

Prior Authorization Criteria for Lyrica (pregabalin)

1. Is the member being treated for an OHP funded condition?
 - a. Yes- Go to question 2
 - b. No- Review for possible co morbid conditions eligible for coverage of treatment- If none- Deny Cat 1- *Not a funded condition on OHP prioritized list.*

2. Is the member being treated for partial seizure disorder?
 - a. Yes- Approved for 12 months
 - b. No- Go to question 3

3. Is the member being treated for diabetic neuropathy or spinal cord injury?
 - a. Yes- Continue to question 4
 - b. No- Continue to question 5

4. Has the member tried and failed or have contraindication to **ALL** of the following at maximally tolerated daily doses for a minimum of 6 weeks with 80% or better adherence to therapy?
 - Tricyclic anti-depressant – Amitriptyline (25 -100 mg). nortriptyline (25-150 mg), imipramine (25-200 mg) or desipramine (12.5-200 mg)
 - SNRIs- Venlafaxine (150 -225 mg) **AND** duloxetine (60 mg)
 - Gabapentin (1800-3600mg)
 - a. Yes- Continue to question 7
 - b. No- Deny Cat 15- *Member has not tried and failed or have contraindication to preferred formulary treatment alternatives.*

5. Is member being treated for post herpetic neuralgia?
 - a. Yes- Continue to question 7
 - b. No - Deny Cat 3- *Medication is being prescribed outside of FDA approved use*

6. Has the member tried and failed or have contraindication to **ALL** of the following at maximally tolerated doses with 80% or better adherence to therapy?
 - Tricyclic anti-depressant – Amitriptyline (25 -100 mg). nortriptyline (25-150 mg), imipramine (25-200 mg) or desipramine (12.5-200 mg)
 - Gabapentin (1800-3600mg)
 - Capsaicin cream (applied 3 to 4 times per day)
 - a. Yes- Continue to question 7
 - b. No- Deny Cat 15- *Member has not tried and failed or have contraindication to preferred formulary treatment alternatives.*

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7. Is the dosing correct? – Note- Lyrica should NOT be approved for TID dosing unless necessary for seizure control.
 - Diabetic Neuropathy- Starting dose 150 mg daily, maximum dose of 300 mg daily (150 mg BID)
 - Spinal Cord injury, Partial Onset seizures and Postherpetic neuralgia- Starting dose of 150 mg daily (75 mg BID)- maximum dose of 600 mg daily (300mg BID)
- a. Yes- Approve for 4 month trial
- b. No- If outside the FDA recommended dosing- Cat 3 *Medication being prescribed outside FDA approved dosing guidelines.*
If TID dosing- Deny Cat 11- Not least costly

Renewal Criteria

1. Has member shown improvement in symptoms, increased mobility/function or decreased pain?
 - a. Yes- Approve for 12 months
 - b. No- Forward to Medical Director for evaluation of medical appropriateness of continued therapy.