



Prior Authorization of Benefits Form

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete form in its entirety and fax to: Prior Authorization (PA) of Benefits Center at 1-844-512-9004.

Provider Help Desk: 1-800-454-3730

1. Patient information

2. Physician information

Patient name: _____	Prescribing physician: _____
Patient ID #: _____	Physician address: _____
Patient DOB: _____	Physician phone #: _____
Date of Rx: _____	Physician fax #: _____
Patient phone #: _____	Physician specialty: _____
Patient email address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician email address: _____

3. Medication

4. Strength

5. Directions

6. Quantity per 30 days

_____	_____	_____	Specify: _____
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7. Diagnosis: _____

8. Approval criteria: (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

Prior authorization (PA) is required for all nonpreferred, nonsteroidal anti-inflammatory drugs (NSAIDs) and COX-2 inhibitors. Prior authorization is not required for preferred NSAIDs or COX-2 inhibitors. 1. Requests for a nonpreferred NSAID must document previous trials and therapy failures with at least three preferred NSAIDs. 2. Requests for a nonpreferred COX-2 inhibitor must document previous trials and therapy failures with three preferred NSAIDs, two of which must be preferred COX-2 preferentially selective NSAIDs. 3. Requests for a nonpreferred extended release NSAID must document previous trials and therapy failures with three preferred NSAIDs, one of which must be the preferred immediate release NSAID of the same chemical entity at a therapeutic dose that resulted in a partial response with a documented intolerance. The required trials be can overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Preferred (no PA required)

- Celecoxib
- Diclofenac Sod./Pot.
- Diclofenac Sod. EC/DR
- Etodolac 400mg/500mg
- Flurbiprofen
- Meloxicam (COX-2)
- Nabumetone (COX-2)
- Naproxen EC/ER
- Naproxen Sodium 550mg
- Naproxen Tab

Nonpreferred (PA required)

- Arthrotec
- Celebrex
- Ketoprofen ER
- Diclofenac ER/XR*
- Diclofenac Epolamine
- EC-Naprosyn
- Flector Patch
- Indomethacin ER*
- Tivorbex
- Meclofenamate Sod
- Naprelan
- Piroxicam
- Qmiz ODT
- Vivlodex
- Zipsor
- Zorvolex
- Tolmetin Sod

- | | | | |
|------------------------------------------|---------------------------------------|-------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Salsalate | <input type="checkbox"/> Etodolac | <input type="checkbox"/> Naproxen Susp |
| <input type="checkbox"/> Ibuprofen Susp. | <input type="checkbox"/> Sulindac | CR/ER/XR | <input type="checkbox"/> Oxaprozin |
| <input type="checkbox"/> Indomethacin | <input type="checkbox"/> Voltaren Gel | <input type="checkbox"/> Fenoprofen | <input type="checkbox"/> Pennisaid |
| <input type="checkbox"/> Ketoprofen | | <input type="checkbox"/> Other (specify): | |

Diagnosis: _____

Preferred drug trial #1 drug name and dose: _____ Trial dates: _____

Failure reason: _____

Preferred drug trial #2 drug name and dose: _____ Trial dates: _____

Failure reason: _____

Preferred drug trial #3 drug name and dose: _____ Trial dates: _____

Failure reason: _____

Medical necessity for alternative delivery system: _____

Medical or contraindication reason to override trial requirements: _____

Reason for use of Nonpreferred drug requiring prior approval: _____

Attach lab results and other documentation as necessary.

9. Physician signature

 Prescriber or authorized signature

 Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.