## **PHARMACY PRE-AUTHORIZATION CRITERIA**



Drug (s)	Lyrica (pregabalin) Lyrica CR (pregabalin)						
POLICY #	14127						
INDICATIONS	Lyrica is indicated for management of postherpetic pain (PHN), as adjunctive therapy for adults with partial onset seizures, for the management of neuropathic pain associated with diabetic peripheral neuropathy(DPN), for the management of neuropathic pain associated with spinal cord injury, and for the management of fibromyalgia.						
	Lycia CR is indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy (DPN), and postherpetic neuralgia. Efficacy of Lyrica CR has not been established for the management of fibromyalgia or as adjunctive therapy for adult patients with partial onset seizures.						
CRITERIA	ConnectiCare will consider <b>Lyrica</b> to be medically necessary in patients who meet the following criteria:						
	<ul> <li>The patient has a diagnosis of seizure disorder</li> <li>OR</li> </ul>						
	<ul> <li>The patient has a clinical diagnosis of diabetic neuropathic pain, neuropathic pain, or post herpetic neuralgia</li> <li>AND</li> </ul>						
	<ul> <li>Failure or intolerance to Neurontin (gabapentin) OR Cymbalta (duloxetine)</li> <li>OR</li> </ul>						
	<ul> <li>The patient has a clinical diagnosis of Fibromyalgia</li> <li>AND</li> <li>Failure or intolerance to one of the following:         <ul> <li>Neurontin (gabapentin)</li> <li>Cymbalta (duloxetine)</li> <li>A tricyclic antidepressant (amitriptyline, nortriptyline)</li> <li>Savella</li> </ul> </li> </ul>						
	ConnectiCare will consider Lyrica CR to be medically necessary in patients who meet the following criteria:						
	<ul> <li>The patient has a clinical diagnosis of diabetic neuropathic pain or post herpetic neuralgia</li> <li>AND</li> </ul>						
	<ul> <li>Failure or intolerance to Neurontin (gabapentin) OR Cymbalta (duloxetine)</li> <li>AND</li> </ul>						

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Drug (s)	Lyrica (pregabalin) Lyrica CR (pregabalin)							
	• The patient has failed a trial of immediate release Lyrica.							
LIMITATIONS	The following qua	The following quantity limits will be allowed by the plan:						
	Drug Name	Strength	Dosage Form	Quantity Limit Amount	Quantity Limit Days			
	LYRICA	100 MG	CAPSULE	90	30			
	LYRICA	150 MG	CAPSULE	90	30			
	LYRICA	20 MG/ML	SOLUTION, ORAL	900	30			
	LYRICA	200 MG	CAPSULE	90	30			
	LYRICA	225 MG	CAPSULE	60	30			
	LYRICA	25 MG	CAPSULE	90	30			
	LYRICA	300 MG	CAPSULE	60	30			
	LYRICA	50 MG	CAPSULE	90	30			
	LYRICA	75 MG	CAPSULE	90	30			
REFERENCES	Lyrica®capsules {package insert}. New York, NY: Pfizer, Inc.							
P&T Review History	9/05, 6/07, 6/08, 3/09, 6/09, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 11/16, 11/17, 1/18, 7/18, 11/18							
REVISION RECORD	3/09, 6/09, 1/11, 9/11, 10/12, 5/13, 12/13, 1/18, 7/18							