



**Drug Name:** Lyrica capsules, soln.

**Date:** 12-2017

<b>Drug Name:</b> Lyrica capsules, soln	
<b>Age</b>	Capsules = N/A
<b>Restrictions:</b>	Oral Soln = upper age limit of 12 years old
<b>Required Medical Information:</b>	<ol style="list-style-type: none"> <li>Diagnosis of fibromyalgia: <ol style="list-style-type: none"> <li>Patient is diagnosed with fibromyalgia; and</li> <li>Patient has failed, or has documented intolerance or contraindication to at least two formulary agents for treatment of fibromyalgia, at least one of which must be duloxetine or gabapentin.</li> </ol> </li> <li>Diagnosis of pain associated with diabetic peripheral neuropathy: <ol style="list-style-type: none"> <li>Patient is diagnosed with diabetic peripheral neuropathic pain; and</li> <li>Patient has failed, or has documented intolerance or contraindication at least two formulary agents and at least one of which must be duloxetine or gabapentin.</li> </ol> </li> <li>Diagnosis of neuropathic pain associated with spinal cord injury: <ol style="list-style-type: none"> <li>Patient is diagnosed with neuropathic pain associated with spinal cord injury; and</li> <li>Patient has failed, or has documented intolerance or contraindication to, gabapentin (at least 1800mg per day unless documented intolerance or contraindication) and at least one other agent for treatment of neuropathic pain associated with spinal cord injury.</li> </ol> </li> <li>Diagnosis of pain associated with post-herpetic neuralgia: <ol style="list-style-type: none"> <li>Patient is diagnosed with pain associated with post-herpetic neuralgia; and</li> <li>Patient has failed, or has documented intolerance or contraindication to, gabapentin (at least 1800mg per day unless documented intolerance or contraindication) and at least other agent for treatment of pain associated with post-herpetic neuralgia.</li> </ol> </li> <li>Diagnosis is partial onset seizures: <ol style="list-style-type: none"> <li>Patient is diagnosed with partial onset seizures;</li> <li>Patient has failed, or has documented intolerance or contraindication to, at least two of the following drugs or drug classes: carbamazepine, topiramate, valproic acid, gabapentin, oxcarbazepine, lamotrigine, tiagabine, zonisamide, levetiracetam or phenytoin.</li> </ol> </li> </ol>
<b>Quantity</b>	Capsules = 60 capsules per 30 days
<b>Limit:</b>	Oral Soln = N/A
<b>Coverage</b>	24 months
<b>Duration:</b>	