

Pregabalin (Lyrica®)

Goal(s):

- Cover pregabalin only for above-the-line diagnoses that are supported by the medical literature (e.g. Epilepsy, diabetic neuropathy, post-herpetic neuralgia).
- Pregabalin has not demonstrated superiority to other first-line treatments for neuropathic pain and its use should be reserved for treatment failure.

Length of Authorization:

90 days to lifetime (criteria specific)

Requires PA:

- Non-preferred drugs
- Pregabalin (Lyrica®)

Covered Alternatives:

- Preferred alternatives listed at www.orpdl.org
- Anxiety: SSRIs, TCAs, Benzodiazepines, Buspirone
- Neuropathic pain: TCAs, Tramadol, Carbamazepine, Gabapentin capsules

Approval Criteria

1. What diagnosis is being treated?	Record ICD9 code.	
2. Does client have diagnosis of epilepsy? (ICD-9 code 345.0-345.9, 780.39, or 907.0)	Yes: Approve for lifetime (until 12-31-2036)	No: Go to #3.
3. Does the client have rheumatism, unspecified or fibrositis, fibromyalgia/ myalgia or myositis or below the line neuralgia/neuritis? (729.0, 729.1 or 729.2)	Yes: Pass to RPH; Go to #7.	No: Go to #4.
4. Does client have diagnosis of one the following? <ul style="list-style-type: none"> • Diabetic neuropathy (ICD9: 250.6 & subsets) – Document diabetic therapy (supporting meds) • Post-herpetic neuralgia (ICD9: 053 & subsets) • Trigeminal and other above the line neuralgias (ICD9 350, 352) 	Yes: Go to #5.	No: Go to #6.

Approval Criteria

<p>5. Has the client tried or are they contraindicated to gabapentin capsules AND one of the following?</p> <ul style="list-style-type: none"> • TCAs • Carbamazepine <p>Document drugs tried or contraindications.</p>	<p>Yes: Approve for 90 days with subsequent approvals dependent on documented* positive response for lifetime (12-31-2036)</p> <p>*Documented response means that follow-up and response is noted in client's chart per clinic staff</p>	<p>No: Pass to RPH; Deny, (Medical Appropriateness) and recommend trial of covered alternative.</p>
<p>6. Does the client have an anxiety disorder (ICD9 300xx)</p>	<p>Yes: Go to #7.</p>	<p>No: Go to #8.</p>
<p>7. Has the client tried or are they contraindicated to at least two of the following drug classes?</p> <ul style="list-style-type: none"> • SSRIs • TCAs • Benzodiazepines • Buspirone <p>Document drugs tried.</p>	<p>Yes: Approve for 90 days with subsequent approvals dependent on documented* positive response for lifetime (12-31-2036) approval.</p>	<p>No: Pass to RPH; Deny, (Medical Appropriateness) and recommend trial of covered alternative.</p>

Approval Criteria

8. Pass to RPH

- For Bipolar affective disorder: there is no data to support its use for this indication, (Deny Medical Appropriateness) recommend other alternatives (lithium, valproate, carbamazepine, lamotrigine)
- For Migraine prophylaxis: there is no data to support its use for this indication, (Deny Medical Appropriateness) recommend other alternatives (beta-blockers, calcium channel blockers, valproate, gabapentin, TCAs) Refer to American Academy of Neurology Guideline <http://www.neurology.org/cgi/reprint/55/6/754.pdf>
- If clinically warranted, may DENY yesterdays date (Medical Appropriateness) and use clinical judgement to APPROVE for 1 month starting today to allow time for appeal.

MESSAGE: "Although the request has been denied for long term use because it is considered medically inappropriate, it has also been APPROVED for one month to allow time for appeal."

All other indications need to be evaluated to see if diagnosis is above or below the line:

- Above the line neuropathies found in table 1 (list is not all inclusive) may be approved for 90 days with subsequent approvals dependent on documented positive response. (Documented response means that follow-up and response is noted in client's chart per clinic staff)

**** Also, see footnote.**

- Below the line neuropathies such as those found in table 2 (list is not all inclusive) that are related to above the line diagnoses found in table 3 may be approved for 90 days with subsequent approvals dependent on documented positive response. (Documented response means that follow-up and response is noted in client's chart per clinic staff).

**** Also, see footnote.**

Below the line diagnoses should be: **Denied, (Not covered by the OHP).**

**** Forward any neuropathy/neuralgia ICD-9 codes not found in the Table 1 to the Lead Pharmacist. These codes will be forwarded to DMAP for consideration.**

Table 1 – Examples of other above the line neuropathies

ICD-9	Description
337.0	Idiopathic Peripheral autonomic neuropathy
354.2	Ulnar nerve lesion
356 – 356.9	Hereditary and idiopathic peripheral autonomic neuropathy
357.89, 357.9	Inflammatory Polyneuropathy
723.4	Brachial neuritis or radiculitis
724.4	Thoracic or Lumbosacral neuritis or radiculitis unspecified

Table 2 – Examples of below the line diagnosis that can be approved ONLY if it's due to a condition that is found in Table 3

ICD-9	Description
337.2	Reflex sympathetic dystrophy
337.3	Autonomic Dysreflexion
724.3	Sciatica –Neuralgia or neuritis of sciatic nerve
729.1	Myalgia Myositis
729.2	Neuralgia/Neuritis and Radiculitis Unspecified

Table 3 – Above the line condition that can be the basis of below the line neuropathy found in Table 2

ICD-9	Above the line Condition
336.9	Unspecified disease of spinal cord
340	Multiple sclerosis
344.0	Quadraplegia
344.1	Paraplegia
754.2	Scoliosis
737.3	Kyphoscoliosis
907.0	Late effects of injuries to nervous system

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