

## Pregabalin

### **Goal(s):**

- Provide coverage only for funded diagnoses that are supported by the medical literature.

### **Length of Authorization:**

- 90 days to lifetime (criteria-specific)

### **Requires PA:**

- Pregabalin and pregabalin extended release

### **Covered Alternatives**

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. Is this a request for renewal of a previously approved prior authorization for pregabalin?	<b>Yes:</b> Go to <b>Renewal Criteria</b>	<b>No:</b> Go to # 2
2. What diagnosis is being treated?	Record ICD10 code	
3. Is the request for pregabalin immediate release?	<b>Yes:</b> Go to #4	<b>No:</b> Go to #5
4. Does the patient have a diagnosis of epilepsy?	<b>Yes:</b> Approve for lifetime	<b>No:</b> Go to #5
5. Is the diagnosis an OHP-funded diagnosis with evidence supporting its use in that condition (see Table 1 below for examples)?	<b>Yes:</b> Go to #6	<b>No:</b> Pass to RPh. Deny; not funded by the OHP.
6. Has the patient tried and failed gabapentin therapy for 90 days or have contradictions or intolerance to gabapentin?	<b>Yes:</b> Approve for 90 days	<b>No:</b> Pass to RPh. Deny and recommend trial of gabapentin for 90 days

Renewal Criteria		
1. Does the patient have documented improvement from pregabalin?	<b>Yes:</b> Approve for up to 12 months	<b>No:</b> Pass to RPh. Deny for medical appropriateness

**Table 1. Pregabalin formulations for specific indications based on available evidence**

Condition	Pregabalin	Pregabalin Extended-Release
Funded		
Diabetic Neuropathy	X	X
Postherpetic Neuropathy	X	X
Painful Polyneuropathy	X	
Spinal Cord Injury Pain	X	
Chemotherapy Induced Neuropathy	X	
Non-funded		
Fibromyalgia	X	

*P&T Review:* 10/21 (DM); 10/20 (DM); 1/19 (DM); 7/18; 3/18; 3/17  
*Implementation:* 10/1/18; 8/15/18; 4/1/17