

Pharmacy Pre-authorization Form: Fibromyalgia and Other Neuropathic Pain

Note: USE THIS FORM ONLY when seeking pre-authorization for coverage of Cymbalta or Lyrica for pain.

Date: _____ Physician Name: _____

Member Name: _____ Physician Specialty: _____

Member ID Number: _____ Physician Address: _____

Member DOB: _____ Physician Telephone: _____

| |
|---|
| DIAGNOSIS/ICD9/ICD10 CODE (REQUIRED): _____ |
|---|

Physician Fax/E-mail: _____

Medication requested (check one):

- Cymbalta Lyrica

CHART NOTES are REQUIRED if you check "Yes" in any of the boxes below and no claims history is found. Use of samples for 90 days will not be accepted.

| | | |
|---|------------------------------|-----------------------------|
| For Diabetic Neuropathic Pain or Other Neuropathic Pain: 1. Has patient failed an adequate trial of gabapentin (Neurontin)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| For Fibromyalgia: 1. Has patient failed an adequate trial of gabapentin (Neurontin)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has patient failed an adequate trial of a tricyclic antidepressant (i.e. amitriptyline)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has patient failed an adequate trial of Savella (milnacipran)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For ConnectiCare Use Only

Date reviewed: _____

Approved/denied (circle one) by: _____ Approval expiration date: _____

Comments: _____

**ConnectiCare Pharmacy Services: FAX — 1-800-249-1367, or e-mail — pharmacy@connecticare.com
 To speak to a Medical Director or Pharmacist regarding a pre-authorization decision, call 1-800-828-3407.**

*This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-800-828-3407.
 The information in this document does not apply to ConnectiCare VIP Medicare plan members.*