



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

**REQUESTED DRUG**

<input type="checkbox"/> Aciphex® <input type="checkbox"/> Anaprox® <input type="checkbox"/> Anaprox DS® <input type="checkbox"/> Ansaid® <input type="checkbox"/> Arthrotec® <input type="checkbox"/> Caldolor® <input type="checkbox"/> Cataflam® <input type="checkbox"/> Celebrex® <input type="checkbox"/> Clinoril® <input type="checkbox"/> Daypro® <input type="checkbox"/> Dexilant® <input type="checkbox"/> Duexis® <input type="checkbox"/> Feldene® <input type="checkbox"/> Flector Patches® <input type="checkbox"/> IC400 <input type="checkbox"/> IC800	<input type="checkbox"/> Indocin® <input type="checkbox"/> Indocin SR® <input type="checkbox"/> Lodine® <input type="checkbox"/> Lodine XL® <input type="checkbox"/> Meclomen® <input type="checkbox"/> Mobic® <input type="checkbox"/> Motrin® <input type="checkbox"/> Nalfon® <input type="checkbox"/> Naprelan® <input type="checkbox"/> Naprosyn® <input type="checkbox"/> Orudis® <input type="checkbox"/> Oruvail® <input type="checkbox"/> Pennsaid® solution <input type="checkbox"/> Ponstel® <input type="checkbox"/> Prevacid® <input type="checkbox"/> Prevacid® NapraPAC	<input type="checkbox"/> Prevacid SoluTab® <input type="checkbox"/> Prilosec® <input type="checkbox"/> Prilosec® granules <input type="checkbox"/> Protonix® <input type="checkbox"/> Relafen® <input type="checkbox"/> Sprix® <input type="checkbox"/> Tolectin® <input type="checkbox"/> Toradol® <input type="checkbox"/> Vimovo® <input type="checkbox"/> Voltaren® <input type="checkbox"/> Voltaren® Gel <input type="checkbox"/> Voltaren XR® <input type="checkbox"/> Zegerid® <input type="checkbox"/> Zipsor® <input type="checkbox"/> Other _____
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**PAST TREATMENT HISTORY (Check ALL that apply)**

Generic prescription NSAID (i.e. meloxicam, diclofenac, indomethacin, mefenamic)  
 Lansoprazole/ODT  
 Naproxen dosed twice daily (prescription)  
 Nexium®  
 Omeprazole (prescription)  
 Omeprazole/sodium bicarbonate  
 OTC NSAID taken at prescription strength doses  
 OTC Prevacid® 24 hr (15 mg per day for 14 days under physician supervision)  
 OTC Prilosec® or OTC omeprazole (20 mg per day for 14 days under physician supervision)  
 OTC Zegerid® (20 mg per day for 14 days under physician supervision)  
 Pantoprazole  
 Prilosec® (prescription)

**OTHER CLINICAL INFORMATION (Check ALL that apply)**

Yes  No Does the patient have difficulty swallowing tablets/capsules or can not swallow tablets/capsules?  
 Yes  No Is the patient currently taking Coumadin®, warfarin or dicumarol?  
 Yes  No Does the patient have reduced platelet counts or other coagulation disorders?  
 Yes  No Is Celebrex being requested and being used as part of cancer chemotherapy regimen for the treatment of cancer?  
 Yes  No Does the patient have an upper GI bleed from a duodenal or gastric ulcer?  
 Yes  No Does the patient have Familial Adenomatous Polyposis (FAP)?  
 Yes  No Does the patient have Attenuated Adenomatous Polyposis Coli (AAPC) with adenomatous colorectal polyps?  
 Yes  No Does the patient have a feeding tube (i.e. nasogastric tube or gastric tube)?  
 Yes  No Is the patient < two years of age?  
 Yes  No Is there clinical evidence or patient history that suggests the step 1 medication will be ineffective or cause an adverse reaction to the patient? \_\_\_\_\_

<b>PHYSICIAN SIGNATURE</b>	<b>DATE</b>
_____	_____

**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**