

FIBROMYALGIA PRIOR AUTHORIZATION FORM

Coverage Policy: Lyrica, Cymbalta and Savella are covered for members with the diagnosis of **fibromyalgia** when ALL of the following criteria have been met. Other uses are not covered.

Documented failure* of the following:

- 1. **ONE** of the tricyclic antidepressants (TCA), **AND**
- 2. ONE of the muscle relaxants (e.g. cyclobenzaprine), AND
- 3. Documented non-pharmacologic therapies (cognitive behavioral therapies, exercise etc.), AND
- 4. At least **TWO** drugs from the following agents:
 - a. Any one SSRI, or
 - b. Tramadol, or
 - c. Gabapentin

*Failure is defined as intolerance or no clinical efficacy.

NON-covered uses are listed in the Prior Authorization criteria, which is available upon request.

>>> Requests for Lyrica or Cymbalta for diagnoses other than Fibromyalgia – please use the Lyrica or Cymbalta form <<<

PLEASE SEND COMPLETED FORM TO COVENTRY HEALTH CARE – PHARMACEUTICAL SERVICES FAX:Q1 (866) 738-9682 PHONE: (877) 215- 4100

Requesting Physician:

Call Center ID: Tax ID Number: Plan ID: Benefit:

Office Fax Number: Phone Number:

Office Address:

MEMBER INFORMATION

Patient Name: DOB:

Date of Request:

MEDICATION INFORMATION

Member ID#:

MEDICATION INFORMATION				
1.	DRUG REQUESTED: o Lyrica	o Cymbalta	o Savella	
	Please list specific past treatment trials and submit progress notes related to the request:			
	o TCA Drug:	Dates used:	Therapeutic Outcome:	
2.	o Muscle Relaxant Drug:	Dates used:	Therapeutic Outcome:	
	o SSRI Drug:	Dates used:	Therapeutic Outcome:	
	o Tramadol	Dates used:	Therapeutic Outcome:	
	o Gabapentin	Dates used:	Therapeutic Outcome:	
	Did member fail non-pharr	nacologic therapy?	YES o NO o	
3.	Therapy Tried:			
	Additional Comments:			
4.				
Physician's Signature:				

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