MC-Rx
Powered by ProCare Rx

Celebrex® celecoxib

Ticket #: _____ **Request Date:** _____ **Request Time:** _____

PHYSICIAN CERTIFICATION PRIOR AUTHORIZATION FORM

A request for the patient identified below has been made for the dispensing of **Celebrex®** celecoxib. Based on recent clinical information, we require more information before this prescription can be paid by the patient's health benefit plan. Please fill out the following information and return to us as indicated below:

A. Member Information		
Patient Name:	Plan Name/Plan ID:	
Patient ID:	Patient Date of Birth:	Patient Contact Phone #:

B. Physician Information		
Physician Name:	Physician Address:	
Physician DEA #:	Physician Phone #:	Physician Fax #:
Drug Name and Strength:	QTY and Days Supply:	NDC # and GCN:

C. Pharmacy Information			
Pharmacy Name:	NABP #:	Pharmacy Phone #:	Pharmacy Fax #:

D. Clinical Information (Please fill out the following information: circle all that apply)

1. Is the patient 18 years or older? YES NO

2. What is the patient's current diagnosis?

   ☐ Osteoarthritis ☐ Acute pain*
   ☐ Rheumatoid arthritis ☐ Familial adenomatous polyposis (FAP)
   ☐ Primary dysmenorrhea* ☐ Ankylosing Spondylitis

3. Does the patient have **any** of the following criteria? (check all that apply) YES NO

   ☐ Patient has coagulation disorder due to platelet dysfunction
   ☐ History of peptic ulcer disease or GI bleeding
   ☐ Failure with or intolerance to at least two prescription strength non-steroidal anti-inflammatory (NSAIDs) agents in the last 6 months

Please provide evidence via progress notes or medication administration records.

Dosing Guidelines: 100-200 mg po QD-BID. Acute pain/primary dysmenorrhea: 400-600 mg initially, then 200mg BID for up to 7 days. FAP: 400 mg po BID

Authorized Medical Signature:	
Telephone:	**Date:**

When Completed Return To:

MC-Rx Clinical Division, 1267 Professional Parkway, Gainesville, GA 30507
1-866-965-Drug (3784) / Fax # 866-999-7736

**Please note that this form is to be completed by the prescribing physician. This form and its contents are permissible under HIPAA as the protected health information (PHI) contained in this letter is only being used for purposes related to the provision of treatment, payment and healthcare operations (TPO). HIPAA does restrict the communication of PHI with providers for TPO related purposes.