

**LYRICA/ LYRICA CR\***  
**(pregabalin)**

\*Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

## Pre - PA Allowance

**Age** 18 years of age or older

**Quantity**

**Lyrice**

Strength	Quantity Limit
25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg	600 mg per day
20mg/mL solution	

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## Prior-Approval Requirements

**Age** 1 month of age or older

**Diagnosis**

Patient must have the following:

**Lyrice ONLY**

1. Partial onset seizures
  - a. Used in combination with other first line anti-epileptic medications
  - b. **NO** dual therapy with gabapentin

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**Age** 18 years of age or older

**Diagnoses**

**Lyrice and Lyrice CR**

Patient must have **ONE** of the following:

1. Neuropathic pain associated with diabetic peripheral neuropathy (DPN)
2. Post-herpetic neuralgia (PHN)
3. Lyrice **only**: Neuropathic pain associated with spinal cord injury
4. Lyrice **only**: Fibromyalgia

**AND** the following for **ALL** diagnoses:

**LYRICA/ LYRICA CR\***  
**(pregabalin)**

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a. **NO** dual therapy with gabapentin

## Prior - Approval Limits

**Age** 1 month of age to 17 years of age

**Quantity**

**Lyrica**

Strength	Quantity Limit
25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg	600 mg per day
20mg/mL solution	

**Duration** 24 months

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**Age** 18 years of age and older

**Quantity**

**Lyrica**

Strength	Quantity Limit
25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg	Pre-PA allows for the FDA recommended maximum dosage
20 mg/ml solution	

<u>Medication with approved FE only</u>	Quantity Limit
Lyrica CR 82.5 mg, 165 mg, 330 mg	660 mg per day

**Duration** 24 months

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## Prior – Approval *Renewal* Requirements

Same as above

## Prior - Approval *Renewal* Limits

Same as above