



**BlueCross BlueShield
of North Carolina**

**NAPROXEN / ESOMEPRAZOLE (Vimovo) OR
IBUPROFEN/ FAMOTIDINE (Duexis)
PRIOR REVIEW/CERTIFICATION FAXBACK FORM**

**INCOMPLETE FORMS MAY DELAY PROCESSING
ALL NC PROVIDERS MUST PROVIDE THEIR 5-DIGIT BCBSNC PROVIDER ID# BELOW**

PRESCRIBER INFORMATION		PATIENT INFORMATION
PHYSICIAN NAME	PROVIDER ID/TAX ID (if out of state must have tax ID)	PATIENT NAME
CONTACT PERSON/PRACTICE NAME		PATIENT'S BCBSNC ID
PRACTICE PHONE	PRACTICE FAX	PATIENT'S DATE OF BIRTH
PRACTICE ADDRESS	CITY	STATE ZIP

Please answer the following questions: **Dx Code:** _____ **Patient's Age:** _____

- Please check the drug you are requesting Duexis Vimovo
- Is the patient being treated for osteoarthritis, rheumatoid arthritis or ankylosing spondylitis? Yes No
- Is the patient 60 years of age or older? Yes No
- Does the patient have a history of peptic ulcer disease or gastrointestinal bleeding or ulcer related to NSAIDs? Yes No
- Is the patient currently being treated with an anticoagulant, prescription antiplatelet drug, Corticosteroid or DMARD (disease-modifying anti-rheumatic drug) therapy?..... Yes No
- Does the patient have a hereditary or acquired coagulation defect (e.g., hemophilia, von Willebrand disease, thrombocytopenia, protein C or S deficiency, or chronic renal failure)? Yes No

Please certify the following by signing and dating below:

I certify that I have been authorized to request prior review and certification for the above requested service(s). I further certify that my patient's medical records accurately reflect the information provided. I understand that BCBSNC may request medical records for this patient at any time in order to verify this information. I further understand that if BCBSNC determines this information is not reflected in my patient's medical records, BCBSNC may request a refund of any payments made and/or pursue any other remedies available.

Prescriber's Signature (Required): _____ Date: _____

For BCBSNC members, fax form to 1-800-795-9403

Last Revision Date: 10/1/11