28060

KANSAS MEDICAID
PRIOR AUTHORIZATION
For Non-Preferred Drugs
Oral - Non-Steroidal
Anti-Inflammatory (NSAIDs)

Request Date ___ / ___ / ____

BENEFICIARY INFORMATION

Beneficiary Medicaid ID Number

Beneficiary Date of Birth ___ / ___ / ____

Beneficiary Full Name

PRESCRIBER INFORMATION

Prescriber's Full Name

Prescriber Street Address

City **State** **Zip Code** -

Prescriber Phone: - -

Prescriber Fax: - -

Prescriber Medicaid ID #

Prescriber NPI #

NDC Requested:

Strength _____ **Quantity** _____ **Length of Therapy on Prescription** _____

Indicate: Preferred Drug Tried_____ **Length of trial:**_____

Prescription instructions(sig):_____

Unless otherwise indicated, the chemical name includes branded products

Please see page 2 for the preferred and non-preferred drugs.

Check: the appropriate box indicating medical necessity for the Non-Preferred Drug and provide the requested information:

( ) Medical intolerance to Preferred Drug. Provide clinical symptoms:_____

_____

( ) Inadequate response to Preferred Drug.

( ) Absence of appropriate formulation or indication of the drug. Please specify:_____

_____

Signature of Prescriber_____ ___ / ___ / ____

Date

***Prescriber signature mandatory**

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FAX TO: **KANSAS Medicaid Prior Authorizations**

Fax: (866) 246-8512

PA HELPDESK: (877) 475 - 7567

11/2011

Oral - Non-Steroidal Anti-Inflammatory (NSAIDs)			
Preferred Drug Covered		**Non-preferred Prior Authorization Required**	
Diclofenac Potassium	Cataflam®	Nabumetone	Relafen®
Diclofenac Sodium, Oral	Voltaren® Voltaren XR®	**Non-preferred**	
Diclofenac Sodium/ Misoprostol	Arthrotec®	Diclofenac Potassium	Cambia® Pwd Packets
		Diclofenac Sodium	Zipsor®
Etodolac	Lodine®	Diflunisal	Dolobid®
Fenoprofen	Nalfon®	Etodolac	Lodine XL®
Flurbiprofen	Ansaid®	Indomethacin	Indocin SR®
Ibuprofen	Motrin® Advil® Motrin IB®	Naproxen/Esomeprazole	Vimovo®
Indomethacin	Indocin®	Naproxen Sodium	Naprelan CR® Dosepak
Ketoprofen	Orudis® Orudis KT® Oruvail®	Piroxicam	Generics only
Ketorolac (limit 5 day supply)	Toradol®		
Meclofenamate	Meclomen®		
Mefenamic Acid	Ponstel®		
Meloxicam	Mobic®		
Naproxen	Aleve® Naprosyn® EC-Naprosyn®		
Naproxen Sodium	Anaprox® Anaprox DS® Naprelan®		
Oxaprozin	Daypro®		
Piroxicam	Feldene® (Brand name only)		
Sulindac	Clinoril®		
Tolmetin	Tolectin 600® Tolectin DS®		