



Lyrica CR® (pregabalin controlled-release)

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 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 Med**Impact's** Customer Service at (800) 788-2949.

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 Drug: <input type="checkbox"/> Lyrica CR®	Dose and Quantity Requested:
Date Requested:	Length of Treatment (please be specific):

Documentation of Medical Necessity (please complete all sections that apply):
<p>1. Does the patient have a diagnosis of neuropathic pain associated with diabetic peripheral neuropathy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>AND</p> <p>Has the patient had at least a 30-day trial of immediate-release Lyrica (pregabalin) within the past 120 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please note: In the absence of claim history, submission of chart notes documenting the previously tried therapies is required.</p>
<p>2. Does the patient have a diagnosis of post-herpetic neuralgia? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>AND</p> <p>Has the patient had at least a 30-day trial of immediate-release Lyrica (pregabalin) within the past 120 days? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please note: In the absence of claim history, submission of chart notes documenting the previously tried therapies is required.</p>