

**HARVARD PILGRIM HEALTH CARE
RECOMMENDED MEDICATION REQUEST GUIDELINES**

NEUROPATHIC PAIN AGENTS

Generic	Brand	HICL	GCN	Exception/Other
MILNACIPRAN	SAVELLA	21229		
PREGABALIN	LYRICA	26470		

NOTE: Prescriptions that meet the initial step therapy requirements will adjudicate at the point of service. If the member does not meet the initial step therapy criteria, then the prescription will deny at the point of service with a message indicating that prior authorization (PA) is required.

Members who do not meet the step therapy criteria at point of service will need to submit a Medication Request Form (MRF) to MedImpact for clinical review. First level drug therapy required include the following:

- SSRIs: fluoxetine, paroxetine, sertraline, citalopram, fluvoxamine, escitalopram;
- Other: venlafaxine, bupropion, Cymbalta, duloxetine, desvenlafaxine, Fetzima, Pristiq, Viibryd;
- TCAs: amitriptyline, nortriptyline;
- Anticonvulsants: gabapentin, divalproex, phenytoin, felbamate, topiramate, tiagabine, lamotrigine, levetiracetam, carbamazepine, zonisamide, Fycompa, Trokendi XR;
- Antidiabetic agents: glyburide, metformin, Januvia, Onglyza, Tradjenta;
- Lookback for itself: Savella, Lyrica;
- Lookback would include all brand names and generic;
- Lookback period should be 180 days.

GUIDELINES FOR USE

1. Is the patient 17 years of age or younger?

If yes, send the doctor a provider response letter and use reason code #142.
If no, continue to #2.

2. Has the patient been treated with Lyrica or Savella within the past 180 days and responded well?

If yes, **approve open-ended**. Please use status code #050 and the approval text provided.
APPROVAL TEXT: Your request for [**drug name**] has been approved as requested.
If no, continue to #3.

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GUIDELINES FOR USE (CONTINUED)

3. Has the patient tried and failed at least one of the first-line agents listed below within the past 180 days?
- SSRIs: fluoxetine, paroxetine, sertraline, citalopram, fluvoxamine, escitalopram;
 - Other: venlafaxine, bupropion, duloxetine, desvenlafaxine, Pristiq, Viibryd;
 - TCAs: amitriptyline, nortriptyline;
 - Anticonvulsants: gabapentin, divalproex, phenytoin, felbamate, topiramate, tiagabine, lamotrigine, levetiracetam, carbamazepine, zonisamide, Trokendi XR;
 - Antidiabetic agents: glyburide, metformin, Januvia, Onglyza, Tradjenta.

If yes, **approve open-ended**. Please use status code #050 and the approval text provided.
APPROVAL TEXT: Your request for **[drug name]** has been approved as requested.

If no, do not approve. Please use status code #238 and the denial text provided.
DENIAL TEXT: Per your health plan's Neuropathic Pain Agents guideline, a trial of an antidepressant (such as fluoxetine) or anticonvulsant (such as gabapentin), within the past 6 months, is required prior to approving coverage for the requested medication. Your provider did not indicate that you have been treated with one of these medications within the past 6 months and therefore your request was not approved.

RATIONALE

To promote the first line use of antidepressants (such as SSRIs, TCAs, or SNRIs) or anticonvulsants prior to the approval of Savella or Lyrica for the treatment of neuropathic pain or fibromyalgia.

FDA APPROVED INDICATIONS

Savella is indicated for the management of fibromyalgia.

Lyrica is indicated for the treatment of fibromyalgia, neuropathic pain associated with diabetic peripheral neuropathy, neuropathic pain associated with spinal cord injury, adjunct therapy for partial onset seizures, and postherpetic neuralgia.

REFERENCES

- Pfizer US Pharmaceutical Group. Lyrica Package Insert. New York, NY. December 2016.
- Allergan, Inc. Savella Package Insert. St. Louis, MO. August 2016.

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P&T Approval: 09/27/18