



HEALTH PARTNERS MEDICARE
PRIOR AUTHORIZATION REQUEST FORM

Health Partners Plans

Lyrica CR - Medicare

Phone: 215-991-4300

Fax back to: 866-371-3239

Health Partners Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Form with two columns: Patient Name and Prescriber Name. Fields include Member Number, Date of Birth, Line of Business, Address, City, State ZIP, Primary Phone, Fax, Office Contact, NPI, State Lic ID, and Specialty/facility name.

REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that applying the 72 hour standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:
Strength:
Directions / SIG:

Please attach any pertinent medical history including labs and information for this member that may support approval. Please answer the following questions and sign.

Q1. Is the patient 18 years of age or older?

Yes No

Q2. Does the patient have a diagnosis of pain associated with post-herpetic neuralgia (PHN) or diabetic peripheral neuropathy (DPN)? Chart notes must be attached for approval.

Yes No

Q3. Has the patient had a documented inadequate response or inability to tolerate gabapentin AND immediate-release Lyrica?

Yes No

Q4. Is the prescribed dosage for Lyrica CR within the package insert requirements (maximum of 330 mg per day for DPN, maximum of 660 mg per day for PHN)?

Yes No

Q5. Additional Information:

Q6. Requested Duration:

12 months

Prescriber Signature

Date

This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party.



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2021 Medicare Prior Authorization Request