



This form is based on Express Scripts standard criteria and may not be applicable to all patients; certain plans and situations may require additional information beyond what is specifically requested.

Additional forms available: [www.express-scripts.com/pa](http://www.express-scripts.com/pa)

Fax completed form to **1-877-329-3760**

If this an **URGENT** request, please call 1-800-753-2851

**Patient Information**

Patient First Name: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_

Patient ID#: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

**Prescriber Information**

Prescriber Name: \_\_\_\_\_

Prescriber DEA/NPI (**required**): \_\_\_\_\_

Prescriber Phone #: \_\_\_\_\_

Prescriber Fax #: \_\_\_\_\_

Prescriber Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

Please indicate which strength of Celebrex is being requested:

☐ Celebrex 50mg

☐ Celebrex 100mg

☐ Celebrex 200mg

☐ Celebrex 400mg

Directions for use (i.e. QD, BID, PRN & Qty): \_\_\_\_\_

**Please complete the clinical assessment:**

1. Is the patient currently taking the requested medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the patient taking samples or paying 100% out of pocket for the medication being requested? If no, please indicate: <input type="checkbox"/> Requested medication covered under previous insurance plan <input type="checkbox"/> Started medication in hospital <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has the patient tried 2 oral prescription-strength NSAIDs (may be brand or generic) for the current condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Please list the oral prescription-strength NSAIDs (may be brand or generic) the patient has tried for the current condition. Please include the strength and directions for use: _____ _____ _____		
5. Is the patient currently receiving chronic systemic corticosteroid therapy (e.g., prednisone), warfarin (Coumadin), clopidogrel (Plavix), dabigatran (Pradaxa), ticagrelor (Brilinta), rivaroxaban (Xarelto), Effient (prasugrel), chronic aspirin therapy, or low-molecular weight heparin (e.g., fondaparinux (Arixtra), tinzaparin (Innohep), enoxaparin (Lovenox), dalteparin (Fragmin))?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is Celebrex being used to treat a chronic condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Does the patient have reduced platelet counts or other coagulation disorders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does the patient have familial adenomatous polyposis (FAP) or attenuated adenomatous polyposis coli (AAPC)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Has the patient had a documented upper GI bleed from a duodenal or gastric ulcer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Does the patient have aspirin-sensitive asthma (also known as aspirin-induced asthma, aspirin-exacerbated respiratory disease) or NSAID-induced asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Has the patient experienced a past hypersensitivity, anaphylactic or allergic-type reaction (e.g., erythema, hives, urticaria, angioedema) to aspirin or NSAIDs? If so, what was the reaction? _____ _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Are there any other comments, diagnoses, symptoms, and/or any other information the physician feels is important to this review?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Based upon each patient's prescription plan, additional questions may be required to complete the prior authorization process. If you have any questions about the process or required information, please contact our prior authorization team at the number listed on the top of this form.

Prior Authorization of Benefits is not the practice of medicine or a substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for the patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

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