| | Market Applicability | | | | | | | | | | | | | | |
|------------|----------------------|----------------|-----------|-----------|----|----|----|----|----|----|----|----|----|----|----|
| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | КҮ | LA | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | Х | Х | NA | NA | Х | NA | Х | Х | NA | Х | Х | Х | NA | NA | Х |

^{*}FHK- Florida Healthy Kids

Lyrica CR (pregabalin extended release)

| Override(s) | Approval Duration |
|---------------------|-------------------|
| Prior Authorization | 1 year |
| Quantity Limit | |

| Medications | Quantity Limit |
|---|----------------------------------|
| Lyrica CR (pregabalin extended release) | May be subject to quantity limit |
| tablets | |

APPROVAL CRITERIA

Requests for Lyrica CR (pregabalin extended release) may be approved if the following criteria are met:

- I. Individual has a diagnosis of neuropathic pain associated with diabetic peripheral neuropathy (DPN); **OR**
- II. Individual has a diagnosis of postherpetic neuralgia (PHN);

AND

- III. Individual has had a prior trial of immediate-release form of Lyrica* (pregabalin); **AND** IV. There is confirmation of:
 - A. The inadequate response to Lyrica (pregablin); AND
 - B. The medical reason extended release Lyrica CR is clinically necessary, and the same medical reason and clinical reason benefits are not expected with Lyrica.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

^{*}Prior authorization may be required

| Market Applicability | | | | | | | | | | | | | | | |
|----------------------|----|----------------|-----------|-----------|----|----|----|----|----|----|----|----|----|----|----|
| Market | DC | FL & FHK | FL MMA | FL LTC | GA | KS | КҮ | LA | MD | NJ | NV | NY | TN | TX | WA |
| Applicable | Х | Х | NA | NA | Х | NA | Χ | Х | NA | Х | Х | Х | NA | NA | Χ |

^{*}FHK- Florida Healthy Kids

| State Specific Mandates | | | | | | | | | |
|-------------------------|----------------|---|--|--|--|--|--|--|--|
| State name | Date effective | Mandate details (including specific bill if applicable) | | | | | | | |
| Indiana Medicaid | | Indiana Medicaid allows for diagnosis of anxiety in addition to diagnoses listed in the above criteria. | | | | | | | |

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: http://www.clinicalpharmacology.com. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.