Indomethacin, indomethacin extended-release (ER), Indocin® suspension, Tivorbex®

Prior Authorization Request Form (Page 1 of 2)

**Member Information (required)**

<table>
<thead>
<tr>
<th>Member Name:</th>
<th>Provider Name:</th>
</tr>
</thead>
</table>

**Provider Information (required)**

<table>
<thead>
<tr>
<th>Insurance ID#:</th>
<th>NPI#:</th>
</tr>
</thead>
</table>

**Medication Information (required)**

<table>
<thead>
<tr>
<th>Medication Name:</th>
<th>Strength:</th>
<th>Dosage Form:</th>
<th>Directions for Use:</th>
</tr>
</thead>
</table>

- Check if requesting **brand**
- Check if request is for **continuation of therapy**
- Is the physician supplying the medication? ☐ Yes ☐ No

**Clinical Information (required)**

**Select the diagnosis below:**

- Acute gouty arthritis (Gout) [Indomethacin, Indocin suspension, and Tivorbex only]
- Acute painful shoulder (bursitis and/or tendonitis)
- Ankylosing spondylitis
- Other diagnosis: __________________________

**ICD-10 Code(s): ______________________

**If the patient has End-Stage Renal Disease (ESRD), select all that apply:**

- The medication is being used to treat one of the following: Graft site pain or pain medication overdose
- The dialysis provider (i.e., nephrologist, nurse practitioner, physician assistant, or dialysis center) receives a monthly capitation payment to manage the ESRD patient’s care

**The approval criteria is based on the guidance provided by the Centers for Medicare & Medicaid Services (CMS), the Pharmacy Quality Alliance, the American Geriatric Society and the National Committee for Quality Assurance (NCQA). “Use of High Risk Medications in the Elderly” is measure 238 of the Centers for Medicare & Medicaid Services Physician Quality Reporting System.**

**Risk acknowledgment:**

Does the provider acknowledge that this drug has been identified by the Centers for Medicare and Medicaid Services as a high risk medication in the 65 and older population? ☐ Yes ☐ No

Has the provider submitted an adequate monitoring plan for adverse reactions with use of this high risk medication? ☐ Yes ☐ No

**Please note: Chart documentation of the above is required to be submitted to OptumRx.**

**Coverage of the drug is approvable after demonstrated failure to the alternatives below or we receive information as to why they would be inappropriate.**

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

**Osteoarthritis or Rheumatoid arthritis:**

- Anaprox DS, EC-Naprosyn, Naprosyn
- Celebrex
- Celecoxib
- Diclofenac sodium topical solution
- Diflunisal
- Etodolac
- Etodolac ER
- Fenoprofen
- Flurbiprofen
- Ibuprofen
- Ketoprofen
- Ketorolac

- Meclofenamate
- Meloxicam
- Mobic
- Nabumetone
- Naproxen, naproxen delayed-release (DR), naproxen sodium
- Naproxen sodium ER
- Pennsaid
- Sulindac
- Tolmetin
- Vivlodex

---

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of OptumRx. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. If you are not the intended recipient, please notify the sender immediately.

Office use only: Indomethacin-IndomethacinER-IndocinSusp-Tivorbex_CMS_2016Sep-W.doc
## Indomethacin, indomethacin extended-release (ER), Indocin® suspension, Tivorbex®

**Prior Authorization Request Form (Page 2 of 2)**

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

### Pain:
- Celebrex
- Celecoxib
- Duloxetine
- Etodolac
- Ketoprofen
- Meloxicam
- Mobic
- Nabumetone
- Sulindac
- Vivodex

### Acute gouty arthritis (Gout):
- Anaprox DS, EC-Naprosyn, Naprosyn
- Celebrex
- Celecoxib
- Colchicine
- Colcrys
- Daypro
- Diflunisal
- Etodolac ER
- Feldene
- Fenoprofen
- Flurbiprofen
- Ibuprofen
- Ketoprofen
- Ketoprofen ER
- Meclofenamate
- Mitigare
- Nalfon
- Naprelan
- Naproxen, naproxen DR, naproxen sodium
- Naproxen sodium ER
- Oxaprozin
- Piroxicam
- Sulindac
- Tolmetin

### Acute painful shoulder (bursitis and/or tendonitis):
- Anaprox DS, EC-Naprosyn, Naprosyn
- Celebrex
- Celecoxib
- Diflunisal
- Etodolac
- Fenoprofen
- Flurbiprofen
- Ibuprofen
- Ketoprofen
- Ketorolac
- Mefenamic acid
- Nalfon
- Naprelan
- Naproxen, naproxen DR, naproxen sodium
- Naproxen sodium ER
- Sulindac

### Ankylosing spondylitis:
- Anaprox DS, EC-Naprosyn, Naprosyn
- Celebrex
- Celecoxib
- Fenoprofen
- Flurbiprofen
- Ibuprofen
- Ketoprofen
- Naprelan
- Naproxen, naproxen DR, naproxen sodium
- Naproxen sodium ER
- Sulindac

### Quantity limit requests:
- What is the quantity requested per DAY? ______

### What is the reason for exceeding the plan limitations?
- Titration or loading-dose purposes
- Patient is on a dose-alternating schedule (e.g., one tablet in the morning and two tablets at night, one to two tablets at bedtime)
- Requested strength/dose is not commercially available
- There is a medically necessary justification why the patient cannot use a higher commercially available strength to achieve the same dosage and remain within the same dosing frequency. **Please specify:** ________________________________
- Other: ____________________________________________________________

### 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.