



**Lyrica – pregabalin**

**Member Information**

Name \_\_\_\_\_  
Enrollment / Cardholder ID \_\_\_\_\_  
Group / Plan \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip \_\_\_\_\_

**Relationship (Circle)**

Subscriber      Spouse      Dependent  
Gender (Circle)  
Male                      Female  
AGE: \_\_\_\_\_

**Practitioner Information**

Name \_\_\_\_\_  
Agent / Contact Name \_\_\_\_\_  
Specialty \_\_\_\_\_  
Office / Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Phone (      ) - \_\_\_\_\_  
Fax (      ) - \_\_\_\_\_  
Email \_\_\_\_\_ @ \_\_\_\_\_

**Primary Diagnosis Condition /  
Diagnosis Related – Reason for Request**

- As adjunct therapy in patients with Epilepsy? **Y / N**
  - For the management of neuropathic pain associated with diabetic peripheral neuropathy? **Y / N**
    - Please provide documentation of failure of at least two of the following first line agents: Tricyclic antidepressants, gabapentin or Cymbalta.
  - For the management of postherpetic neuralgia? **Y / N**
  - For the management of Fibromyalgia? **Y / N**
    - Please provide documentation of failure of at least two of following first line agents: prescription strength analgesics and antidepressants (such as amitriptyline, nortriptyline (Pamelor), doxepin (Sinequan) , fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), doxepine, (Cymbalta)
    - Please provide documentation of Cognitive behavior therapy, and/ or self-care.
- (failure is defined as intolerance or lack of clinical efficacy)*

**Strength / Dose**

\_\_\_\_\_

**Duration of Therapy (Expected)**

\_\_\_\_\_

**Formulary Alternatives  
Attempted/Outcome**

\_\_\_\_\_

**Clinical Drug / Lab History Pertinent to Request**

\_\_\_\_\_

Contact Pharmacy?      **Y**      **N**  
Pharmacy Phone Number

\_\_\_\_\_

**Practitioner Signature**

Date Received: \_\_\_\_\_  
Reviewed By: \_\_\_\_\_  
Forwarded To: \_\_\_\_\_

**FAX Form to  
877-800-5633**