



**Celebrex**  
(celecoxib)

**Express Scripts**  
**Prior Authorization**  
**Phone 800-417-8164**  
**Fax 877-837-5922**

**Please have the information below ready when calling in the authorization.**

Member's Last Name	Member's First Name
SCAN ID number	Date of Birth
Prescriber's Name	Contact Person
Office phone	Office Fax

Medication:	Diagnosis:
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1. **Does the patient have a documented history of use of cimetidine, ranitidine, famotidine, nizatidine, omeprazole, Protonix, Prevacid, Nexium, or Aciphex? If so, please indicate the drug name(s), along with the dates the patient was on the medication(s).  
If YES, go to # 3**
2. **Does the patient have a known history of GI ulcer, GI bleed, or *H. pylori*?**
3. **Has the patient tried and failed at least 2 formulary NSAIDS within the past 6 months? If so, please indicate the drug name(s), along with the dates the patient was on the medication(s).**
4. **Is the patient currently taking Coumadin (warfarin or jantoven)?**
5. **Are there any other comments, diagnoses, symptoms, relevant lab values, and/or additional pertinent information that you feel is important to this review?**

Notice: **Failure to provide all information requested on this form may result in delayed processing or an adverse determination for insufficient information.** Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at <http://www.scanhealthplan.com>.