

Pharmacy Pre-authorization Form: Celebrex

Note: USE THIS FORM ONLY when seeking pre-authorization for coverage of prescriptions for CELEBREX.

Date: \_\_\_\_\_ Physician Name: \_\_\_\_\_  
 Member Name: \_\_\_\_\_ Physician Specialty: \_\_\_\_\_  
 Member ID Number: \_\_\_\_\_ Physician Address: \_\_\_\_\_  
 Member Age: \_\_\_\_\_ Physician Telephone: \_\_\_\_\_  
 Physician Fax/E-mail: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD9/ICD10 code(s): \_\_\_\_\_

**\*\*ICD9/ICD10 codes are REQUIRED to process all requests.\*\***

**CHART NOTES are REQUIRED if you check "Yes" in any of the boxes below and no claims history is found.**

1. Has the patient failed an adequate trial with at least two (2) different prescription strength NSAIDs within the previous 6 months?  Yes  No
2. Is the patient currently using a Proton Pump Inhibitor or H2 antagonist?  Yes  No
3. Is there a history of peptic ulcer disease, NSAID related ulcer, clinically significant gastrointestinal bleeding?  Yes  No
4. Is there a history of a coagulation defect (e.g., hemophilia, thrombocytopenia [low platelet count])?  Yes  No
5. Has the patient received drug therapy with anticoagulants, or antiplatelet agents (i.e., Coumadin, Plavix, Lovenox) within the previous 90 days?  Yes  No
6. Has the patient received a 45-day course of oral corticosteroids or a corticosteroid injection within the previous 6 months?  Yes  No

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**For ConnectiCare Use Only**

Date reviewed: \_\_\_\_\_

Approved/denied (circle one) by: \_\_\_\_\_ Approval expiration date: \_\_\_\_\_

Comments: \_\_\_\_\_

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**ConnectiCare Pharmacy Services: FAX — 1-800-249-1367, or e-mail — [pharmacy@connecticare.com](mailto:pharmacy@connecticare.com)  
 To speak to a Medical Director or Pharmacist regarding a pre-authorization decision, call 1-800-828-3407.**

*This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-800-828-3407.  
 The information in this document does not apply to ConnectiCare VIP Medicare plan members.*