

LYRICA Prior Authorization Form

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- Standard Request
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- Expedited Request

If you or your prescriber believe that waiting for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision.

For state exchanges only: The above disclaimer applies for exigent circumstances. Expedited review may also be requested when you are undergoing a current course of treatment using a non-formulary drug.

Demographics

Patient Information		Prescriber Information	
Patient Name:		Prescriber Name:	
DOB:	Age:	NPI#:	Specialty:
Health Plan ID#:		Phone:	Fax:
Pharmacy Name:	Pharmacy Phone:	Office Contact:	Direct Phone # or Ext:

Medication Information

Drug Requested:	Strength:	Directions:	Quantity Dispensed:	Day Supply:
Lyrica (Pregablin)	<input type="checkbox"/> 25mg <input type="checkbox"/> 150mg <input type="checkbox"/> 50mg <input type="checkbox"/> 200mg <input type="checkbox"/> 75mg <input type="checkbox"/> 225mg <input type="checkbox"/> 100mg <input type="checkbox"/> 300mg			
<input type="checkbox"/> New medication <input type="checkbox"/> Continuation of therapy	Start Date:	If this is continuation of therapy, please provide CHART DOCUMENTATION indicating the member showed improvement while on therapy.		

Clinical Information

Diagnosis:	Date of Diagnosis:
Does patient have partial seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does patient have diabetic peripheral neuropathy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does patient have post-herpetic neuralgia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does patient have neuropathy due to spinal cord injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does patient have Fibromyalgia? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide the following Chart Documentation:	
<input type="checkbox"/> Diagnosis of fibromyalgia with history of widespread pain involving the extremities for three months and localized area of tenderness.	
<input type="checkbox"/> Previous therapies such as Gabapentin, Muscle Relaxants and Tricyclic Antidepressant tried and failed with dose, duration and rationale for failure.	
<input type="checkbox"/> Trial of exercise or physical therapy for fibromyalgia.	

Please provide any additional information which should be considered in the space below:
