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| Section: | Prescription Drugs | Effective Date: | January 1, 2025 |
|-------------|---------------------|-----------------------|-----------------|
| Subsection: | Neuromuscular Drugs | Original Policy Date: | May 26, 2017 |
| Subject: | Lyrica | Page: | 1 of 6 |

Last Review Date: December 13, 2024

Lyrica

Description

Lyrica, Lyrica CR* (pregabalin)

*Prior authorization for the brand formulation applies only to formulary exceptions due to being a noncovered medication.

Background

Lyrica is indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy, management of post-herpetic neuralgia, management of fibromyalgia, and management of neuropathic pain associated with spinal cord injury in patients 18 years of age and older, and adjunctive therapy for adults and children 1 month of age and older with partial onset seizures. Lyrica CR is indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy and management of post-herpetic neuralgia. Lyrica and Lyrica CR are structural derivatives of the inhibitory neurotransmitter gamma-aminobutyric acid (GABA), although it does not bind directly to GABA_A, GABA_B or benzodiazepine receptors (1-2).

Regulatory Status

FDA-approved indications:

Lyrica is indicated for: (1)

- 1. Neuropathic pain associated with diabetic peripheral neuropathy (DPN)
- 2. Post-herpetic neuralgia (PHN)
- 3. Adjunctive therapy for the treatment of partial-onset seizures in patients 1 month of age and older
- 4. Fibromyalgia
- 5. Neuropathic pain associated with spinal cord injury

| Section: | Prescription Drugs | Effective Date: | January 1, 2025 |
|-------------|---------------------|------------------------------|-----------------|
| Subsection: | Neuromuscular Drugs | Original Policy Date: | May 26, 2017 |
| Subject: | Lyrica | Page: | 2 of 6 |

Lyrica CR is indicated for: (2)

- 1. Neuropathic pain associated with diabetic peripheral neuropathy (DPN)
- 2. Post-herpetic neuralgia (PHN)

Limitations of Use: (2)

Efficacy of Lyrica CR has not been established for the management of fibromyalgia or as adjunctive therapy for adult or children 4 years of age or older with partial onset seizures.

Lyrica and Lyrica CR are controlled substances due to their potential for euphoric effects, abuse and dependence. Patients should be monitored for angioedema, ocular conditions, increased seizure frequency, increased suicidal thoughts or behavior, peripheral edema, creatinine kinase elevations, decreased platelet count, dizziness, and somnolence. When discontinuing Lyrica and Lyrica CR, the dose should be gradually tapered over a minimum of one week to minimize the potential of increased seizure frequency in patients with seizure disorders. Dosing regimens of Lyrica and Lyrica CR are specific to the indication and require dose adjustment for renal impairment (1-2).

The safety and effectiveness of Lyrica in pediatric patients 1 month of age and older with partialonset seizures have been established (1).

The safety and effectiveness of Lyrica CR in pediatric patients have not been established (2).

Related policies Gabapentin, Savella

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Lyrica and Lyrica CR may be considered **medically necessary** if the conditions indicated below are met.

Lyrica and Lyrica CR may be considered investigational for all other indications.

Prior-Approval Requirements

Age 1 month of age or older

| Section: | Prescription Drugs | Effective Date: | January 1, 2025 |
|-------------|---------------------|------------------------------|-----------------|
| Subsection: | Neuromuscular Drugs | Original Policy Date: | May 26, 2017 |
| Subject: | Lyrica | Page: | 3 of 6 |

Diagnosis

Patient must have the following:

Lyrica ONLY

- 1. Partial onset seizures
 - a. Used in combination with other first line anti-epileptic medications
 - b. NO dual therapy with gabapentin

Age 18 years of age or older

Diagnoses

Lyrica and Lyrica CR

Patient must have **ONE** of the following:

- 1. Neuropathic pain associated with diabetic peripheral neuropathy (DPN)
- 2. Post-herpetic neuralgia (PHN)
- 3. Lyrica **only**: Neuropathic pain associated with spinal cord injury
- 4. Lyrica **only**: Fibromyalgia

