

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Pregabalin Extended-Release (Lyrica CR)

Notes:

- QL: Yes
- ¹ Formulary SNRIs: venlafaxine, duloxetine, desvenlafaxine
- ² Formulary TCAs: nortriptyline, desipramine, amitriptyline
- ³ Wear-off of effect occurring after adjusting dose, frequency and/or timing

Initiation (new start) criteria: Non-formulary **pregabalin ER (Lyrica CR)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

Diagnosis of Diabetic Peripheral Neuropathy (DPN) or Postherpetic Neuralgia (PHN)

- Adequate trial of or contraindication, allergy or intolerance to all of the following:
 - Gabapentin
 - An SNRI¹
 - A formulary tricyclic antidepressant (TCA)²
- Trial of immediate-release pregabalin with at least partial response but effect wears off³ and unable to take another dose

-OR-

Diagnosis of Restless Leg Syndrome (RLS)

- Serum ferritin is greater than 100 ng/mL and %sat is greater than 45% within the past 3 months
- Trial of immediate-release pregabalin with at least partial response but effect wears off³ during sleep

Criteria for *current Kaiser Permanente members* already taking the medication who have not been reviewed previously and *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary **pregabalin ER (Lyrica CR)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Trial of immediate-release pregabalin

Continued use criteria for patients stable on the medication: Non-formulary **pregabalin ER (Lyrica CR)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient continues to report sustained improvement in postherpetic neuralgia or restless leg symptoms, as documented by prescriber