

**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: 1-800-788-2949

**Instructions:**

This form is to be used by participating providers to obtain coverage for a brand medication when a generic equivalent is available. 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 (800) 788-2949.

**Member/Provider Information:**

<b>MDwise Member's Name:</b>	<b>Provider's Telephone Number (xxx-xxx-xxxx):</b>
<b>MDwise Member's ID #:</b>	<b>Provider's Fax Number (xxx-xxx-xxxx):</b>
<b>MDwise Member's DOB (mm-dd-yy):</b>	<b>Provider's DEA #:</b>   <b>Provider's NPI #:</b>
<b>Provider's Name:</b>	<b>Provider's Specialty:</b>

**Clinical Information:**

<b>Requested Drug:</b>	
<b>Strength Requested:</b>	<b>Quantity Requested:</b>
<b>Date Requested:</b>	<b>Dosage Regimen:</b>

**Documentation of Medical Necessity:**

Please attach information (e.g., chart notes) demonstrating why the **brand** medication is being requested for this patient.

Has the patient tried the generic equivalent for the requested brand name medication within the previous 6 months (must be verified in prescription claims history or in submitted chart notes)?

Yes  No

**AND**

Did the patient experience a hypersensitivity reaction to the generic equivalent for the requested brand name medication?

Yes  No (**NOTE:** Hypersensitivity symptoms may include skin rash, hives, itching, fever, swelling, shortness of breath, wheezing, runny nose, itchy and/or watery eyes, and in severe cases, anaphylaxis.)

**AND**

If yes, is the hypersensitivity reaction clearly documented in the patient's medical record (i.e., chart notes must be submitted for this criterion)?

Yes  No

**OR**

Did the patient experience therapeutic failure or an adverse outcome (other than hypersensitivity) with the generic equivalent for the requested brand name medication?

Yes  No

**AND**

If yes, is a photocopy of the MedWatch form submitted to the FDA is attached to this request for prior authorization?

Yes  No **Prior authorization is contingent upon submission to the FDA a completed MedWatch form, which can be downloaded at the following address:**

<http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM163919.pdf>