Lyrica (Pregabalin) Prior Authorization Form

Physicians Plus INSURANCE CORPORATION

START HERE

Member & Prescriber Information

Member Name:	Prescriber Name:
	Prescriber Specialty:
Member Date of Birth:	Prescriber Phone #:
Member ID #:	Prescriber Fax #:

Criteria

Lyrica is approvable for the following conditions:

1. Epilepsy (partial-onset)
2. Diabetic peripheral neuropathy
3. Post herpetic neuralgia

Lyrica approvable as add-on therapy for epilepsy.

Lyrica 25mg strength is excluded from coverage

Quantity limit of 4 capsules per day apply.

Diagnosis:

☐ **Epilepsy** (select which other agent(s) being used concomitantly)

☐ Carbamazepine	☐ Lamotrigine	☐ Valproic acid
☐ Divalproex	☐ Levitiracetam	☐ Zonisamide
☐ Ehtosuximide	☐ Oxcarbazepine	☐ Other 1:
☐ Felbatol	☐ Phenytoin	☐ Other 2:

☐ **Diabetic Peripheral Neuropathy** (must have tried 2 agents in each column)

Antidepressant (at least 2)	Anti-Convulsant (at least 2)
☐ Amitriptyline	☐ Carbamazepine
☐ Desipramine	☐ Divalproex
☐ Duloxetine (Cymbalta)	☐ Gabapentin
☐ Nortriptyline	☐ Oxcarbazepine
☐ Paroxetine	☐ Topiramate

☐ **Post Herpetic Neuralgia** (must have tried 2 agents in each column)

Antidepressant (at least 2)	Anti-Convulsant (at least 2)
☐ Amitriptyline	☐ Carbamazepine
☐ Duloxetine (Cymbalta)	☐ Divalproex
☐ Nortriptyline	☐ Gabapentin
☐ Paroxetine	☐ Oxcarbazepine

Choose Product

☐ **Lyrica** 50 mg (encourage titration to maximal effective dose)
☐ **Lyrica** 75 mg
☐ **Lyrica** 100 mg
☐ **Lyrica** 150 mg
☐ **Lyrica** 200 mg
☐ **Lyrica** 225 mg
☐ **Lyrica** 300 mg

Sign/Date & Mail or Fax

Prescriber Signature: _____ **Date:** _____

Prescriber NPI: _____

Mailing Address
Physicians Plus Insurance Corporation
Attn: Pharmacy Services
P.O. Box 2078
Madison WI 53701-2078

Physicians Plus Pharmacy Services Fax:
(608) 258-1905
Prior Authorization Questions?
(608) 260-7803 or (800) 545-5015 (ext. 7803)
www.pplusic.com/providers