



MERCYCARE HEALTH PLANS

PRIOR AUTHORIZATION FAX REQUEST FORM - **FAX to 608-758-7726**

FOR **pregabalin (Lyrica)**

Name	DOB
MercyCare ID#	

FOR MERCYCARE USE ONLY

Primary Plan: _____ Tier 2 3

Secondary Plan: _____

Transaction #

**NOTICE: This form is to be used for:
Prior Approval of pregabalin**

Drug Name: pregabalin	Strength:	Dosing:	Quantity:
		Duration of Therapy:	

Patients will be approved for pregabalin if they meet the following criteria. **Please check the appropriate box(es) and send supporting documentation.** Usage compatible with its FDA approval. Pregabalin is indicated for the treatment of epilepsy, neuropathic pain associated with diabetic peripheral neuropathy, postherpetic neuralgia, and fibromyalgia.

Epilepsy

Provider has determined patient has treatment-resistant epilepsy and single agents or augmentation strategies have been ineffective:

- Diagnosis of partial onset seizures and not adequately controlled with 1 to 3 concomitant antiepileptic drugs

Diabetic Peripheral Neuropathy (DPN)

- Diagnosis of diabetic peripheral neuropathy
- Failure of 12-week trials of first-line agents (gabapentin, valproic acid, amitriptyline, venlafaxine, tramadol)
- Initial dose 75 mg TID; maintenance dose 100 mg TID; maximum dose 300 mg/day

Postherpetic Neuralgia (PHN)

- Diagnosis of neuralgia for at least 3 months following the healing of herpes zoster rash
- Failure of 12-week trials of first-line agents (gabapentin, amitriptyline, nortriptyline, desipramine)
- Initial dose 75 mg BID; maintenance dose 150 mg BID; maximum dose 300 mg BID

Fibromyalgia – Please use the fibromyalgia PA form

Prescriber Signature:	Date	Phone #	Fax #
Prescriber Name (Please Print)	Specialty	Location	

Approved thru:

3—6—9—12 months

Denied

D2—D6

Redirect

File

Pharmacist Signature: _____ / /