AND the following for **ALL** diagnoses:

a. NO dual therapy with gabapentin

Prior – Approval Renewal Requirements

Same as above

Policy Guidelines

Pre - PA Allowance

Age 18 years of age or older

Quantity

Lyrica

Strength

Quantity Limit

| Section: | Prescription Drugs | Effective Date: | January 1, 2025 |
|-------------|---------------------|-----------------------|-----------------|
| Subsection: | Neuromuscular Drugs | Original Policy Date: | May 26, 2017 |
| Subject: | Lyrica | Page: | 4 of 6 |

| 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg | 600 mg per day |
|---|----------------|
| 20mg/mL solution | |

Prior - Approval Limits

Age 1 month of age to 17 years of age

Quantity

Lyrica

| Strength | Quantity Limit |
|---------------------------------|----------------|
| 25mg, 50mg, 75mg, 100mg, 150mg, | |
| 200mg, 225mg, 300mg | 600 mg per day |
| 20mg/mL solution | |

Duration 24 months

Age 18 years of age and older

Quantity

Lyrica

| Strength | Quantity Limit | |
|---|---|--|
| 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg 20 mg/ml solution | Pre-PA allows for the FDA recommended maximum dosage | |

| Medication <u>with approved FE</u> only | Quantity Limit |
|--|----------------|
| Lyrica CR 82.5 mg, 165 mg, 330 mg | 660 mg per day |

Duration 24 months

| Section: | Prescription Drugs | Effective Date: | January 1, 2025 |
|-------------|---------------------|-----------------------|-----------------|
| Subsection: | Neuromuscular Drugs | Original Policy Date: | May 26, 2017 |
| Subject: | Lyrica | Page: | 5 of 6 |

Prior – Approval Renewal Limits

Same as above

Rationale

Summary

Lyrica is indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy, management of post-herpetic neuralgia, management of fibromyalgia, and management of neuropathic pain associated with spinal cord injury in adult patients, and adjunctive therapy for adults and children 1 month and older with partial onset seizures. Lyrica CR is indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy and management of post-herpetic neuralgia. Lyrica and Lyrica CR are controlled substances due to its potential for euphoric effects, abuse, and dependence. When discontinuing Lyrica and Lyrica CR, the dose should be gradually tapered over a minimum of one week. Dosing regimens of Lyrica and Lyrica CR are specific to the indication and require dose adjustment for renal impairment (1-2).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Lyrica and Lyrica CR while maintaining optimal therapeutic outcomes.

References

- 1. Lyrica [package insert]. Morgantown, WV: Viatris Inc.; December 2023.
- 2. Lyrica CR [package insert]. New York, NY: Pfizer Pharmaceuticals, Inc.; June 2020.

Policy History

| Date | Action |
|----------------|--|
| May 2017 | Addition to PA |
| June 2017 | Annual review |
| December 2017 | Addition of Lyrica CR |
| March 2018 | Annual review |
| June 2018 | Annual editorial review and reference update |
| | Age for PA allowance for Lyrica changed to 4 years of age and older for the diagnosis of partial onset seizures. Removal of tapers from criteria Addition of no dual therapy with gabapentin |
| June 2019 | Reduced age requirement for Lyrica for partial onset seizures to 1 month and older |
| September 2019 | Annual review and reference update |
| December 2019 | Annual review. Moved Lyrica CR to MFE with PA only |
| September 2020 | Annual review and reference update |

| Section: Subsection: | Prescription Drugs Neuromuscular Drugs | Effective Date: Original Policy Date: | January 1, 2025 May 26, 2017 |
|---|--|--|---------------------------------|
| Subject: | Lyrica | Page: | 6 of 6 |
| December 20 June 2021 June 2022 December 20 February 2023 | Annual review Annual review | | es and set all dosage |
| March 2023 December 20 June 2024 December 20 | Annual review 23 Annual review Annual review | ence update | |
| Keywords | | | |

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on December 13, 2024 and is effective on January 1, 2025.