



Lyrica® (pregabalin immediate-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®	Dose and Quantity Requested:
Date Requested:	Length of Treatment (please be specific):

Documentation of Medical Necessity (please complete all sections that apply):

1. Is Lyrica being prescribed for the treatment of neuropathic pain associated with diabetic peripheral neuropathy?
 Yes No

AND

Has the patient had a trial of **ONE** of the following medications within the past 120 days?

- serotonin-norepinephrine reuptake inhibitor antidepressant (SNRI) (e.g., duloxetine, venlafaxine) Yes No
- tricyclic antidepressant (e.g., amitriptyline, desipramine, nortriptyline) Yes No
- gabapentin Yes No

Please note: In the absence of claim history, submission of chart notes documenting the previously tried therapies is required.

2. Is Lyrica being prescribed for the treatment of post-herpetic neuralgia?
 Yes No

AND

Has the patient had a trial of **ONE** of the following medications within the past 120 days?

- lidocaine patch Yes No
- tricyclic antidepressant (e.g., amitriptyline, desipramine, nortriptyline) Yes No
- gabapentin Yes No

Please note: In the absence of claim history, submission of chart notes documenting the previously tried therapies is required.

3. Is Lyrica being prescribed as adjunctive therapy for partial onset seizures?

Yes No

AND

Has the patient had a trial of **TWO** of the following medications within the past 365 days?

carbamazepine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	oxcarbazepine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
gabapentin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	valproic acid / divalproex	<input type="checkbox"/> Yes	<input type="checkbox"/> No
lamotrigine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	topiramate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
levetiracetam	<input type="checkbox"/> Yes	<input type="checkbox"/> No	zonisamide	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please note: In the absence of claim history, submission of chart notes documenting the previously tried therapies is required.

4. Is Lyrica being prescribed for the treatment of fibromyalgia?

Yes No

AND

Has the patient had a trial of **TWO** of the following medications within the past 365 days?

- tricyclic antidepressant (e.g., amitriptyline, desipramine, nortriptyline) Yes No
- gabapentin Yes No
- cyclobenzaprine Yes No
- selective serotonin reuptake inhibitor antidepressant (SSRI) (e.g., fluoxetine) Yes No
- duloxetine HCl Yes No
- Savella (milnacipran) Yes No

Please note: In the absence of claim history, submission of chart notes documenting the previously tried therapies is required.

5. Is Lyrica being prescribed for the treatment of neuropathic pain associated with spinal cord injury?

Yes No

AND

Has the patient had a trial of **ONE** of the following medications within the past 120 days?

- tricyclic antidepressant (e.g., amitriptyline, desipramine, nortriptyline) Yes No
- gabapentin Yes No

Please note: In the absence of claim history, submission of chart notes documenting the previously tried therapies is required.

6. Is Lyrica prescribed for the treatment of generalized anxiety disorder? Yes No

7. Is the patient unable to swallow regular capsules, or does the patient have difficulty swallowing that requires the use of a liquid formulation? Yes No