



## MASSACHUSETTS

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

### Pharmacy Medical Policy **Pregabalin (Lyrica®)**

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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. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PA which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>. 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	PA Required

We cover Lyrica® (pregabalin) when **ONE** of the following criteria is met<sup>1</sup>:

- A diagnosis of fibromyalgia
- OR**
- There must be evidence of a paid claim or physician documented use\*\*of gabapentin within the previous 180 days.

\*\*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) 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.

### ICD-9-CM Diagnosis Codes

ICD-9-CM diagnosis codes:	Code Description
729.1	Myalgia and myositis, unspecified

### ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
M79.1	Myalgia
M79.7	Fibromyalgia

### 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  
 Clinical Pharmacy Department  
 One Enterprise Drive  
 Quincy, MA 02171  
 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.

- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>.

### 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.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>.

### Policy History

Date	Action
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>

### Endnotes

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

**Request for Outpatient Retail Pharmacy Prior Authorization**

**Fax to: Clinical Pharmacy Program (800) 583-6289**

**Phone Authorization (800)366-7778 or Web: <https://provider.express-path.com>**

We plan to respond to your request within two business days of our receipt. To ensure that we can confirm your request (required by NCQA), please be sure to include your fax number.

We cannot process requests unless they contain <b>all</b> of the information requested below:	
<b>Patient Information (REQUIRED)</b>	
Name	
BCBSMA ID Number	
Is the patient a BCBSMA employee? If yes, please fax request to: <b>(617) 246-4013</b>	Yes                      No
Date of Birth	
Patient's Diagnosis or ICD-9-CM code	
<b>Physician Information (REQUIRED)</b>	
Name	
Medical Specialty	
BCBSMA Provider number/NPI number	
Telephone Number	
Fax Number	
Is this fax number 'secure' for PHI receipt/transmission per HIPAA requirements? (circle one)	Yes      No
Contact Name (if different from physician)	
Please select <b>one</b> of the three following sections to complete, depending on the nature of your request for the above-named patient.	
<b>Formulary Exception Request</b>	
Name of non-covered drug you want to prescribe	
Reason for Individual Consideration Request (please check one): <input type="checkbox"/> Treatment failure with the following covered drugs in class: <input type="checkbox"/> Documented adverse reaction to the following covered drugs: <input type="checkbox"/> Other clinical reason (please specify) _____	
<b>Quality Care Dosing Override Request</b>	
Drug name, strength and quantity requested:	
Clinical reason for override (please specify)	
<b>Outpatient Retail Pharmacy Prior Authorization Request</b>	
Drug name:	
Start/End date (must be one year or less):	
Associated Co-morbid diagnosis:	
MD Signature:	Date: