



**BlueCross  
BlueShield**

Federal Employee Program

**LYRICA / LYRICA CR  
PRIOR APPROVAL REQUEST**

Send completed form to:  
Service Benefit Plan  
Prior Approval  
P.O. Box 52080 MC 139  
Phoenix, AZ 85072-2080  
Attn. Clinical Services  
Fax: **1-877-378-4727**

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R <input type="text"/>			Physician Signature:		
<b>PHYSICIAN COMPLETES</b>						

**Lyrica / Lyrica CR (pregabalin)**

**NOTE:** Form must be completed in its **entirety** for processing

**Please select strength(s) and provide quantity:**

**Lyrica (pregabalin):**

<input type="checkbox"/> 25mg	qty _____	per 90 days	<input type="checkbox"/> 200mg	qty _____	per 90 days
<input type="checkbox"/> 50mg	qty _____	per 90 days	<input type="checkbox"/> 225mg	qty _____	per 90 days
<input type="checkbox"/> 75mg	qty _____	per 90 days	<input type="checkbox"/> 300mg	qty _____	per 90 days
<input type="checkbox"/> 100mg	qty _____	per 90 days	<input type="checkbox"/> Solution 20mg/mL	qty _____	per 90 days
<input type="checkbox"/> 150mg	qty _____	per 90 days			

**Lyrica CR (pregabalin):**

<input type="checkbox"/> 82.5mg	qty _____	per 90 days	<input type="checkbox"/> 330mg	qty _____	per 90 days
<input type="checkbox"/> 165mg	qty _____	per 90 days			

\*Check [www.fepblue.org/formulary](http://www.fepblue.org/formulary) to confirm which medication is part of the patient's benefit

**\*\*Non-covered branded medications must go through prior authorization and the formulary exception process**

Is this request for brand or generic? ☐ Brand ☐ Generic

What is the patient's total daily dose (mg per day) of Lyrica? \_\_\_\_\_ mg/day

1. What is the patient's diagnosis?

- ☐ Fibromyalgia
- ☐ Neuropathic pain associated with Diabetic Peripheral Neuropathy (DPN)
- ☐ Neuropathic pain associated with spinal cord injury
- ☐ Partial onset seizures

a. Is Lyrica being used in combination with other first line anti-epileptic medications? ☐ Yes ☐ No

☐ Post-Herpetic Neuralgia (PHN)

☐ Other diagnosis (*please specify*): \_\_\_\_\_

2. Will Lyrica be given in combination with gabapentin? ☐ Yes ☐ No



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Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<b>Electronically Online (ePA)</b> <b>Results in 2-3 minutes FASTEST AND EASIEST</b>	Now you can get responses to drug Prior Authorization requests <b>securely</b> online. <b>Online</b> submissions may receive <b>instant</b> responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to <b>Caremark.com/ePA</b> .
<b>Phone</b> <b>(4-5 minutes for response)</b>	The FEP Clinical Call Center can be reached at <b>(877)-727-3784</b> between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.
<b>Fax</b> <b>(3-5 days for response)</b>	Fax the attached form to <b>(877)-378-4727</b> . Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. <b><u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></b>

<b>faster... easier... better...</b>	Introducing ePA! Online Prior Authorizations in minutes through <b>Caremark.com/ePA</b> . Sign up today!
	<b>CVS/caremark</b> 