Alberta Health Services

Last Name *(Legal)*	First Name *(Legal)*
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*
PHN	ULI ☐ Same as PHN / MRN
Administrative Gender ☐ Male ☐ Female ☐ Non-binary/prefer not to disclose (X) ☐ Unknown	

Pregabalin (SA-28)
Special Authorization Funding Request

Assessment and documentation in the patient record by a pharmacist is required **prior** to initial drug provision *(new admission or new starts)*. **Form submission is required within six weeks following admission or upon completion of the pregabalin trial.**

Processing Instructions: Please complete the form in its entirety.

Pharmacy provider email to ISFL Long Term Care Pharmacist cc.drugmanagement@albertahealthservices.ca **OR** pharmacist/physician fax to **403-943-0232**

Funding Eligibility ☐ *New Start* ☐ New Admission	☐ Type A Facility	Date started *(dd-Mon-yyyy)*
Resident Code	Year of Birth *(yyyy)*	Date of Admission *(dd-Mon-yyyy)*
Prescribing Information (reason for prescribing, specialist or clinic involvement)		*Dosing Information*

Protocol 1: **New Start / Step Therapy**	
Formulary first-line: Gabapentin For treatment of neuropathic pain associated with diabetic neuropathy, post-herpetic neuralgia, spinal cord injury or pain associated with fibromyalgia.	**Criteria met / acknowledged**
• The resident must have **failed** an **adequate trial** of therapy with the Formulary first-line agent **gabapentin**: Outcome of gabapentin trial *(specify date and outcome)* ; **and** *A **failed** gabapentin trial occurs when dosage titration to achieve pain control is not possible due to renal function and/or unacceptable or non-resolving side effects which are impairing function, such as somnolence or cognitive impairment. An **adequate trial** is defined as a separate treatment course of gabapentin (which may involve more than gabapentin) used for a period of 4 to 6 weeks.*	☐
• Must complete a **pregabalin trial.** A pregabalin trial of 4 to 6 weeks is used to determine objective and subjective improvement in symptoms from baseline and compared to gabapentin. Outcomes of pregabalin trial*(specify date and outcome)* ; **and**	☐
• The Interdisciplinary team has reviewed and incorporated non-pharmacological pain management strategies into the resident's care plan; **and**	☐
• Pregabalin will be assessed with regular medication reviews for determination of ongoing benefit.	☐

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Protocol 2: **Continuation of Therapy on Admission**	
For treatment of neuropathic pain associated with diabetic neuropathy, post-herpetic neuralgia, spinal cord injury or pain associated with fibromyalgia	**Criteria met / acknowledged**
• The resident failed a previous adequate trial of gabapentin; **or**	☐
• Pregabalin was recommended by a specialist (e.g. Pain Clinic); **and** *The physician & pharmacist use clinical judgment to evaluate whether changing therapy to the formulary first-line agent gabapentin should be (re)considered.*	☐
• Interdisciplinary team have reviewed and incorporated non-pharmacological pain management strategies into the resident's care plan; **and**	☐
• Pregabalin will be assessed with regular medication reviews for determination of ongoing benefit.	☐
Funding may be declined or terminated by Calgary Zone LTC Drug Management when criteria are not met and/or maintained.	
By submitting this application, the care team and pharmacist have given reasonable considerations to consent, alternative therapeutic options *(including formulary alternatives)*, and risks/benefits.	

Physician Name	Tracking Code *(generated by Pharmacist)* ☐ UP *(first-line therapy ineffective)* ☐ UC *(first-line clinically inappropriate)* ☐ UQ *(first-line therapy not tolerated)*
Pharmacist Name	
Initial Drug Provision Date *(dd-Mon-yyyy)*	MonYY RPh initials