

OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: *The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.*

Drug Requested: **Lyrica®** (pregabalin)

DRUG INFORMATION: Complete information below. Authorization process will be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

- *Pregabalin is a Schedule V controlled substance.*

CLINICAL CRITERIA: ALL appropriate boxes must be checked to qualify or authorization process will be delayed.

Patient has tried and failed gabapentin.

AND

- Patient has tried and failed one (1) of the following:
- duloxetine
 - Lidocaine patch
 - amitriptyline, desipramine, imipramine or nortriptyline
 - fluoxetine

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

*Approved by Pharmacy and Therapeutics Committee: 10/20/2005
UPDATED/REVISED: 6/8/2011; 8/22/2011; 4/9/2014; 11/2/2014; 5/22/2015; 10/15/2015; 10/29/2015; 12/22/2015; 12/19/2016; 8/14/2017