



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:

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

Clinical Information:

Requested Drug:	
Strength Requested:	Quantity Requested:
Date Requested:	Dosage Regimen:

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>