CareSource Rxinnovations

INDIANA HEALTH COVERAGE PROGRAMS (IHCP) PHARMACY BENEFIT
GRALISE, HORIZANT AND LYRICA CR PRIOR AUTHORIZATION (PA) REQUEST FORM

CareSource Pharmacy Prior Authorization Form
P.O. Box 8738
Dayton, OH 45401-8738
Fax: (866) 930-0019

Today's Date
☐☐ / ☐☐ / ☐☐☐☐

Non-Urgent ☐ Urgent ☐

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

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

Patient's CareSource # ☐☐☐☐☐☐☐☐☐☐☐☐	Date of Birth ☐☐ / ☐☐ / ☐☐☐☐
Patient's Name	Prescriber's Name
Prescriber's Indiana License # ☐☐☐☐☐☐☐☐	Specialty
National Provider Identifier (NPI) # ☐☐☐☐☐☐☐☐☐☐	Office Contact
Prescriber's Fax ☐☐☐ - ☐☐☐ - ☐☐☐☐	Prescriber Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐
Prescriber's Address	Date(s) of Service: _____ Start Date: _____

Requested Medication and Strength	Directions for Use	Quantity

PA Requirements for Gralise (Gabapentin ER)

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

   Diagnosis Code: _____

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

3. One of the following:

   a) Previous trial and failure of immediate-release gabapentin for 90 days in the past 180 days?
   ☐ Yes ☐ No
   Drug/dose/date(s): _____

   - OR -

   b) Medical rationale for use of Gralise (Gabapentin ER) over immediate-release Gabapentin:

   _____
   _____
   _____

4. Dose requested in less than 1800 mg daily*? ☐ 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
   Diagnosis Code: _____

Select one of the following:

a) Previous trial and failure of immediate-release Gabapentin for 90 days in the past 180 days?
   ☐ Yes ☐ No
   Drug/dose/date(s): _____

- OR -

b) Medical rationale for use of Horizant (Gabapentin ER) over immediate-release Gabapentin:
   _____
   _____
   _____

2. Diagnosis of moderate-to-severe primary restless legs syndrome (RLS)? ☐ Yes ☐ No
   Diagnosis Code: _____

Select one of the following:

a) Previous trial and failure of Gabapentin IR, Ropinirole, Pramipexole or Rotigotine patches for 90 days in the past 180 days? ☐ Yes ☐ No
   Drug/dose/date(s):_____

- OR -

b) Medical rationale for use of Horizant (Gabapentin ER) over Gabapentin IR, Ropinirole, Pramipexole AND Rotigotine:
   _____
   _____
   _____

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
   Diagnosis Code: _____

2. Diagnosis of diabetic peripheral neuropathy (DPN)? ☐ Yes ☐ No
   Diagnosis Code: _____

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

4. Select one of the following:
   a) Previous trial and failure of immediate-release Pregabalin for 90 days in the past 180?
   ☐ Yes ☐ No
   Drug/dose/date(s):
   _____

- OR -

b) Medical rationale for use of Lyrica CR (Pregabalin ER) over immediate-release Pregabalin:
_____
_____
_____

5. Dose requested is less than 3 30 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 6 60 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

I attest the information provided on this form is accurate:

Physician Signature: _____ **Date:** _____