OPTIMA HEALTH COMMUNITY CARE

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 1-800-319-5003. 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) **MEDICAID ONLY**

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

DRUG INFORMATION**: *Complete information below. If incomplete, 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**