OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.
Visit go.covermymeds.com/OptumRx to begin using this free service.
Please note: All information below is required to process this request.
Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

Arthrotec® (diclofenac-misoprostol) Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if requesting **brand**	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

❑ Osteoarthritis, in patients at high risk of developing non-steroidal anti-inflammatory (NSAID) induced gastric and duodenal ulcers and their complications
❑ Rheumatoid arthritis, in patients at high risk of developing NSAID-induced gastric and duodenal ulcers and their complications
❑ Other diagnosis: _____ ICD-10 Code(s): _____

Medication history:

Select the medications the patient has a history of failure, contraindication, or intolerance to:

❑ Diclofenac-misoprostol
❑ Duexis
❑ Vimovo

Does the patient have a history of failure, contraindication, or intolerance to one of the following diclofenac products [diclofenac potassium, diclofenac sodium delayed-release (DR), diclofenac sodium extended-release (ER)] used ***in combination*** with misoprostol? ❑ **Yes** ❑ **No**

Does the patient have a history of failure, contraindication, or intolerance to an oral generic NSAID (e.g., celecoxib, diclofenac potassium, diclofenac sodium DR, diclofenac sodium ER, diflunisal, etodolac, etodolac ER, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketoprofen ER, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, naproxen DR, naproxen sodium, oxaprozin, piroxicam, sulindac, tolmetin)? ❑ **Yes** ❑ **No**

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: This request may be denied unless all required information is received.
If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.