



Phone: 800-842-2015 Fax: 877-837-5922

PATIENT DATA	Last Name	First Name	Policy Number	Date of Birth	Age
REQUESTING PHYSICIAN DATA	Last Name	First Name	Contact Name	Fax Number ()	
BCBSLA Provider Number		Area of Practice/Specialty	Phone Number ()		

REQUESTED DRUG*

- Detrol®
- Detrol® LA
- Ditropan®
- Ditropan® XL
- Enablex®**
- Gelnique®
- Oxytrol®
- Sanctura®
- Sanctura® XR**
- Toviaz®
- Vesicare®
- Other

PAST TREATMENT HISTORY (Check ALL that apply)

- Oxybutynin IR
- Oxybutynin ER
- Trospium
- Other _____

OTHER CLINICAL INFORMATION (Check ALL that apply)

Yes No Is the patient unable to swallow or has difficulty swallowing?

PHYSICIAN SIGNATURE

DATE

Prescribing Physician

*Preferred brand drugs (Tier 2) are designated in bold.

Note: On behalf of Blue Cross and Blue Shield of Louisiana, prior authorizations are administered by Express Scripts, Inc., an independent pharmacy benefit management company. Please note that the authorization is not a guarantee of payment. Payment is subject to the member's eligibility, benefits, and pre-existing condition limitations at the time the services are provided. The submitting provider certifies that the information contained herein is true, accurate, and complete and the requested services are medically necessary to the health of the patient.

Incomplete forms will not be processed