



Medication Request Form (MRF) for Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW)

FAX TO: (858) 790-7100

c/o MedImpact Healthcare Systems, Inc.

Attn: Prior Authorization Department
10181 Scripps Gateway Court, San Diego, CA 92131 - Phone: 1-844-336-2677

Instructions:

This form is to be used by participating providers to obtain coverage for the drug listed above, which requires prior authorization. Please complete this form and fax it to MedImpact Healthcare Systems, Inc. at (858) 790-7100. If you have any questions regarding this process, please contact MedImpact's Customer Service at 1-844-336-2677.

Member/Provider Information:

MDwise Member's Name:	Provider's Name:
MDwise Member's ID #:	Provider's Specialty:
MDwise Member's DOB (mm-dd-yy):	Provider's DEA #: Provider's NPI #:
Pharmacy used by MDwise Member:	Provider's Telephone Number/Contact Name (xxx-xxx-xxxx):
Pharmacy Telephone Number (xxx-xxx-xxxx):	Provider's Fax Number (xxx-xxx-xxxx):

Clinical Information:

Requested Diabetic Test Strip:	
Quantity Requested:	Frequency of Testing:
Date Requested:	Length of Treatment (please be specific):
<p>Documentation of Medical Necessity</p> <p>1. Does the patient have a diagnosis of Type I diabetes mellitus? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does the patient have a diagnosis of Type II diabetes mellitus? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If yes, does the patient use an insulin pump? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has the patient tried the preferred glucose (diabetic) meters and test strips manufactured by Abbott (e.g., FreeStyle, FreeStyle Lite, FreeStyle InsuLinx), Roche (Accu-Chek Guide), or Trividia (TRUE METRIX)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Does the patient require the use of a non-preferred blood glucose test strip due to significant visual and/or cognitive impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Is the prescriber requesting a non-formulary test strip due to a need for data management software? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Does the patient require the use of a non-preferred blood glucose test strip based on his/her use of another manufacturer's companion insulin pump? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Additional information: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	