SENTARA COMMUNITY PLAN
(MEDICAID)

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. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Lyrica® Solution (Non-Preferred)

Drug Requested: (select one below)

Preferred Drugs: (Lyrica solution requires a prior authorization and the following MUST be tried and failed first)	
❑ **gabapentin capsule/tablet/solution**	❑ **pregabalin capsule**

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

❑ Member has a diagnosis of epilepsy/seizures

AND

(Continued on next page.)

- ❑ Member has a problem swallowing tablets/capsules

AND

- ❑ Provider has submitted clinical reason why at least **TWO** preferred seizure medications cannot be used

OR

- ❑ For other diagnoses, member must have a problem swallowing tablets/capsules

AND

- ❑ Member must have a trial and failure of **TWO** preferred alternatives

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.