



COX II FORMULARY EXCEPTION REQUEST

Coverage Criteria: Celebrex® is covered in patients who have failed two (2) formulary non-selective NSAIDS.

Authorization Period: For Indications of Osteoarthritis, Rheumatoid Arthritis, Juvenile Rheumatoid Arthritis, Ankylosing Spondylitis, Familial Adenomatous Polyposis or Primary Dysmenorrhea approval period will be 1 year. For indication of Acute pain approval period will be 1 month.

PLEASE FAX COMPLETED FORM TO: (866) 669-5575

Requesting Physician:		Office Contact:	
Call Center ID:	Tax ID Number:	Plan ID:	Benefit:
Office Fax Number:		Phone Number:	
Office Address:			

MEMBER INFORMATION

Patient Name:	DOB:
Member ID#:	Date of Request: July 31, 2009

MEDICATION INFORMATION

1.	Please indicate drug, dose, and frequency requested: <input type="checkbox"/> Celebrex® (dose/frequency): _____		
	Please indicate patient's diagnosis: <i>Must include office notes and diagnostic information</i> <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> FAP (<i>Familial adenomatous polyposis</i>) <input type="checkbox"/> Acute Pain <input type="checkbox"/> Primary dysmenorrhea <input type="checkbox"/> Juvenile Rheumatoid Arthritis <input type="checkbox"/> Other: _____		
3.	CURRENT/PAST MEDICATIONS/DOSAGES USED	DATES OF TREATMENT	THERAPEUTIC OUTCOME
Additional Comments:			
Physician's Signature:			

CHCH 5110-7(12/08)

For Urgent Requests please call (877) 215-4100

Visit our Websites at www.chcadvantra.com and www.advantrafreedom.com

Fax Confidentiality Notice: The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the attached material is strictly prohibited and may subject you to criminal or civil penalties. If you received this transmission in error, please notify us immediately by telephone at 1-877-215-4100.