

Lyrica (pregabalin) Prior Authorization Request Form

Office of the Medical Director

Please fax completed form along with any supportive medical documentation to:
360-902-6315 ATTN: Drug Review Program

Claim Number	Injured Worker's Name
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Section 1	
Indication for Lyrica:	
<input type="checkbox"/> Seizure disorder	Proceed to Section 4
<input type="checkbox"/> Post-herpetic neuralgia	
<input type="checkbox"/> Diabetic peripheral neuropathy	
<input type="checkbox"/> Fibromyalgia	
<input type="checkbox"/> Central spinal cord injury (ASIA A, B, C, or D)	
<input type="checkbox"/> Off label use — please specify below:	Complete sections 2 — 4

Section 2			
Based on evidence of safety and efficacy, duloxetine, gabapentin, and tricyclic antidepressants (e.g., amitriptyline, doxepin, and nortriptyline) are first line agents for neuropathy.			
Has the injured worker trialed duloxetine and gabapentin and a tricyclic antidepressant?			
<input type="checkbox"/> Duloxetine	Date:	Dose:	
Outcome:			
<input type="checkbox"/> Gabapentin	Date:	Dose:	
Outcome:			
<input type="checkbox"/> Tricyclic antidepressant	Specify agent:	Date:	Dose:
Outcome:			
If not, is there a medical contraindication to trials of these agents?			
<input type="checkbox"/> Yes — Please specify: _____			
<input type="checkbox"/> No — Trial first line agents before Lyrica trial.			

Section 3	
What objective findings (e.g., EMG/NCV abnormality, diagnostic imaging) support the diagnosis of neuropathic pain? Please attach corresponding medical documentation when submitting request.	
Using a scale where 0 = "no interference" and 10 = "unable to carry on any activities," gauge the pain interference from neuropathy (see pain interference description below for appropriate scoring):	
0	1 2 3 4 5 6 7 8 9 10
Note: If Lyrica coverage is authorized on a 60-day trial basis, further coverage will be contingent upon documentation of a 30% or greater improvement over baseline pain interference by conclusion of the trial.	

Section 4	
Prescriber Name	Prescriber Phone Number
Signature	Date

Pain Interference Assessment

Score	Description/Examples of Corresponding Activities
0	No interference. Able to work regular hours, actively participate in family life, participate in social activities.
1	Able to work/volunteer 8 hours daily, take part in family life, limited social activities.
2	Able to work/volunteer at least 6 hours daily, one social activity during the week, active on weekends.
3	Able to work/volunteer a few hours daily, overall active at least 5 hours daily, simple activities on weekends.
4	Able to work/volunteer limited hours, limited social activities on weekends.
5	Unable to work/volunteer, struggle with home responsibilities and outside activities.
6	Unable to perform simple house chores, minimal outside activities.
7	Able to get dressed in morning, minimal house activities, contact with friends via phone/email.
8	Able to get out of bed but not dressed, housebound.
9	Able to get out of bed at least half the day, no contact with outside world.
10	Unable to carry out any activities. Bedbound.