



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Lyrica® (Pregabalin)

Phone: 215-991-4300 Fax back to: 866-240-3712

HEALTH PARTNERS manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please print clearly.**

Patient Name:

Physician Name:

Clearinghouse Fibromyalgia treatment guideline or have those conditions been excluded?

Yes No

Q10. FOR FIBROMYALGIA: Does the patient have a history of therapeutic failure or contraindication to 3 non-pharmacologic first line therapies? (such as heated pool treatment, physiotherapy, aerobic exercise, strength training)

Yes No

Q11. FOR FIBROMYALGIA: Does the patient have a history of therapeutic failure, contraindication, or intolerance to gabapentin?

Yes No

Q12. FOR FIBROMYALGIA: Does the patient have a history of therapeutic failure, contraindication, or intolerance to one tricyclic or one SSRI or one SNRI?

Yes No

Physician Signature

Date