Reference number(s)
2970-HJ

Quantity Limit; Post Limit Prior Authorization
Gabapentin Immediate Release (IR)

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
Gabarone	gabapentin immediate-release	tablets
Neurontin	gabapentin immediate-release	capsules
Neurontin	gabapentin immediate-release	tablets
Neurontin	gabapentin	oral solution

Indications

FDA-approved Indications

Gabarone and Neurontin are indicated for:

- Management of postherpetic neuralgia in adults
- Adjunctive therapy in the treatment of partial onset seizures, with and without secondary generalization, in adults and pediatric patients 3 years and older with epilepsy

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Initial Quantity Limit

Initial Limit Quantity

The limit is coded for daily dose. Limits do not accumulate together. Patient is allowed the maximum limit for each drug and strength.

If the patient is requesting more than the initial quantity limit, the claim will reject with a message indicating that a prior authorization is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

Drug	**Daily Limit**
Gabapentin 100 mg capsules	6 capsules / day
Gabapentin 100 mg tablets	6 tablets / day
Gabapentin 300 mg capsules	6 capsules / day
Gabapentin 400 mg capsules	6 capsules / day
Gabapentin 400 mg tablets	6 tablets / day
Gabapentin 600 mg tablets	6 tablets / day
Gabapentin 800 mg tablets	4 tablets / day
Gabapentin oral solution 250 mg/5 mL	72 mL / day

Coverage Criteria

Authorization may be granted for the requested drug when the following criteria is met:

- The patient is NOT taking MORE than 3600 mg per day of gabapentin.

Quantity Limits Apply

Post Limit Quantity

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

Drug	1 Month Limit	3 Months Limit
Gabapentin 100 mg capsules	1080 capsules / 25 days	3240 capsules / 75 days
Gabapentin 100 mg tablets	1080 tablets / 25 days	3240 tablets / 75 days
Gabapentin 300 mg capsules	360 capsules / 25 days	1080 capsules / 75 days
Gabapentin 400 mg capsules	270 capsules / 25 days	810 capsules / 75 days
Gabapentin 400 mg tablets	270 tablets / 25 days	810 tablets / 75 days

No additional quantities are available for Gabapentin 600 mg tablets, 800 mg tablets or 250 mg/5 mL oral solution.

Duration of Approval (DOA)

- 2970-HJ: DOA: 12 months

References

1. Gabarone [package insert]. Fairmont, WV: INA Pharmaceutics Inc.; December 2024.
2. Neurontin [package insert]. New York, NY: Parke-Davis, Division of Pfizer Inc; July 2022.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed May 13, 2024.
4. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 05/13/2024).
5. Fisher RS, Cross JH, French JA, et al. Operational Classification of seizure types by the International League Against Epilepsy: Position Paper of the ILAE Commission for Classification and Terminology. Epilepsia. 2017 Apr;58(4):522-530.

Document History

Written by: UM Development (SF)

Date Written: 05/2019 (Aetna Integration net new request)

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Reviewed: Medical Affairs (LMS) 05/2019, (CHART) 05/28/2020, 05/27/2021, 05/26/2022, 06/01/2023, 05/30/2024, 02/20/2025

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External Review: 10/2019, 10/2020, 08/2021, 08/2022, 08/2023, 08/2024, 04/2025 (FYI)

CRITERIA FOR APPROVAL

1	Is this request for ONE of the following: A) gabapentin 250 mg/5mL oral solution, B) gabapentin 600 mg tablets, C) gabapentin 800 mg tablets? [If Yes, then no further questions. If No, then go to 2.] RPH Note: If yes, then deny. No override is required because no additional quantities are available with this post limit criteria.	Yes	No
2	Does the patient require MORE than the plan allowance of 3600 mg per day of gabapentin? [No further questions] RPH Note: If yes, then deny and enter a partial approval per Post Limit Quantity Chart.	Yes	No

Mapping Instructions			
	Yes	**No**	**DENIAL REASONS**
1.	Deny	Go to 2	We have denied your request because it is A) For a higher amount, or B) To take this drug more often than the amount your plan covers (dosing limit). Your plan covers up to: A) 6 tablets per day of Gabapentin 600 mg, B) 4 tablets per day of Gabapentin 800 mg, and C) 72 mL per day of Gabapentin 250 mg/5 mL oral solution. We reviewed the information we had. Your request has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review. [Short Description: Dosing, Exceeds Max Limit]
2.	[Please select appropriate denial close option. For the denial	[PA Approved for 12 months, See Post Limit Quantity	We have denied your request because it is for more than the amount your plan covers (quantity limit). We reviewed the information we had. We have partially approved your request for this drug up to the amount your plan covers (1080 capsules or tablets per month of gabapentin 100 mg, 360 capsules per month of gabapentin 300 mg or 270 capsules or tablets per month of

	verbiage, only include the requested drug. Remove all other drugs from verbiage.]. Deny	Chart]. Approve, 12 Months	gabapentin 400 mg). Your request for more drug has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review. [Short Description: Quantity, Exceeds max limit, Partial denial]