



CIGNA

Pharmacy Services

Phone: (800)244-6224

Fax: (800)390-9745

CIGNA HealthCare Prior Authorization form - COX II Inhibitors -

Notice: Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.

PROVIDER INFORMATION			PATIENT INFORMATION		
* Provider Name:			**Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked items on this form are completed**		
Specialty:	* DEA or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* CIGNA ID:		
Office Fax:			* Date Of Birth:		
* Is your fax machine kept in a secure location? Yes <input type="checkbox"/> No <input type="checkbox"/> * May we fax our response to your office? Yes <input type="checkbox"/> No <input type="checkbox"/>			* Patient Street Address:		
Office Street Address:			City	State	Zip
City	State	Zip	Patient Phone:		
Medication requested: <input type="checkbox"/> CELEBREX Strength & Dose (<i>please specify</i>): :					
Diagnosis related to use: <input type="checkbox"/> Symptomatic Osteoarthritis <input type="checkbox"/> Symptomatic Rheumatoid Arthritis <input type="checkbox"/> FAP (familial adenomatous polyposis) <input type="checkbox"/> Other inflammatory arthropathy OTHER (<i>please specify</i>):					
Adverse Reaction Risks: Does this patient have a gastrointestinal related DX? Yes <input type="checkbox"/> No <input type="checkbox"/> * <i>please specify</i> : Is this patient currently using oral corticosteroids? Yes <input type="checkbox"/> No <input type="checkbox"/> * <i>please specify</i> : Is this patient currently using anticoagulants? Yes <input type="checkbox"/> No <input type="checkbox"/> * <i>please specify</i> : Please indicate all concurrent (within the last 30 days) NSAID use with dosage(s) and date(s):					
Please fax completed form to (800)390-9745. Phone requests may be submitted by calling (800)244-6224. <i>Our standard response time for prescription drug coverage requests is 2-4 business days. If your request is urgent, it is important that you call Pharmacy Services to expedite the request. View our formulary on line at http://www.cigna.com.</i>					

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