OPTIMA HEALTH COMMUNITY CARE
AND
OPTIMA FAMILY CARE
(MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

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; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **Incomplete forms will delay authorization process.**

Drug Requested: **Celebrex®** (celecoxib)

[Non-Preferred Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)]

DRUG INFORMATION: Complete information below or authorization process will be delayed.

Drug Form/Strength: ______________________________

Dosing Frequency: ______________________ **Length of Therapy**: ______________________

Diagnosis: ______________________ **ICD Code, if applicable:** ______________

MEDICAL INFORMATION: Incomplete answers will delay the authorization process.

- ❑ Patient has tried and failed **two (2)** different non-COX2 NSAIDs within the past year ❑ Yes ❑ No

OR

- ❑ Concurrent use of anticoagulants **(i.e., warfarin, heparin, etc.),** methotrexate, oral corticosteroids; ❑ Yes ❑ No

OR

- ❑ History of previous GI bleed or conditions associated with GI toxicity risk factors **(i.e., PUD, GERD, etc.);** ❑ Yes ❑ No

OR

- ❑ Specific indication for Celebrex® for which preferred drugs are **not** indicated. Please list drugs tried and failed. ______________________________

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Use of samples to initiate therapy does not meet step-edit/preauthorization criteria.

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Patient Name: ______________________________

Member Optima #: ______________________ Date of Birth: ______________

Prescriber Name: ______________________________

Prescriber Signature: ______________________ Date: ______________

Office Contact Name: ______________________________

Phone Number: ______________________ Fax Number: ______________

DEA OR NPI #: ______________________________

REVISED/UPDATED: ~~6/29/2017; 8/28/2017;~~ **8/17/2018**