

MMSI Pharmacy Benefit Services

507-538-5767 (fax)

507-538-5222 (fax)

MMSI 4001 41st Street NW Rochester, Minnesota 55901-8901

Patient Name	Date (Month DD, YYYY)
Patient Insurance Identification Number	Birth Date (Month DD, YYYY)
Requesting Physician Name (Print)	Fax Number
Requesting Physician's Signature	Signature Date
Indicate dosage of the medication requested	

Instructions: Identify any criteria in the following list that apply to this patient and detail previous drug therapy used (include drug name, strength, daily dosing and length of therapy).

Significant gastrointestinal bleeding, perforation or ulceration
Inflammatory bowel disease therapy (Crohn's disease, ulcerative colitis)
Systemic corticosteroid therapy for a period longer than 30 days within the last 120 days (include names, dates and length of therapy)
Anticoagulant (Heparin, Warfarin, LMWH's) therapy within the last 120 days (include names, dates and length of therapy)
H-Pylori therapy within the last 120 days (include names and dates)
Completed and failed a minimum of 14 days of therapy with each of three different prescription anti-inflammatory products such as the traditional NSAIDs in the last six months (this MUST be documented in the MMSI patient profile for Mayo/MMSI-covered lives)