

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
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. Is this a request for renewal of a previously approved prior authorization for pregabalin?	Yes: Go to Renewal Criteria	No: Go to # 2
2. What diagnosis is being treated?	Record ICD10 code	
3. Is the request for pregabalin immediate release?	Yes: Go to #4	No: Go to #5
4. Does the patient have a diagnosis of epilepsy?	Yes: Approve for lifetime	No: Go to #5
5. Is the request for an OHP-funded diagnosis?	Yes: Go to #7	No: If not eligible for EPSDT review: Pass to RPh. Deny; not funded by the OHP If eligible for EPSDT review: Go to #6
6. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc.)?	Yes: Go to #7	No: Pass to RPh; Deny; medical necessity.
7. Is the request for an FDA-approved or evidence-supported diagnosis (see Table 1 below for examples)?	Yes: Go to #8	No: Pass to RPh. Deny; medical appropriateness.
8. Is the request for generalized anxiety disorder?	Yes: Go to #9	No: Go to #10

Approval Criteria

9. Has the patient tried and failed to have benefit from, or have a contraindication to, first line treatment with a selective serotonin reuptake inhibitor (SSRI) or serotonin norepinephrine reuptake inhibitor (SNRI)?	Yes: Approve for 6 months	No: Pass to RPh. Deny; medical appropriateness.
10. Has the patient tried and failed, or have contraindications or intolerance to, gabapentin therapy for 90 days?	Yes: Approve for 90 days	No: Pass to RPh. Deny; medical appropriateness. Recommend trial of gabapentin for 90 days

Renewal Criteria

1. Does the patient have documented improvement from pregabalin?	Yes: Approve for up to 12 months	No: Pass to RPh. Deny; 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	
Generalized Anxiety Disorder	X	
Non-funded		
Fibromyalgia	X	

P&T Review: 6/24 (MH); 4/23; 10/22 (SF); 10/21 (DM); 10/20; 1/19; 7/18; 3/18; 3/17
 Implementation: 7/1/24; 10/1/18; 8/15/18; 4/1/17