



Neighborhood Health Plan Of RI
Pharmacy Benefit Exception Request Form for Patients covered
under the “generic only” benefit
Lyrica, Cymbalta or Savella

Instructions:
 The General laws of the State of RI provide for a “generic first” Pharmacy Benefit for the State’s Managed Medicaid program. Use of brand name drugs is limited to specific “exempt” drug classes and cases where there is documented evidence that the patient has tried and failed therapy with generic drugs. This form is to be used by participating physicians and providers to obtain coverage for a brand name drug when there is evidence that the patient has tried and failed therapy with generic drugs. *Failure to complete this form will result in Neighborhood not paying for the ordered drug and may delay delivery of the drug to your patient.*
 Please complete this form and fax to: Neighborhood Customer Service at fax # 866-423-0945.
 To review the entire Neighborhood Formulary, please visit our website at:

Please complete the following information:

Member Name: (required)	Member ID Number: (required) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
Member Date of Birth: (required) / /	Member Sex: M F (Circle One)								
Prescriber Name: (required)	Contact Person at Office:								
Office Phone number: (required) () -	Office Fax Number: (required) () -								

Drug requested _____ Diagnosis _____
 Dose _____ Directions _____ Quantity _____ Days supply _____

If Lyrica, Cymbalta or Savella is being requested for the treatment of **fibromyalgia**, neuropathic pain or postherpetic neuralgia, patient must fail an adequate trial with a 1800mg per day dose of gabapentin plus at least 1 of the following generic agents. Please indicate which other medications have been tried within the past 12 months along with doses, dates of therapy and reason for discontinuing:

Drug Name (specify if required)	Dose	Dates Used	Reason for Discontinuing (Please circle)
<input type="checkbox"/> Gabapentin			Efficacy Side Effect _____
<input type="checkbox"/> SSRI _____			Efficacy Side Effect _____
<input type="checkbox"/> TCA _____			Efficacy Side Effect _____
<input type="checkbox"/> Cyclobenzaprine			Efficacy Side Effect _____
<input type="checkbox"/> Pramipexole			Efficacy Side Effect _____
<input type="checkbox"/> Other _____			Efficacy Side Effect _____

If Lyrica is being requested for adjunctive **seizure** treatment patient must fail at least 2 of the following agents. Please indicate previous anticonvulsant therapy:

<input type="checkbox"/> Carbamazepine	<input type="checkbox"/> Oxcarbazepine	<input type="checkbox"/> Zonisamide
<input type="checkbox"/> Topiramate	<input type="checkbox"/> Lamotrigine	<input type="checkbox"/> Levetiracetam
<input type="checkbox"/> Valproic Acid	<input type="checkbox"/> Tiagabine	<input type="checkbox"/> Phenytoin
<input type="checkbox"/> Gabapentin	<input type="checkbox"/> Other _____	<input type="checkbox"/>

If Cymbalta is being requested for the treatment of **depression** Patient must fail 3 of the following agents. Please indicate previous depression therapy along with dose and reason for discontinuing OR fill out a SNRI form specific to use for depression available at our website www.nhpri.org:

Any SSRI _____

Bupropion ER or XL _____

Venlafaxine ER _____

Other _____

For all other uses including chronic pain or osteoarthritis please indicate which medications the patient has failed **in the past 6 months**: (failure of at least two generics is required)

Drug/Dose _____ Dates of therapy _____ Ineffective/Side effect _____

Drug/Dose _____ Dates of therapy _____ Ineffective/Side effect _____

Prescriber signature _____ NPI _____ Date _____

Completed forms should be faxed to:
Customer Service Department NHPRI at 866-423-0945