





**MEDICARE ADVANTAGE  
PRIOR AUTHORIZATION REQUEST FORM**

**Pregabalin ER - Medicare**  
*Applies to Core 5T and Premium 1T Formularies Only*

**Phone: 215-991-4300      Fax back to: 866-371-3239**

Jefferson Health 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.**

<b>Member Name:</b>	<b>Prescriber Name:</b>
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<b>Q6. Additional Information:</b>
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\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Date

v2025