Fax completed form to: 1-866-868-0858
Questions, please call: 1-866-316-6049

GENERATIONS HEALTHCARE

Important Information About Prescription Drug Coverage

To: From:

Fax: Pages:

Re: Celebrex® (celecoxib): Prior Authorization Request Form: Please respond.

- Please complete the attached Celebrex® (celecoxib) Prior Authorization Request Form
- To expedite the review process please complete all requested fields.
- Completed forms should be faxed to: 1-866-868-0858. It is not necessary to fax this cover page.

Please note: By signing the attached form you are certifying that the treatment requested is medically necessary. No contraindications are present and precautions have been considered. You will be supervising the patient's treatment. Supporting documentation is available in the patient's record. Signature on this form attests to the fact that the corresponding ICD-9 code has been documented in the patients chart and submitted on a CMS- 1500 form.

Information about this drug

Celebrex® (celecoxib)
1. Celebrex® 400 mg capsules require prior authorization; 100 mg and 200 mg capsules require a step trial of a prescription NSAID.
2. Celebrex® may increase the risk of serious gastrointestinal and cardiovascular adverse events. A sustained decrease in ulcer complications with high-dose Celebrex® use (400mg BID) vs. traditional NSAIDs was not maintained past six months in the CLASS trial.
3. Celebrex® 400 mg capsules are FDA-approved for reduction of the number of adenomatous colorectal polyps in familial adenomatous polyposis (as an adjunct to usual care) and for treatment of ankylosing sponylitis in patients who have had an inadequate response to the 200 mg dose after 6 weeks.

You can make an expedited request by indicating this at the top of the attached form. If you request an expedited review, and sign the attached form, you certify that applying the 72 hour standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

Information on the attached form is protected health information and subject to all privacy and security regulations under HIPAA.

MemberHealth, LLC, PO Box 391197, Solon OH 44139-3911 Last Updated: 04/02/2008
M0018_PATEMP_1107 CMS 11/28/07 H3706

Prior Authorization Request Form

GENERATIONS HEALTHCARE

Fax completed form to 1-866-868-0858 Need help? Call 1-866-316-6049

Patient Information

Name ______________________

Member ID ______________________

Medicare ID ______________________

Date of birth ______________ Sex: M / F

Address ______________________

City ______________________

State __________ ZIP __________

Phone ______________________

Nursing home resident? YES / NO

Home care patient? YES / NO

Prescriber and Pharmacy Information

Name ______________________

Specialty ______________________

DEA ______________________

NPI ______________________

Address ______________________

City ______________________

State __________ ZIP __________

Phone __________ Fax __________

Pharmacy name ______________________

NCPDP ______________________

NPI ______________________

Phone __________ Fax __________

All items below this line are for Physician Use Only

Information for Requested Drug

Strength:________ Dosage form:______________ Qty per 30 days:__________ Drug is (circle one): Newly prescribed/Refill

Directions:______________________ Diagnosis:______________________ ICD-9 Code:__________

Standard Reviews will be completed in under 72 hours. An expedited review is available if you certify that a standard review timeframe will seriously jeopardize the health of your patient. To request an expedited review, simply indicate this at the top of this page.

Celebrex® (celecoxib) Criteria

1. All NSAIDs, including Celebrex®, should be prescribed with extreme caution in patients with a history of PUD, GI bleeding, CV disease, or risk factors for cardiovascular disease or serious GI events.
   - Consider using non-NSAID therapy or NSAIDs with low (e.g. etodolac, nabumetone, meloxicam 7.5 mg, salsalate) or average (e.g. ibuprofen, naproxen, sulindac) gastrointestinal risk.
   - Concomitant use of omeprazole 20 mg daily is suggested for gastroprotection.
2. Indicate Celebrex® strength prescribed:
   - ☐ 50 mg capsules
   - ☐ 100 mg capsules
   - ☐ 200 mg capsules
   - ☐ 400 mg capsules
3. Please indicate the patient's diagnosis. Select or indicate the correct ICD-9 code. This question must be completed.
   - ☐ Familial adenomatous polyposis (ICD-9 211.3, 211.4)
   - ☐ Ankylosing spondylitis (ICD-9 720.0)
   - ☐ Osteoarthritis (ICD-9 715)
   - ☐ Rheumatoid Arthritis (ICD-9 7140)
   - ☐ Juvenile Rheumatoid Arthritis (> 2 years of age) (ICD-9 714.3)
   - ☐ Other (diagnosis and ICD-9 code): ....
4. Indicate previous prescription NSAIDs attempted and discontinued due to lack of therapeutic response or intolerance:
   - ☐ etodolac
   - ☐ nabumetone
   - ☐ meloxicam salsalate
   - ☐ sulindac
   - ☐ diclofenac
   - ☐ ibuprofen
   - ☐ naproxen
   - ☐ chol mg trisalicylate
   - ☐ diflunisal fenoprofen
   - ☐ flurbiprofen
   - ☐ ketoprofen
   - ☐ meclofenamate
   - ☐ tolmetin
   - ☐ indomethacin
   - ☐ oxaprozin
   - ☐ piroxicam

Medical Justification: (Attach additional page if necessary): ______________________

Prescriber's signature:______________________ Date:______________