

ELYXYB
(celecoxib oral solution)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Migraine, with aura (classic)
2. Migraine, without aura (common)

AND ALL of the following:

- a. Inadequate treatment response, intolerance, or contraindication to at least **TWO** triptan agents
- b. Patient has **NOT** had CABG surgery within the last 14 days
- c. Prescriber agrees to monitor for cardiovascular and gastrointestinal events
- d. **NO** dual therapy with a triptan agent at prior authorization quantities

Prior - Approval Limits

Quantity 27 bottles (120 mg/4.8 mL) per 90 days

Duration 6 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Migraine, with aura (classic)
2. Migraine, without aura (common)

AND ALL of the following:

- a. Patient has **NOT** had CABG surgery within the last 14 days
- b. Prescriber agrees to monitor for cardiovascular and gastrointestinal events
- c. **NO** dual therapy with a triptan agent at prior authorization quantities

Prior - Approval *Renewal* Limits

Same as above