



# Lyrica and Savella Quantity Limit Program Summary

Quantity limits apply to Medicaid.

## POLICY REVIEW CYCLE

**Effective Date**  
07-01-2024

**Date of Origin**  
04-01-2015

## FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Lyrica	Pregabalin Cap 100 MG	100 MG	90	Capsules	30	DAYS			
Lyrica	Pregabalin Cap 150 MG	150 MG	90	Capsules	30	DAYS			
Lyrica	Pregabalin Cap 200 MG	200 MG	90	Capsules	30	DAYS			
Lyrica	Pregabalin Cap 225 MG	225 MG	60	Capsules	30	DAYS			
Lyrica	Pregabalin Cap 25 MG	25 MG	90	Capsules	30	DAYS			
Lyrica	Pregabalin Cap 300 MG	300 MG	60	Capsules	30	DAYS			
Lyrica	Pregabalin Cap 50 MG	50 MG	90	Capsules	30	DAYS			
Lyrica	Pregabalin Cap 75 MG	75 MG	90	Capsules	30	DAYS			
Lyrica	Pregabalin Soln 20 MG/ML	20 MG/ML	900	mLs	30	DAYS			
Lyrica cr	Pregabalin Tab ER 24HR 165 MG	165 MG	30	Tablets	30	DAYS			
Lyrica cr	Pregabalin Tab ER 24HR 330 MG	330 MG	60	Tablets	30	DAYS			
Lyrica cr	Pregabalin Tab ER 24HR 82.5 MG	82.5 MG	30	Tablets	30	DAYS			
Savella	milnacipran hcl tab	100 MG ; 12.5 MG ; 25 MG ; 50 MG	60	Tablets	30	DAYS			
Savella titration pack	Milnacipran HCl Tab 12.5 MG (5) & 25 MG	12.5 & 25 & 50 MG	1	Pack	180	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	(8) & 50 MG (42) Pak								

## CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Lyrica	Pregabalin Cap 100 MG	100 MG	Medicaid
Lyrica	Pregabalin Cap 150 MG	150 MG	Medicaid
Lyrica	Pregabalin Cap 200 MG	200 MG	Medicaid
Lyrica	Pregabalin Cap 225 MG	225 MG	Medicaid
Lyrica	Pregabalin Cap 25 MG	25 MG	Medicaid
Lyrica	Pregabalin Cap 300 MG	300 MG	Medicaid
Lyrica	Pregabalin Cap 50 MG	50 MG	Medicaid
Lyrica	Pregabalin Cap 75 MG	75 MG	Medicaid
Lyrica	Pregabalin Soln 20 MG/ML	20 MG/ML	Medicaid
Lyrica cr	Pregabalin Tab ER 24HR 165 MG	165 MG	Medicaid
Lyrica cr	Pregabalin Tab ER 24HR 330 MG	330 MG	Medicaid
Lyrica cr	Pregabalin Tab ER 24HR 82.5 MG	82.5 MG	Medicaid
Savella	milnacipran hcl tab	100 MG ; 12.5 MG ; 25 MG ; 50 MG	Medicaid
Savella titration pack	Milnacipran HCl Tab 12.5 MG (5) & 25 MG (8) & 50 MG (42) Pak	12.5 & 25 & 50 MG	Medicaid

## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p><b>Quantity Limit for the Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the program quantity limit <b>OR</b></li> <li>2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> <li>A. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. There is support for therapy with a higher dose for the requested indication <b>OR</b></li> </ol> </li> <li>B. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. There is support for why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit <b>OR</b></li> </ol> </li> <li>C. BOTH of the following: <ol style="list-style-type: none"> <li>1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication <b>AND</b></li> <li>2. There is support for therapy with a higher dose for the requested indication</li> </ol> </li> </ol> </li> </ol> <p><b>Length of Approval:</b> up to 12 months</p>

