Kansas Medical Assistance Program
P O Box 3571
Topeka, KS 66601-3571
Provider 1-800-933-6593
Beneficiary 1-800-766-9012

Prior Authorization for Non-Preferred Drugs
Oral Non-Steroidal Anti-Inflammatory Agents (NSAIDs)

Preferred Drug Covered	
Diclofenac Potassium	Cataflam®
Diclofenac Sodium, Oral	Voltaren® Voltaren XR®
Diclofenac Sodium/ Misoprostol	Arthrotec®
Etodolac	Lodine®
Fenoprofen	Nalfon®
Flurbiprofen	Ansaid®
Ibuprofen	Motrin®
Indomethacin	Indocin®
Ketoprofen	Orudis®
Ketorolac (limit 5 day supply)	Toradol®
Meclofenamate	Meclomen®
Mefenamic Acid	Ponstel®
Meloxicam	Mobic®
Naproxen	Aleve®
Naproxen Sodium	Anaprox® Anaprox DS® Naprelan®
Oxaprozin	Daypro®
Piroxicam	Feldene®
Sulindac	Clinoril®
Tolmetin	Tolectin 600® Tolectin DS®

Non-preferred Prior Authorization Required	
Nabumetone	Relafen®
Non-preferred	
Diclofenac Potassium	Cambia® Pwd Packets
Diclofenac Sodium	Zipsor®
Diflunisal	Dolobid®
Etodolac	Lodine XL®
Indomethacin	Indocin SR®
Naproxen/Esomeprazole	Vimovo®
Naproxen Sodium	Naprelan CR® Dosepak
Piroxicam	Generics only

Beneficiary Name: _____

Beneficiary Medicaid ID #: _____ Date Of Birth: ____/_____/_____

Pharmacy Name**:** _____ _____

Pharmacy Medicaid ID#**:** _____ Pharmacy NPI#: _____

Phone Number: (_____)_____ Fax Number: (_____)_____

Drug Name: _____ NDC Requested: _____

Prior Authorization: 1-800-285-4978 or 785-274-5499

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Prior Authorization for Non-Preferred Drugs
Oral - Non-Steroidal Anti-Inflammatory (continued)

Prescribing Physician's Name: _____

Physician Medicaid ID#: _____ Physician NPI#: _____

Phone Number: (_____)_____ Fax Number: (_____)_____

Check the appropriate box and provide additional information for the non-preferred drug:

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

_____

( ) Inadequate response to Preferred Drug.

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

_____

Prescribing Physician's Signature: _____ Date: ___/___/_____

Completed form should be faxed to the Prior Authorization Unit at 1-800-913-2229.
This form will be returned unprocessed if it is not completed in its entirety.