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

Table of Contents
- Policy: Commercial
- Policy: Medicare
- Coding Information
- Policy History
- Information Pertaining to All Policies
- Endnotes
- Forms

Policy Number: 057
BCBSA Reference Number: None

Related Policies
- Quality Care Dosing guidelines apply to the following medications and can be found in Medical Policy #621A

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.
Prior Authorization Information

☒ Prior Authorization
☐ Step Therapy
☒ Quality Care Dosing

Pharmacy Operations:
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Policy last updated 7/1/2023

Pharmacy (Rx) or Medical (MED) benefit coverage
☐ Rx
☒ MED

Policy applies to Commercial Members:
• Managed Care (HMO and POS),
• PPO and Indemnity
• MEDEX with Rx plan
• Managed Major Medical with Custom BCBSMA Formulary
• Comprehensive Managed Major Medical with Custom BCBSMA Formulary
• Managed Blue for Seniors with Custom BCBSMA Formulary

To request for coverage: Physicians may call, fax, or mail the attached form (Formulary Exception/Prior Authorization form) to the address below.

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043

Individual Consideration: Policy for requests that do not meet clinical criteria of this policy, see section labeled Individual Consideration

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

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulary Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lyrica ®# capsules/oral solution (pregabalin)</td>
<td>PA Required</td>
</tr>
<tr>
<td>Lyrica ®# CR (pregabalin ER)</td>
<td>PA Required</td>
</tr>
<tr>
<td>pregabalin CR</td>
<td>PA Required</td>
</tr>
</tbody>
</table>

*# Non formulary medications are covered when a formulary exception request is submitted to BCBSMA Pharmacy Operations and step criteria below are met.

We may cover pregabalin CR when ONE of the following criteria is met:
• 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 or previous treatment of pregabalin within the previous 130 days.

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

One of the following Diagnoses:
• A diagnosis of neuropathic pain associated with diabetic peripheral neuropathy
• Management of postherpetic neuralgia
• Adjunctive therapy for the treatment of partial-onset seizures in patients 1 month of age and older
• Management of fibromyalgia
• Management of neuropathic pain associated with spinal cord injury

AND
• There must be evidence of a paid claim or previous treatment of both gabapentin AND (pregabalin or pregabalin CR).

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 or previous treatment of both gabapentin AND (pregabalin or pregabalin CR).

OR
• A diagnosis of postherpetic neuralgia, AND
• There must be evidence of a paid claim or previous treatment of both gabapentin AND (pregabalin or pregabalin CR).

Note: If approved the Prior Authorization will be granted for up to one (1) year.

**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
Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/2023</td>
<td>Reformatted Policy.</td>
</tr>
<tr>
<td>4/2022</td>
<td>Removed pregabalin from PA and clarified coding the nonformulary criteria for Lyrica to be in line with Lyrica CR.</td>
</tr>
<tr>
<td>7/2021</td>
<td>Updated to add pregabalin CR to the policy.</td>
</tr>
<tr>
<td>10/2019</td>
<td>Updated to include pregabalin into the policy.</td>
</tr>
<tr>
<td>3/2018</td>
<td>Updated to add Lyrica® CR to the policy.</td>
</tr>
<tr>
<td>6/2017</td>
<td>Updated address for Pharmacy Operations.</td>
</tr>
<tr>
<td>5/2017</td>
<td>Updated to include new Lyrica® criteria.</td>
</tr>
<tr>
<td>7/2014</td>
<td>Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.</td>
</tr>
<tr>
<td>1/2014</td>
<td>Updated ExpressPAth language and remove Blue Value</td>
</tr>
<tr>
<td>9/2012</td>
<td>Updated 9/2012 to include coverage for Lyrica® oral solution.</td>
</tr>
<tr>
<td></td>
<td>No changes to policy statements.</td>
</tr>
</tbody>
</table>

References


Endnotes

1. 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/csphtws2091/files/acquiadam-assets/023%20E%20Form%20Medication%20Pur%20Auth%20Instruction%20prn.pdf