

Prior Authorization Request Form for pregabalin (Lyrica), pregabalin extended-release (Lyrica CR)



JOHNS HOPKINS
MEDICINE

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HEALTHCARE

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**FAX Completed Form and
Applicable Progress Notes to:
(410) 424-4037**

USFHP Pharmacy Prior Authorization Form

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

Questions? Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

Step 1 Please complete patient and physician information (please print):

Patient Name: _____ Address: _____ Sponsor ID #: _____ Date of Birth: _____	Physician Name: _____ Address: _____ Phone #: _____ Secure Fax #: _____
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Step 2 Please complete the clinical assessment:

1. What is the indication or diagnosis?
 - Seizure disorder - Proceed to question 2
 - Post-herpetic neuralgia - Proceed to question 2
 - Diabetic peripheral neuropathy - Proceed to question 5
 - Neuropathic pain associated with spinal cord injury - Proceed to question 5
 - Fibromyalgia - Proceed to question 5
 - All other indications and diagnoses – **Coverage not approved**

2. Has the patient experienced adverse events with gabapentin that are not expected to occur with Lyrica or Lyrica CR?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 3
3. Does the patient have a contraindication to gabapentin that is not expected to exist with Lyrica or Lyrica CR?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 4
4. Has the patient previously responded to Lyrica or Lyrica CR and changing to gabapentin would incur unacceptable risk?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Stop Coverage not approved
5. Has the patient tried and failed therapy with gabapentin? -- PLEASE NOTE: A trial of either Gralise or Horizant does not count.	<input type="checkbox"/> Yes Proceed to question 9	<input type="checkbox"/> No Proceed to question 6
6. Does the patient have a contraindication to gabapentin that is not expected to occur with Lyrica or Lyrica CR?	<input type="checkbox"/> Yes Proceed to question 9	<input type="checkbox"/> No Proceed to question 7

Continue on next page

