

**Unison Health Plan Pharmacy Department
Pharmacy Medical Exception Request Worksheet**
Please complete and return via fax to 412-457-1328 or 866-639-7785



COX-2 Inhibitors

NOTICE – FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY MAY RESULT IN AN ADVERSE DETERMINATION FOR INSUFFICIENT INFORMATION

PATIENT NAME _____

D.O.B. ___/___/___ **MEMBER ID#** _____ **DURATION** _____

DRUG REQUESTED _____

DOSAGE and Sig. _____ **FAX ATTENTION:** _____

PHYSICIAN (PLEASE PRINT) _____ **PH#** (____) _____ **FAX#** (____) _____

PHYSICIAN ADDRESS _____

***Please Note: ALL are required fields above**
 << Additional Drug Specific forms are available at UnisonHealthPlan.com >>

PATIENT DIAGNOSIS (A) OSTEOARTHRITIS (B) RHEUMATOID ARTHRITIS (C) OTHER _____

ADVERSE REACTION RISK

1. DOES THIS PATIENT HAVE A GASTROINTESTINAL RELATED DIAGNOSIS? ___ NO ___ YES
 IF YES, MUST LIST DIAGNOSIS (CIRCLE ONE): (A) PEPTIC ULCERS (B) GI BLEED (C) ZOLLINGER ELLINSON SYNDROME (D) OTHER _____

2. IS THIS PATIENT USING CHRONIC ORAL CORTICOSTEROIDS? ___ NO ___ YES IF YES, MUST LIST DRUG: _____

3. IS THIS PATIENT CURRENTLY USING ANTICOAGULANTS? ___ NO ___ YES IF YES, MUST LIST DRUG: _____

4. HAS THE PATIENT BEEN ON OTHER NSAIDS? ___ NO ___ YES
 If YES to #4, please list previous NSAIDS and reasons for discontinuing therapy

NSAID	DOSE	DATE(S) OF THERAPY	REASON FOR DISCONTINUING THERAPY

If NO to #4 please list reason why patient did not try other NSAIDS

5. ADDITIONAL INFORMATION RELEVANT TO THE REQUEST

The purpose of this worksheet is to provide complete information regarding the physician's request for a non-formulary or prior authorization medication. It will be reviewed and notification of approval or denial will be given within 24 hours.
 THE INFORMATION CONTAINED IN THIS FACSIMILE IS CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. ANYONE SO COOPERATING WILL BE REIMBURSED FOR ANY REASONABLE EXPENSE INCURRED. THANK YOU

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