

SENTARA COMMUNITY PLAN (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. If the information provided is not complete, correct, or legible, the authorization process can be delayed.

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

Drug Requested: (check box below that applies)

<input type="checkbox"/> Celebrex® (celecoxib)	<input type="checkbox"/> Vyscoxa™ (celecoxib)
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MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight (if applicable): _____ **Date weight obtained:** _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Member 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

(Continued on next page)

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[®], celecoxib, and Vyscoxa[™] for which preferred drugs are **NOT** indicated Please list drugs tried and failed.

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.