This Coverage Policy applies to Individual Health Insurance Marketplace benefit plans only.

**Lyrica® (pregabalin)**

**COVERAGE POLICY**

Lyrica® is covered for members who meet the following criteria:

A. Members with *Epilepsy* as adjunct therapy  
   OR
B. Members with *Diabetic peripheral neuropathy* with documented failure* of gabapentin  
   OR
C. Members with *Post-herpetic neuropathy* with documented failure* of gabapentin  
   OR
D. Members with documented diagnosis of *Fibromyalgia* and documented failure* of  
   1. Non-pharmacologic therapies (cognitive behavioral therapies, exercise etc.),  
   AND  
   2. Three (3) of the following drugs/drug classes:  
      ➢ one tricyclic antidepressant (eg: amitriptyline)  
      ➢ one muscle relaxant (eg: cyclobenzaprine)  
      ➢ one SSRI  
      ➢ one SNRI  
      ➢ gabapentin  
      ➢ tramadol  
   OR
E. Members with documented *neuropathic pain associated with spinal cord injury* (see table 1)  
   1. Documented failure of three (3) of the following drugs/drug classes:  
      ➢ one tricyclic antidepressant (eg: amitriptyline)  
      ➢ one muscle relaxant (eg: baclofen)  
      ➢ one SNRI  
      ➢ gabapentin  
      ➢ tramadol

* Failure is defined as intolerance or no clinical efficacy

<table>
<thead>
<tr>
<th>Table 1. Spinal Cord Injury Associated Pain Categories and Examples</th>
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<tbody>
<tr>
<td><strong>Musculoskeletal pain</strong></td>
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</tr>
<tr>
<td>Glenohumeral arthritis</td>
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<tr>
<td>Lateral epicondylitis</td>
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<tr>
<td>Quadratus lumborum muscle spasm</td>
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<tr>
<td>Comminuted femur fracture</td>
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</tbody>
</table>
AUTHORIZATION PERIOD AND LIMITATIONS

Initial Approval: 3 years
Quantity Limit: 3 capsules/day for 25, 50, 75, 100, 150, 200-mg caps; 2 capsules/day for 225mg and 300mg caps.

PROCUREMENT
Available through the retail pharmacy network only.

NON COVERAGE
Lyrica® is NOT covered for members with the following criteria:

A. Use not approved by the FDA; and
B. The use is unapproved and not supported by the literature or evidence as an accepted off-label use. (see Off-Label Use Policy for determining ‘accepted use’) 

Other conditions not specified as a covered diagnosis are considered investigational/experimental and are therefore not covered.

REFERENCES


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