

New Hampshire Medicaid Fee-for-Service Program

Lyrica® Criteria

Approval Date: December 3, 2019

Pharmacology

Pregabalin binds with high affinity to the alpha2-delta site (an auxiliary subunit of voltage-gated calcium channels) in central nervous system tissues. Binding to the alpha2-delta subunit may be involved in pregabalin's antinociceptive and antiseizure effects.

Medications

Brand Names	Generic Names	Dosage
Lyrica®	pregabalin	25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg, 225 mg, 300 mg capsules, 20 mg/mL oral solution
Lyrica® CR	pregabalin ER	82.5 mg, 165 mg, and 330 mg extended-release tablets

Criteria for Approval

1. Use as adjunctive therapy for partial-onset seizures in patients one month of age and older, (immediate release only); **OR**
2. Diagnosis of diabetic peripheral neuropathy (DPN) (Lyrica® or Lyrica® CR), postherpetic neuralgia (PHN) (Lyrica® or Lyrica® CR), or neuropathic pain associated with spinal cord injury (Lyrica® only); **AND**
 - a. Failure of, or not be a candidate for, any tricyclic antidepressant or gabapentin treatment; **OR**
3. Diagnosis of fibromyalgia (Lyrica® only); **AND**
 - a. Physical fitness intervention (e.g., physical therapy, exercise); **AND**
 - b. Trial and failure of, or a contraindication to one out of the following:
 - i. amitriptyline 50 mg daily
 - ii. cyclobenzaprine 30 mg daily

Criteria for Denial

1. Prior approval (PA) will be denied if the approval criteria are not met.
2. **For diagnosis of DPN, PHN or neuropathic pain associated with spinal cord injury**, no claims history of treatment with a tricyclic antidepressant or gabapentin within the last 120 days for new prescriptions only.
3. **For diagnosis of fibromyalgia**, no claims history of treatment with at least one of the following: amitriptyline or cyclobenzaprine within the last 120 days for new prescriptions only.
4. Concurrent therapy of duloxetine or milnacipran beyond 30 days.

Length of Approval: One year

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
Pharmacy & Therapeutic Committee	New	09/05/2006
Commissioner	New	09/29/2006
Pharmacy & Therapeutic Committee	Revision	10/25/2007
Commissioner	Revision	11/20/2007
DUR Board	Revision	03/22/2010
Commissioner	Revision	04/30/2010
DUR Board	Revisions to separate fibromyalgia criteria	06/22/2010
Commissioner	Revisions to separate fibromyalgia criteria	08/03/2010
DUR Board	Revisions to separate fibromyalgia criteria	10/19/2011
Commissioner	Revisions to separate fibromyalgia criteria	04/12/2012
DUR Board	Revision	10/11/2016
Commissioner	Approval	11/22/2016
DUR Board	Revision	09/27/2018
Commissioner Designee	Approval	11/27/2018
DUR Board	Revision	03/12/2019
Commissioner Designee	Approval	04/05/2019
DUR Board	Revision	10/28/2019
Commissioner Designee	Approval	12/03/2019