



PRIOR AUTHORIZATION REQUEST
Celebrex

PATIENT: Name, Address, City, State, Zip, D.O.B., Member ID
Prescriber: Name, Address, City, State, Zip, Phone, Fax, NPI

Your patient's prescription benefit requires that we review certain requests for coverage with the prescriber. You have prescribed a medication for your patient that requires Prior Authorization before benefit coverage or coverage of additional quantities can be provided.

SECTION A

Please answer the following questions

- 1. Yes No Does the patient have a history of NSAID-induced gastritis that was confirmed by EGD?
2. Yes No Is the patient at a high-risk for adverse gastrointestinal events: A) Age 65 years or older, B) History of gastrointestinal (GI) ulcer, GI bleeding or NSAID-induced gastritis, OR C) Currently taking corticosteroids (i.e. prednisone) or anticoagulants (i.e. warfarin, enoxaparin)?
3. Yes No Is the patient taking a daily aspirin?
4. Yes No Has the patient had inadequate pain relief with at least 3 formulary non-steroidal anti-inflammatory drugs (NSAIDs)?
5. Yes No Does the patient have a diagnosis of Juvenile rheumatoid arthritis (JRA) AND is at least 2 years of age?
6. Yes No Did the patient have a recent (within the past 14 days) coronary artery bypass surgery (CABG)?
7. Yes No Does the patient have a diagnosis of Osteoarthritis (OA)?
8. Yes No Does the patient have one of the following diagnoses: A) Rheumatoid arthritis (RA), B) Ankylosing spondylitis, C) Moderate to severe pain associated with orthopedic surgery, OR D) Psoriatic arthritis?

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If you have any questions, call: 800-753-2851



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Please document the diagnoses, symptoms, and/or any other information important to this review:

Two horizontal lines for documentation.

SECTION B Physician Signature

PHYSICIAN SIGNATURE DATE

FAX COMPLETED FORM TO: 877-251-5896

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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