gralise): Added to Step 2 products. | 02/07/2024 |
| Annual Revision | Gabarone tablets: Added to Step 2 products. | 02/05/2025 |
| Annual Revision | Criteria: Criteria were updated to remove reference to brand Neurontin as a product which satisfies the requirement for a trial of a Step 1 Product (brand Neurontin is a Step 2 Product). The criterion now reflects the Step rule to direct to the Step 1 product (generic gabapentin capsules, tablets, and oral solution). | 02/11/2026 |

"Cigna Companies" refers to operating subsidiaries of The Cigna Group. 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, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2026 The Cigna Group.