

OPTIMA HEALTH PLAN

Pharmacy Prior Authorization Request Form*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

Drug Name: Celebrex (celecoxib)

- Based on emerging information emerging information, including preliminary reports from one of several long term National Institutes of Health (NIH), prevention studies, the risk of cardiovascular events (composite endpoint including MI, CVA and death) may be increased in patients receiving Celebrex. FDA will be analyzing all available information from these studies to determine whether additional regulatory action is needed.

____ Patient has tried and failed four NSAIDs from the Optima Preferred/Standard List. Please indicate which NSAIDS tried:

___ diclofenac sodium	___ diflunisal	___ etodolac
___ fenoprofen	___ flurbiprofen	___ ibuprofen
___ indomethacin, SR	___ ketoprofen, SR	___ ketorolac
___ meclofenamate	___ nabumetone	___ naproxen
___ naproxen sodium	___ oxprozin	___ piroxicam
___ sulindac	___ tolmetin	

Patient _____

Member Number _____

Signed _____ Date _____

Physician Name _____ Phone Number _____

Fax Number _____

Pharmacy Name _____ Pharmacy Tel # _____

(If available)

*Approved by Pharmacy and Therapeutics Committee 4/21/2005