



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>1. Is Lyrica indicated for one of the following:</p> <ul style="list-style-type: none"><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<input type="checkbox"/> Management of fibromyalgia
<p>2. Is the prescription written by a Pain Specialist, Neurologist, Fibromyalgia, disease specialist or Endocrinologist?</p>
<p>3. Has the patient tried and failed gabapentin and any other formulary agent (TCAs, Opioid analgesics, Cymbalta, Carbamazepine) for the current condition?</p>
<p>4. Are there any other comments, diagnoses, symptoms, and/or any other information the caller feels is important to this review?</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>.