

Please complete this entire form and fax it to: **866-940-7328**. If you have questions, please call **800-310-6826**.  
**This form contains multiple pages. Please complete all pages to avoid a delay in our decision.**  
**Allow at least 24 hours for review.**

**Section A – Member Information**

First Name:	Last Name:	Member ID:
Address:		
City:	State:	ZIP Code:
Phone:	DOB:	Allergies:
Primary Insurance:	Policy #:	Group #:

Is the requested medication  New or  Continuation of Therapy? If continuation, list start date: \_\_\_\_\_  
 Is this patient currently hospitalized?  Yes  No If recently discharged, list discharge date: \_\_\_\_\_

**Section B - Physician Information**

First Name:	Last Name:			M.D./D.O.
Address:	City:	State:	ZIP code:	
Phone:	Fax:	NPI #:	Specialty:	
Office Contact Name / Fax attention to:				

**Section C - Medical Information**

Medication:	Strength:
Directions for use:	Quantity:
Diagnosis (Please be specific & provide as much information as possible):	ICD-10 CODE:
Is this member pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is this member's due date? _____	

**Section D – Previous Medication Trials**

Medications	Strength	Directions	Dates of Therapy	Reason for failure / discontinuation

**Section E – Additional information and Explanation of why preferred medications would not meet the patient's needs**  
 Please refer to [www.uhccommunityplan.com](http://www.uhccommunityplan.com) for a list of preferred alternatives

Member First name:

Member Last name:

Member DOB:

**Clinical and Drug Specific Information**

- Does the patient have a documented history of failure or intolerance to two preferred NSAIDs?  Yes  No  
(If yes, complete Section D above with medication information, including dose, date of trial, and reason for discontinuation)

- Does the patient have one of the following risk factors for NSAID-induced adverse GI events:  Yes  No  
(Check all that apply)

- Patient is greater than or equal to 65 years of age
- Prior history of peptic, gastric, or duodenal ulcer
- History of NSAID-related ulcer
- History of clinically significant GI bleeding
- Untreated or active H. Pylori gastritis
- Concurrent use of oral corticosteroids (e.g., prednisone, prednisolone, dexamethasone)
- Concurrent use of anticoagulants (e.g., warfarin, heparin)
- Concurrent use of antiplatelets (e.g., aspirin including low-dose, clopidogrel)

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Website: [uhcommunityplan.com](http://uhcommunityplan.com)