

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

**MHS  
550 N. Meridian St. Suite 101  
Indianapolis, IN, 46204-1208  
Phone: (877) 647-4848 Fax: (866) 399-0929**



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 #	□□□□□□□□□□	Date of Birth	□□ / □□ / □□□□
Patient's Name	Prescriber's Name		
Prescriber's IN License #	□□□□□□□□	Specialty	
Prescriber's NPI #	□□□□□□□□□□	Prescriber's Signature	
Return Fax #	□□□□ - □□□□ - □□□□	Return Phone #	□□□□ - □□□□ - □□□□
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):**

- Diagnosis of postherpetic neuralgia (PHN)  Yes  No
- Member is 18 years of age or older  Yes  No
- 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  
\_\_\_\_\_  
\_\_\_\_\_
- 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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