



BRAND NAME NSAID/COX2 PRIOR AUTHORIZATION
 ND DEPARTMENT OF HUMAN SERVICES
 MEDICAL SERVICES DIVISION
 SFN 123 (Rev. 10/2005)

Fax Completed Form to:
 866-254-0761 or 334-321-2199
 For questions regarding this
 prior authorization, call
 866-773-0695 or 334-321-0268

North Dakota Medicaid requires that patients using brand name NSAIDs or Cox II drugs must use a generic NSAID as first line.

***Note: The PA will be approved if one of the following criteria is met.**

- Failed two trials of prescribed NSAIDs
- Recipient is 65 years old
- Recipient has history of gastric or duodenal ulcer or has comorbidity of GI bleed, perforation or obstruction
- Recipient has history of endoscopically documented NSAID induced gastritis with GI bleed
- Recipient is on warfarin or corticosteroid therapy

Part I: TO BE COMPLETED BY PHYSICIAN

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number
Physician Name		
		Zip Code

Requested Drug:	Diagnosis for the request

Qualifications for coverage:

Part II: TO BE COMPLETED BY PHARMACY

Part III: FOR STATE USE ONLY

Date Received	Initials
Approved - Effective dates of PA From: / / To: / /	Approved By
Denied (Reasons)	