



Request for Prior Authorization
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Prior authorization is required for all non-preferred 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 non-preferred nsaid must document previous trials and therapy failures with at least three preferred nsaids.

Preferred (No PA required)

- Diclofenac Sod./Pot. Meloxicam (COX-2)
Diclofenac Sod. EC/DR Nabumetone (COX-2)
Etodolac 400mg/500mg Naprosyn Susp.
Flurbiprofen Naproxen
Ibuprofen Naproxen EC/ER
Ibuprofen Susp. Naproxen Sodium 550mg
Indomethacin Salsalate
Ketoprofen Sulindac

Non-Preferred (PA required for all products)

- Arthrotec Indomethacin ER* Tivorbex
Celebrex Ketoprofen ER Tolmetin Sod
Celecoxib Meclofenamate Sod Vivlodex
Diclofenac ER/XR* Naprelan Voltaren Gel
EC-Naprosyn Oxaprozin Voltaren XR
Etodolac CR/ER/XR Pennsaid Zipsor
Fenoprofen Piroxicam Zorvolex
Flector Patch Ponstel
Other (specify)

Strength Dosage Instructions Quantity Days Supply

Diagnosis:

Preferred Drug Trial 1: Drug Name& Dose Trial Dates:

Failure Reason

Preferred Drug Trial 2: Drug Name& Dose Trial Dates:

Failure Reason

Preferred Drug Trial 3: Drug Name& Dose Trial Dates:

Failure Reason

Medical Necessity for alternative delivery system:

Medical or contraindication reason to override trial requirements:

Reason for use of Non-Preferred drug requiring prior approval:

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.) Date of submission

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid.