

US Family Health Plan Pharmacy Program Medical Necessity Form for Lyrica (Pregabalin)

This form applies to the US Family Health Plan Pharmacy Program (USFHP). The form must be completed and signed by the prescriber.

- Formulary medications in this drug class (the GABA analogs) include gabapentin and Gabitril (tiagabine). Lyrica (pregabalin) is non-formulary, but available to most beneficiaries at a \$22 cost share.
- You do NOT need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain Lyrica at the \$22 non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of Lyrica instead of a formulary medication is medically necessary. If Lyrica is determined to be medically necessary, non-active duty beneficiaries may obtain it at the \$9 formulary cost share.

MAIL ORDER	If the prescription is to be filled through the USFHP Mail Order Pharmacy, check here <input type="checkbox"/>	RETAIL	If the prescription is to be filled at a retail pharmacy, check here <input type="checkbox"/>
	<ul style="list-style-type: none"> • The completed form and the prescription may be faxed to 1-617-562-5296 OR • The patient may attach the completed form to the prescription and mail it to: Attn: Pharmacy, 77 Warren Street, Brighton, MA 02135 		<ul style="list-style-type: none"> • The provider may call: 1-877-880-7007 <li style="text-align: center;">OR • The completed form may be faxed to 1-617-562-5296

Step 1 Please complete patient and physician information (Please Print)

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID: _____	Phone #: _____
Date of Birth: _____	Secure Fax: _____

Step 2 Please explain why the patient cannot be treated with a formulary medication.

1. What is the patient being treated for?

- Seizure disorder – please go to Question 2
- Neuropathic pain – please go to Question 3 (on the second page)
- Fibromyalgia – please go to Question 5 (on the second page)

Seizure Disorder

2. Is the patient being treated for seizure disorder and has the patient failed an adequate trial, been unable to tolerate, or have contraindications that preclude taking at least one of the formulary alternatives (gabapentin or tiagabine)? Please explain below.

<input type="checkbox"/> Yes Please explain below, then sign and date at the bottom of page 2	<input type="checkbox"/> No Please go to Question 6
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<p>Neuropathic pain (Note: an adequate trial is in general considered to be at least 6 weeks in duration.)</p>		
<p>3. Is the patient being treated for neuropathic pain and has the patient failed an adequate trial, been unable to tolerate, or have contraindications that preclude taking gabapentin? Please explain below.</p>	<p><input type="checkbox"/> Yes Please go to Question 4</p>	<p><input type="checkbox"/> No Please go to Question 6</p>
<p>4. Has the patient failed an adequate trial, been unable to tolerate, or have contraindications that preclude taking at least one medication from one of the following four drug classes? Please explain below.</p>	<p><input type="checkbox"/> Yes Please explain below, then sign and date.</p>	<p><input type="checkbox"/> No Please go to Question 6</p>
<p>Class (example)</p>	<p>Explanation - describe the therapeutic failure, intolerance, or contraindication</p>	
<p>tricyclic antidepressants (e.g., amitriptyline)</p>		
<p>SNRI antidepressants</p>		
<p>Anticonvulsants (other than gabapentin)</p>		
<p>opioids (e.g., tramadol)</p>		
<p>Fibromyalgia</p>		
<p>5. Has the patient been diagnosed with fibromyalgia AND failed an adequate trial, been unable to tolerate, or have contraindications that preclude taking at least one of the following medications: tricyclic antidepressants (e.g., amitriptyline) or cyclobenzaprine? Please explain below.</p>	<p><input type="checkbox"/> Yes Please explain below, then sign and date.</p>	<p><input type="checkbox"/> No Please go to Question 6</p>
<p>6. Has the patient previously responded to Lyrica, and changing to a formulary medication would incur unacceptable risk? (e.g., patient is currently stabilized on therapy and changing to a formulary medication would present a risk of destabilization.) Please explain below, then sign & date at the bottom of the page.</p>		

Step I certify the above is correct and accurate to the best of my knowledge.

3 Please sign and date

Prescriber Signature

Date