

**MHS PHARMACY BENEFIT
GRALISE, HORIZANT, AND LYRICA CR PRIOR AUTHORIZATION REQUEST FORM**

MHS
429 N Pennsylvania St. Suite 109
Indianapolis, IN, 46204-1208
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Today's Date

/ /

Note: This form must be completed by the prescribing provider.

****All sections must be completed or the request will be returned****

Patient's Medicaid #	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Patient's Name	<input type="text"/>		
Prescriber's IN License #	<input type="text"/>	Specialty	<input type="text"/>
Prescriber's NPI #	<input type="text"/>	Prescriber's Signature	<input type="text"/>
Return Fax #	<input type="text"/> - <input type="text"/> - <input type="text"/>	Return Phone #	<input type="text"/> - <input type="text"/> - <input type="text"/>
Check box if requesting retro-active PA	<input type="checkbox"/>	Date(s) of service requested for retro-active eligibility (if applicable):	

Note: Submit PA requests for retroactive claims (dates of service prior to eligibility determination, but within established eligibility timelines) with dates of service prior to 30 calendar days of submission separately from current PA requests (dates of service 30 calendar days or less and going forward).

Requested Medication and Strength	Dosage	Treatment Duration

PA Requirements for GRALISE (gabapentin ER):

1. Diagnosis of postherpetic neuralgia (PHN) ☐ Yes ☐ No
2. Member is 18 years of age or older ☐ Yes ☐ No
3. One of the following:
 - Previous trial and failure of immediate-release gabapentin for 90 days in the past 180 days
☐ Yes ☐ No
 Drug/dose/date(s): _____
 - OR**
 - Medical rationale for use of Gralise (gabapentin ER) over immediate-release gabapentin

4. Dose requested is less than 1800 mg/day ☐ Yes ☐ No

Note the following QL per strength: 300 mg strength – max of 1 tablet/day; 450 mg strength – max of 1 tablet/day; 600 mg strength – max of 2 tablets/day; 750 mg strength – max of 2 tablets/day; 900 mg strength – max of 2 tablets/day; Titration pack – 1 pack/90 days

PA Requirements for HORIZANT (gabapentin ER):

1. Diagnosis of postherpetic neuralgia (PHN) ☐ Yes ☐ No

Select one of the following:

- Previous trial and failure of immediate-release gabapentin for 90 days in the past 180 days
☐ Yes ☐ No

Drug/dose/date(s): _____

OR

- Medical rationale for use of Horizant (gabapentin ER) over immediate-release gabapentin

2. Diagnosis of moderate-to-severe primary restless legs syndrome (RLS)

Select one of the following:

- Previous trial and failure of gabapentin IR, pramipexole, ropinirole, or rotigotine patches for 90 days in the past 180 days ☐ Yes ☐ No

Drug/dose/date(s): _____

OR

- Medical rationale for use of Horizant (gabapentin ER) over gabapentin IR, pramipexole, ropinirole, AND rotigotine patches:

3. Dose requested is less than 1200 mg/day ☐ Yes ☐ No

Note the following QL per strength: 300 mg strength – max of 2 tablets/day; 600 mg strength – max of 2 tablets/day

4. Member is 18 years of age or older ☐ Yes ☐ No

PA Requirements for LYRICA CR (pregabalin ER):

1. Diagnosis of postherpetic neuralgia (PHN) ☐ Yes ☐ No

2. Diagnosis of diabetic peripheral neuropathy (DPN) ☐ Yes ☐ No

3. Member is 18 years of age or older ☐ Yes ☐ No

4. One of the following:

- Previous trial and failure of immediate-release pregabalin for 90 days in the past 180 days
☐ Yes ☐ No

Drug/dose/date(s): _____

OR

- Medical rationale for use of Lyrica CR (pregabalin ER) over immediate-release pregabalin
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5. Dose requested is less than 330 mg/day for DPN ☐ Yes ☐ No

Note the following QL per strength: 82.5 mg strength – max of 3 tablets/day; 165 mg strength – max of 1 tablet/day; 330 mg strength – max of 1 tablet/day

6. Dose requested is less than 660 mg/day for PHN ☐ Yes ☐ No

Note the following QL per strength: 82.5 mg strength – max of 3 tablets/day; 165 mg strength – max of 3 tablets/day; 330 mg strength – max of 2 tablets/day

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