

Pharmacy Policy Bulletin

Title: Gabapentin encarbil (Horizant)

Policy #: Rx.01.37

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly and updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

Gabapentin encarbil (Horizant) is indicated for the treatment of moderate-to-severe primary Restless Legs Syndrome (RLS) in adults.

The use of Gabapentin encarbil (Horizant) requires prior authorization (i.e. clinical pharmacy and/or Medical Director review).

Description:

Horizant contains the active ingredient gabapentin encarbil. Studies have shown that gabapentin binds with high affinity to the $\alpha 2\delta$ subunit of voltage-activated calcium channels; however, the relationship of this binding to the therapeutic effects of gabapentin encarbil in RLS is unknown.

Policy:

Gabapentin encarbil (Horizant) is approved when the following inclusion criteria is met:

- Documentation of a diagnosis of moderate-to-severe primary restless legs syndrome

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION


Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

Horizant [package insert]. Research Triangle Park NC. GlaxoSmithKline. 2011.

Facts and Comparisons website. [gabapentin]. Available at www.factsandcomparisons.com. Accessed June 23, 2011.

Applicable Drugs:

 Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Horizant	gabapentin encarbil

 **Cross References:**

Policy Version Number:	1.00
P&T Approval Date:	September 08, 2011
Policy Effective Date:	December 01, 2011
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