



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Pharmacy Medical Policy Pregabalin (Lyrica® and Lyrica® CR)

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Policy Number: 057

BCBSA Reference Number: None

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

Drug	Formulary Information
	Standard
	Formulary Status
Lyrica® capsules/oral solution (pregabalin)	PA Required
Lyrica® CR (pregabalin ER)	PA Required
pregabalin	PA Required

We may cover **pregabalin** when **ONE** of the following criteria is met¹:

- A diagnosis of fibromyalgia
- OR
- A diagnosis of neuropathic pain associated with diabetic peripheral neuropathy
- OR
- A diagnosis of postherpetic neuralgia
- OR
- A diagnosis of partial onset seizures

OR

- A diagnosis of neuropathic pain associated with spinal cord injury

OR

- There must be evidence of a paid claim of gabapentin within the previous 130 days.

We may cover **Lyrica**® (pregabalin) with claims history of both pregabalin and gabapentin.

We may cover **Lyrica**® **CR** (pregabalin ER) when **ONE** of the following criteria sets is met:

- A diagnosis of neuropathic pain associated with diabetic peripheral neuropathy

AND

- There must be evidence of a paid claim both gabapentin and pregabalin.

OR

- A diagnosis of postherpetic neuralgia

AND

- There must be evidence of a paid claim of both gabapentin and pregabalin.

**Exception requests based exclusively on the use of samples will not meet coverage criteria for Lyrica®. Additional clinical information demonstrating medical necessity of Lyrica® must be submitted by the requesting prescriber for review.

We do not cover Lyrica® (pregabalin) or Lyrica® CR (pregabalin ER) when the above criteria are not met.

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this service.

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Managed Care Authorization Instructions

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.
Pharmacy Operations: (800) 366-7778

- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.

PPO and Indemnity Authorization Instructions

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.

Policy History

Date	Action
10/2019	Updated to include pregabalin into the policy
3/2018	Updated to add Lyrica® CR to the policy.
6/2017	Updated address for Pharmacy Operations.
5/2017	Updated to include new Lyrica® criteria.
7/2014	Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.
1/2014	Updated ExpressPAtH language and remove Blue Value
9/2012	Updated 9/2012 to include coverage for Lyrica® oral solution.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
1/2012	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
9/2009	Policy updated 9/2009 to remove Medicare Part D criteria from Medical Policy.
9/1/2008	New policy describing covered and non-covered indications. Effective 9/1/2008.

References

- Lyrica® [package insert]. Vega Baja, PR: Pfizer Pharmaceuticals; 2007.
- U.S. Food and Drug Administration (June 21, 2007). "FDA Approves First Drug for Treating Fibromyalgia". Press Release. Retrieved on 2008-5-27. Available at <http://www.fda.gov/bbs/topics/NEWS/2007/NEW01656.html>
- Lyrica® CR [package insert]. New York, NY: Parke-Davis; Oct 2017.

Endnotes

- Based on the recommendations of the BCBSMA Pharmacy and Therapeutics Committee meeting on 2/12/2008 and 5/13/2008.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

<http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>