

Pregabalin (Lyrica®)– Proposed Clinical PA Criteria

Pregabalin is a covered Nevada Medicaid benefit for recipients with a diagnosis for seizure disorders, diabetic peripheral neuropathy (DPN), post-herpetic neuralgia (PHN), or fibromyalgia, and who meet the following criteria for coverage:

1. Coverage and Limitations:

a. Epilepsy and/or Seizure Disorder

- 1) Documented diagnosis of epilepsy and/or seizure disorder required. Prescriptions transmitted with ICD-9 codes for Epilepsy or Convulsions will be processed without prior authorization.

b. Diabetic Peripheral Neuropathy (DPN)

- 1) 30-day trial OR intolerance OR contraindication to at least one of the medications listed below:
 - a) A tricyclic antidepressant (TCA), or
 - b) Gabapentin

c. Post-Herpetic Neuralgia (PHN)

- 1) 30-day trial OR intolerance OR contraindication to at least two of the medications listed below:
 - a) A tricyclic antidepressant (TCA), or
 - b) Gabapentin, or
 - c) Capsaicin 0.075% cream OR Lidocaine 5% patch

d. Fibromyalgia

- 1) Diagnosis of fibromyalgia based on American College of Rheumatology (ACR) classification criteria
- 2) Documentation of wide- spread pain for at least 3 months,
- 3) TSH (thyroid stimulating hormone) lab work performed and any abnormalities treated

2. PA Guidelines:

The Prior Authorization must be initiated by the prescriber.

PA Form: Nevada Medicaid Prior Authorization Request. PA forms are available at <https://medicaid.nv.gov>