

MEDICAL ASSISTANCE HANDBOOK
PRIOR AUTHORIZATION OF PHARMACEUTICAL SERVICES

I. Requirements for Prior Authorization of Lyrica

A. Prescriptions That Require Prior Authorization

All prescriptions for Lyrica (pregabalin), regardless of the quantity prescribed, must be prior authorized. See Quantity Limits/Daily Dose Limits which lists drugs with quantity limits at:

<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/pharmacyservices/quantitylimitslist/index.htm>

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for Lyrica (pregabalin), the determination of whether the requested prescription is medically necessary will take into account the following:

1. Whether the recipient has a diagnosis of one of the following:

- a. Seizure disorders **OR**
- b. Postherpetic neuralgia **OR**
- c. Neuropathic pain associated with spinal cord injury **OR**
- d. Diabetic neuropathy **OR**
- e. Fibromyalgia

AND

2. For a diagnosis of postherpetic neuralgia or neuropathic pain associated with spinal cord injury, has a history of therapeutic failure or intolerance of Gabapentin (at least 1800mg/day)

AND

3. For a diagnosis of fibromyalgia, whether the recipient has:

- a. A documented history of widespread pain as defined by the American College of Rheumatology present for at least three (3) months.

AND

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- b. A presence of 11 out of 18 paired, bilateral tender points as delineated by the American College of Rheumatology; see <http://www.nfra.net/Diagnost.htm> for a picture and description of the locations of tenderness

NOTE: Future final revisions to the American College of Rheumatology criteria for the classification of Fibromyalgia will apply when determining medical necessity. See the American College of Rheumatology website at <http://www.rheumatology.org/practice/clinical/classification/fibromyalgia/fibro.asp>

AND

- c. Been evaluated and treated for other causes of pain consistent with a differential diagnosis to include but not limited to the following:
 - i. Rheumatic diseases
 - ii. Polymyalgia rheumatica
 - iii. Myositis
 - iv. Hypothyroidism
 - v. Neuropathies
 - vi. Hypovitaminosis D
 - vii. Liver disease

AND

- d. A history of therapeutic failure of, or a documented contraindication to, the following first line therapies:
 - i. Non-pharmacologic therapies (Examples of non-pharmacologic therapies include, but are not limited to the following: heated pool treatment [with or without exercise], physiotherapy, cognitive-behavioral therapy, aerobic exercise, strength training, or relaxation, etc.),

AND

- ii. At least 1 pharmacological treatment from the following therapeutic classes or medications: tricyclic antidepressants, selective serotonin reuptake inhibitors, or gabapentin

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AND

4. If a prescription for Lyrica (pregabalin) is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

OR

5. If the prescription for Lyrica (pregabalin) does not meet the clinical review guidelines listed above, the request will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above, to assess the medical necessity of the request for Lyrica (pregabalin). If the guidelines in Section B are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

References:

1. Lyrica[package insert]. New York, NY: Pfizer Inc; June 2012
2. Mease, P. J. "Further strategies for treating fibromyalgia: the role of serotonin and norepinephrine reuptake inhibitors." Am J Med 122.12 (2009): S44-55. PubMed.gov. U.S. National Library of Medicine.
3. National Guideline Clearinghouse. Fibromyalgia Treatment Guideline. 2009.
4. Wolfe F, Smythe HA, Yunus MB, et al. "The American College Of Rheumatology 1990 Cirteria For The Classification Of Fibromyalgia." Arthritis and Rheumatism 33.2 (1990): 160-72.
5. National Guideline Clearinghouse. Guideline For The Management Of Fibromyalgia Syndrome Pain In Adults And Children. 2009.
6. Goldenberg, DL et.al. Differential Diagnosis of Fibromyalgia. UpToDate. Accessed October 28, 2011