LYRICA

Prior Authorization Form

IF THIS IS AN URGENT REQUEST, Please Call UPMC Health Plan Pharmacy Services.
Otherwise please return completed form to:

UPMC HEALTH PLAN PHARMACY SERVICES PHONE 800-979-UPMC (8762) FAX 412-454-7722

PLEASE TYPE OR PRINT NEATLY

Please complete all sections of this form AND include details of past relevant medical treatment, which substantiates the need for an exception to using formulary alternatives, i.e. past prescription treatment failures, documented side effects, chart documentation, lab values, etc. Incomplete responses may delay this request.

Office Contact:		**Provider Specialty:**	
Provider First Name:		**Provider Last Name:**	
Provider Phone:		**Provider Fax:**	**Provider NPI #:**

Patient Name:	**Patient UPMC Health Plan ID Number:**	**Patient DOB:**	**Patient Age:**

Drug Requested: Lyrica (pregablin)	**Strength Requested:** ☐25mg ☐50mg ☐75mg ☐100mg ☐150mg ☐200mg ☐225mg ☐300mg	**Frequency:**	**Qty Dispensed**
☐**New Medication** ☐**Ongoing Medication**	**If Ongoing Provide Date Started:**	**If medication is ongoing, did the member show improvement while on therapy?**	☐**Yes** ☐**No**

Diagnosis:

MEDICAL HISTORY

Does patient have partial seizures?	☐**Yes** ☐**No**
Does patient have diabetic peripheral neuropathy? Include previous therapies tried and failed	☐**Yes** ☐**No**
Does patient have post-herpetic neuralgia? Include previous therapies tried and failed	☐**Yes** ☐**No**
Does patient have neuropathy due to spinal cord injury? Include previous therapies tried and failed	☐**Yes** ☐**No**
Does patient have fibromyalgia?	☐**Yes** ☐**No**

Include copy of chart documentation showing the diagnosis of fibromyalgia with history of widespread pain involving the extremities for three months and localized area of tenderness.

Include copy of chart documentation showing previous therapies such as Gabapentin, Muscle Relaxants and Tricyclic Antidepressants tried and failed with dose, duration and rationale for failure

Include copy of chart documentation showing trial of exercise or physical therapy for fibromyalgia

HISTORY OF PREVIOUS MEDICATIONS USED TO TREAT THE ABOVE CONDITION

Medication Trial/ Previous Therapies	Date of Therapy Start Date	End Date	Strength	Frequency	List adverse reactions/side effects/ reason for discontinuing

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