

Prior Authorization Criteria Form

**CVS-CAREMARK FAX FORM**

Celebrex Step Therapy

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to CVS|Caremark at **1-888-836-0730**.

Please contact CVS|Caremark at **1-888-414-3125** with questions regarding the prior authorization process.

When conditions are met, we will authorize the coverage of Celebrex Step Therapy.

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**Drug Name (select from list of drugs shown)**                      Celebrex 50mg (celecoxib)  
Celebrex 100mg (celecoxib)                      Celebrex 200mg (celecoxib)                      Celebrex 400mg (celecoxib)

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**Patient Information**

Patient Name: \_\_\_\_\_  
Patient ID: \_\_\_\_\_  
Patient Group No.: \_\_\_\_\_  
Patient DOB: \_\_\_\_\_

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**Prescribing Physician**

Physician Name: \_\_\_\_\_  
Physician Phone: \_\_\_\_\_  
Physician Fax: \_\_\_\_\_  
Physician Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

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**Diagnosis:** \_\_\_\_\_ **ICD Code:** \_\_\_\_\_

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**Please circle the appropriate answer for each applicable question.**

1. Does the patient have a greater than 10% estimated 10 year cardiovascular event risk by history or cardiac workup or does the patient have pre-existing cardiovascular disease?                      Y   N  
    [If the answer to this question is yes, skip to question 3.]
2. Is the patient greater than 65 years of age?                      Y   N  
    [If the answer to this question is no, skip to question 5.]
3. Has the patient failed or is the patient not a suitable candidate for treatment with any other alternative analgesic (e.g., acetaminophen, tramadol, low dose opioid, etc.)?                      Y   N
4. Will the lowest effective dose of Celebrex be used for the shortest amount of time necessary to treat the patient's condition?                      Y   N
5. Is the patient being treated for post-operative pain following CABG surgery?                      Y   N
6. Is the patient taking daily aspirin (ASA) therapy?                      Y   N  
    [If answer to this question is no, then skip to question 8.]
7. Is the use of a standard NSAID and concomitant proton pump inhibitor (PPI) a reasonable clinical alternative to Celebrex for this patient?                      Y   N
8. Is the patient at risk for a severe NSAID-related gastrointestinal (GI) adverse event (e.g., an NSAID associated gastric ulcer or gastrointestinal bleeding)?                      Y   N

(Risk factors may include: age 60 or older, prior history of GI events (e.g., peptic ulcer, GI

bleed, GERD, S/P gastrectomy, gastritis) or thrombocytopenia or coagulation disorders or concomitant use of corticosteroids or anticoagulants, Plavix, Effient, or chemotherapy or long term or multiple NSAID use.)

**Comments:** \_\_\_\_\_

I affirm that the information given on this form is true and accurate as of this date.

\_\_\_\_\_  
**Prescriber (Or Authorized) Signature and Date**