



**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
VH ID number	Date of Birth
Prescriber's Name	Contact Person
Office phone	Office Fax

Medication:	Diagnosis:
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**1. Does the patient have a diagnosis or indication for one of the following:**

- Seizures
- Fibromyalgia
- Post-herpetic neuralgia
- Neuropathic pain associated with diabetic peripheral neuropathy

**2. Is the diagnosis or indication for the treatment of neuropathic pain associated with other syndromes (examples include post-chemo neuropathy, multiple sclerosis, spinal tumors, spinal cord injury, trigeminal neuralgia)?**

**Dx:** \_\_\_\_\_

**3. Is the prescription written by a Neurologist?**

**4. Has the patient tried and failed gabapentin (total daily dose must be:  $\geq 600\text{mg}$ ) and any other formulary agent (TCAs, Opioid analgesics, Cymbalta, Carbamazepine) for the current condition?**

**5. Are there any other comments, diagnoses, symptoms, relevant lab values, and/or additional pertinent information that you feel is important to this review?**

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>.