

## New Hampshire Medicaid Fee-for-Service Program

### Pregabalin Criteria

Approval Date: July 12, 2022

### 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;<br>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, (pregabalin [Lyrica®] only);
  - a. For brand name Lyrica®, must have a trial and failure of, or a contraindication to generic pregabalin;

**OR**
2. Diagnosis of diabetic peripheral neuropathy (DPN), postherpetic neuralgia (PHN), or neuropathic pain associated with spinal cord injury (pregabalin [Lyrica®] only); **AND**
  - a. Failure of, or non-candidacy for, any tricyclic antidepressant or gabapentin treatment; **AND**
  - b. For brand name Lyrica® or Lyrica® CR, must have a trial and failure of, or a contraindication to generic equivalent;

**OR**
3. Diagnosis of fibromyalgia (generic pregabalin and Lyrica® only); **AND**
  - a. Physical fitness intervention (e.g., physical therapy, exercise); **AND**

- b. Trial and failure of, or a contraindication to, one of the following:
  - i. amitriptyline 50 mg daily
  - ii. cyclobenzaprine 30 mg daily

**AND**
- c. For brand name Lyrica®, must have a trial and failure of, or a contraindication to, generic pregabalin.

## 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 and 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    |

| Reviewed by           | Reason for Review | Date Approved |
|-----------------------|-------------------|---------------|
| 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    |
| DUR Board             | Revision          | 12/15/2020    |
| Commissioner Designee | Approval          | 02/24/2021    |
| DUR Board             | Revision          | 06/02/2022    |
| Commissioner Designee | Approval          | 07/12/2022    |