# PRIOR AUTHORIZATION

<table>
<thead>
<tr>
<th>BRAND NAME</th>
<th>LYRICA (pregabalin)</th>
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<tbody>
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<td>(generic)</td>
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**Status:** CVS Caremark Criteria  
**Type:** Initial Prior Authorization

## POLICY

### FDA-APPROVED INDICATIONS
Lyrica is indicated for:
- Management of neuropathic pain associated with diabetic peripheral neuropathy
- Management of postherpetic neuralgia
- Adjunctive therapy for adult patients with partial onset seizures
- Management of fibromyalgia
- Management of neuropathic pain associated with spinal cord injury

## COVERAGE CRITERIA
Lyrica (pregabalin) will be covered with prior authorization when the following criteria are met:
- The requested drug is being prescribed for management of fibromyalgia, management of neuropathic pain associated with diabetic peripheral neuropathy, or management of neuropathic pain associated with spinal cord injury
- OR
- The requested drug is being prescribed for management of postherpetic neuralgia, cancer-related neuropathic pain, or as adjunctive therapy for partial onset seizures
- AND
- The patient has experienced an inadequate treatment response, intolerance, or contraindication to gabapentin.

## REFERENCES
