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



FAX Completed Form and Applicable Progress Notes to:

(410) 424-4037

HEALTHCARE 7231 Parkway Drive, Suite 100, Hanover, MD 21076

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					
	Please complete patient and physician information (please print):				
1		Physician Name:			
	Address:	Address:			
	Sponsor ID #	Phone #:			
	Date of Birth: Sec	Secure Fax #:			
Step	Please complete the clinical assessment:				
2	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 					
					-
	that are not expected to occur with Lyrica or Lyrica CR?	Sign and date below	Proceed to question 3		
	3. Does the patient have a contraindication to gabapentin tha	□ Yes	🗆 No		
	is not expected to exist with Lyrica or Lyrica CR?	Sign and date below	Proceed to question 4		
	4. Has the patient previously responded to Lyrica or Lyrica CR and changing to gabapentin would incur unacceptable risk?	□ Yes	🗆 No		
		Sign and date below	Stop		
			Coverage not approved		
	5. Has the patient tried and failed therapy with gabapentin?	□ Yes	🗆 No		
	PLEASE NOTE: A trial of either Gralise or Horizant does not count.	Proceed to question 9	Proceed to question 6		
_	6. Does the patient have a contraindication to gabapentin that is not expected to occur with Lyrica or Lyrica CR?	□ Yes	🗆 No		
		Proceed to question 9	Proceed to question 7		

Continue on next page

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7. Has the patient experienced adverse events with gabapentin that are not expected to occur with Lyrica or Lyrica CR?	□ Yes	D No
	Proceed to question 9	Proceed to question 8
8. Has the patient previously responded to Lyrica or Lyrica CR and changing to gabapentin would incur unacceptable risk?	□ Yes	□ No
	Proceed to question 9	Stop
		Coverage not approved
9. Has the patient tried and failed therapy with duloxetine?	□ Yes	□ No
	Sign and date below	Proceed to question 10
10. Does the patient have a contraindication to duloxetine that is not expected to occur with Lyrica or Lyrica CR?	□ Yes	□ No
	Sign and date below	Proceed to question 11
11. Has the patient experienced adverse events with duloxetine that are not expected to occur with Lyrica or Lyrica CR?	□ Yes	□ No
	Sign and date below	Proceed to question 12
12. Has the patient previously responded to Lyrica or Lyrica CR and changing to duloxetine would incur unacceptable risk?	□ Yes	🗆 No
	Sign and date below	Stop
		Coverage not approved

Step 3

I certify the above is true to the best of my knowledge. Please sign and date:

Prescriber Signature

Date

[1 February 2018]

For Internal Use Only	
Approved:	Duration of Approval:month(s)
Denied:	Authorized By:
Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: