

LYRICA® (pregabalin)

**GPI CODING:**

72600057\*\*\*\*\*

**DESCRIPTION:**

LYRICA (pregabalin) is indicated for: Neuropathic pain associated with Diabetic Peripheral Neuropathy (DPN), postherpetic neuralgia (PHN), Adjunctive therapy for adult patients with partial onset seizures, Fibromyalgia, and Neuropathic pain associated with spinal cord injury. The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits (PAB) for Lyrica (pregabalin). Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

**APPROVAL DURATION:**

Approval duration: until 12/31/15

**CRITERIA FOR LYRICA**

- I. Member has a diagnosis of epilepsy or seizures

**OR**

- II. Member has diagnosis of neuropathic pain associated with spinal cord injury or diabetic peripheral neuropathy **AND** member had a trial of one of the following medications or any other agent that is FDA approved or medically accepted for neuropathic pain associated with spinal cord injury, or diabetic peripheral neuropathy within the past 180 days or:

- A. Cymbalta
- B. Carbamazepine
- C. Tricyclic antidepressants
- D. Fluphenazine
- E. Gabapentin
- F. Trazodone

**OR**

- III. Member has a diagnosis of post herpetic neuralgia **AND** member had a trial of one of the following medications or any other agent that is FDA approved or medically accepted for post herpetic neuralgia within the past 180 days:

- A. Carbamazepine
- B. Gabapentin
- C. Lidocaine patch (Lidoderm)
- D. Tricyclic antidepressants

**OR**

- IV. Member has a diagnosis of Fibromyalgia and meets ALL of the following criteria:

- A. Patient has widespread pain (on the left and right side of the body and above and below the waist) **AND** axial skeletal pain (cervical spine or anterior chest or thoracic spine or low back) present for at least 3 months
- B. Pain in at least 11 of 18 specific tender point sites after digital palpation with an approximate force of 4kg. Tender point sites are bilateral and include the following:

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1. Occiput
  2. Low Cervical
  3. Trapezius
  4. Supraspinatus
  5. Second rib
  6. Lateral epicondyle
  7. Gluteal
  8. Greater trochanter
  9. Knee
- C. Member had a trial of one of the following medications or any other agent that is FDA approved or medically accepted for fibromyalgia within the past 180 days:
1. Cyclobenzaprine
  2. Tricyclic antidepressants
  3. Fluoxetine
  4. Cymbalta (duloxetine HCl)
  5. Savella

Note: For a tender point to be considered “positive” the patient must state that the palpation was painful. “Tender” is not considered painful.