

Lyrica ® (pregabalin)

Authorization will be given if the following criteria are met and documented:

1. Coverage and Limitations:
  - a. Diabetic Peripheral Neuropathy (DPN)
    1. Diagnosis of diabetic peripheral neuropathy,
    2. Prescriptions transmitted with ICD-9s 250.6 or 357.2 will be approved.
  - b. Postherpetic Neuralgia (PHN)
    1. Diagnosis of postherpetic neuropathy,
    2. Prescriptions transmitted with ICD-9s beginning with 53 will be approved.
  - c. Fibromyalgia
    1. Diagnosis of fibromyalgia based on ACR classification criteria,
    2. Documentation of wide spread pain for at least 3 months,
    2. TSH (thyroid stimulating hormone) lab work was performed and any abnormalities treated

2. PA Guidelines:

The Prior Authorization must be initiated by the prescriber.  
PA Form: Nevada Medicaid Prior Authorization Request. PA forms are available at <https://medicaid.nv.gov>