



**Lyrica (pregabalin)**

**Express Scripts  
Prior Authorization  
Phone 800-417-8164  
Fax 877-837-5922**

**Please have the information below ready when calling in the authorization.**

Member's Last Name	Member's First Name
SCAN ID number	Date of Birth
Prescriber's Name	Contact Person
Office phone	Office Fax

Medication:	Diagnosis:
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<p><b>1. Is Lyrica indicated for one of the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Management of neuropathic pain associated with diabetic peripheral neuropathy</li> <li><input type="checkbox"/> Management of postherpetic neuralgia</li> <li><input type="checkbox"/> Adjunctive therapy for adult patients with partial onset seizures</li> <li><input type="checkbox"/> Management of fibromyalgia</li> </ul>
<p><b>2. Is the prescription written by a Pain Specialist, Neurologist, Fibromyalgia disease specialist, or Endocrinologist?</b></p>
<p><b>3. Has the patient tried and failed gabapentin and any other formulary agent (TCAs, Opioid analgesics, Cymbalta, Carbamazepine) for the current condition?</b></p>
<p><b>4. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels is important to this review?</b></p>

Notice: **Failure to provide all information requested on this form may result in delayed processing or an adverse determination for insufficient information.** Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at <http://www.scanhealthplan.com>.