



**BlueCross BlueShield
of Louisiana**

An independent licensee of the Blue Cross and Blue Shield Association.
P.O. Box 98031 • Baton Rouge, Louisiana • 70898-9031



**CONFIDENTIAL
PATIENT INFORMATION**

**DRUG AUTHORIZATION FORM
Proton Pump Inhibitors and Pain
(NSAID) Agents**

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

<input type="checkbox"/> Aciphex® <input type="checkbox"/> Anaprox® <input type="checkbox"/> Anaprox DS® <input type="checkbox"/> Ansaid® <input type="checkbox"/> Arthrotec® <input type="checkbox"/> Cataflam® <input type="checkbox"/> Celebrex® <input type="checkbox"/> Clinoril® <input type="checkbox"/> Daypro® <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"/> Kapidex®	<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"/> 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"/> Tolectin® <input type="checkbox"/> Toradol® <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)

<input type="checkbox"/> Generic prescription NSAID (i.e. meloxicam, diclofenac, indomethacin) <input type="checkbox"/> Lansoprazole <input type="checkbox"/> Naproxen dosed twice daily (prescription) <input type="checkbox"/> Nexium® <input type="checkbox"/> Omeprazole (prescription) <input type="checkbox"/> OTC NSAID taken at prescription strength doses <input type="checkbox"/> OTC Prilosec® or OTC omeprazole (20 mg per day for 14 days under physician supervision) <input type="checkbox"/> Pantoprazole <input type="checkbox"/> Prilosec® (prescription)
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OTHER CLINICAL INFORMATION (Check ALL that apply)

<input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have difficulty swallowing tablets/capsules or can not swallow tablets/capsules? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient currently taking Coumadin®, warfarin or dicumarol? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have reduced platelet counts or other coagulation disorders? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Celebrex being requested and being used as part of cancer chemotherapy regimen for the treatment of cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have an upper GI bleed from a duodenal or gastric ulcer? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have Familial Adenomatous Polyposis (FAP)? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have Attenuated Adenomatous Polyposis Coli (AAPC) with adenomatous colorectal polyps? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient have a feeding tube (i.e. nasogastric tube or gastric tube)? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient < two years of age?

PHYSICIAN SIGNATURE	DATE
_____	_____
Prescribing Physician	

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