



**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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<b>1. Is Lyrica indicated for management of fibromyalgia?</b>
<b>2. Is Lyrica indicated for one of the following:</b>  <input type="checkbox"/> Management of neuropathic pain associated with diabetic peripheral neuropathy <input type="checkbox"/> Management of postherpetic neuralgia <input type="checkbox"/> Adjunctive therapy for adult patients with partial onset seizures
<b>3. Has the patient tried and failed gabapentin (total daily dose must be: <math>\geq 600\text{mg}</math>) for the current condition?</b>
<b>4. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels is important to this review?</b>

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>.