 <p><b>JOHNS HOPKINS</b> MEDICINE JOHNS HOPKINS HEALTHCARE</p>	Johns Hopkins HealthCare LLC <b>Pharmacy Public Pharmacy Management Drug Policies</b>	<i>Policy Number</i>	MEDS120	
		<i>Effective Date</i>	09/30/2019	
		<i>Review Date</i>	07/15/2020	
	<i>Subject</i>	<b>Lyrice CR (pregabalin extended release)</b>	<i>Revision Date</i>	12/08/2021
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This document applies to the following Participating Organizations:

Priority Partners

**Keywords:** Lyrice CR, Pregabalin ER

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## **I. POLICY**

Lyrice CR (pregabalin ER) will require prior authorization to ensure appropriate use. The process for initiating a prior authorization request can be found in policy PHARM 20.

- PPMCO members are subject to the Priority Partners formulary, available at [www.ppmco.org](http://www.ppmco.org).
- USFHP members are subject to prior authorization criteria, step-edits and days-supply limits outlined in the Tricare Policy Manual. Tricare Policy supersedes JHHC Medical/Pharmacy Policies. Tricare limits may be accessed at: [http://pec.ha.osd.mil/formulary\\_search.php?submenuheader=1](http://pec.ha.osd.mil/formulary_search.php?submenuheader=1)

## **II. POLICY CRITERIA**


- Lyrice CR may be approved for the following:
  - Patient is 18 years of age or older
  - Documented diagnosis of one of the following:
    - Neuropathic pain associated with diabetic peripheral neuropathy
    - Postherpetic neuralgia
  - Documented trial and failure with at least two medications commonly used to treat the identified diagnosis

## **III. AUTHORIZATION PERIOD/LIMITATIONS**

- Initial approval will be restricted to 12 months of therapy
- Approval for continuation of therapy may be extended in 12-month intervals with documentation showing the patient's clinical improvement from treatment.

## **IV. EXCLUSIONS**

- Lyrice CR will not be approved for indications that are not FDA-approved, or guideline-supported, including (but not limited to):
  - Fibromyalgia
  - Partial seizures
  - Neuropathic pain associated with spinal cord injury
  - Postoperative pain
  - Restless legs syndrome

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- B. The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

## V. REFERENCES

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## VI. APPROVALS

Signature on file at JHHC

DATE OF REVISION	SUMMARY OF CHANGE
09/23/2019	Policy Creation
10/07/2019	Clarified criteria
07/15/2020	Additional clarification of the criteria
12/08/2021	Updated Exclusions section regarding physician samples

Review Date:10/16/2019, 07/15/2020

Revision Date: 10/07/2019, 07/15/2020, 12/08/2021