

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)
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BRAND NAME (generic)

CELEBREX (celecoxib)

Status: CVS Caremark® Criteria

Type: Initial Prior Authorization with Logic

POLICY

FDA-APPROVED INDICATIONS

Celebrex is indicated:

Osteoarthritis (OA)

For the management of the signs and symptoms of OA

Rheumatoid Arthritis (RA)

For the management of the signs and symptoms of RA

Juvenile Rheumatoid Arthritis (JRA)

For the management of the signs and symptoms of JRA in patients 2 years and older

Ankylosing Spondylitis (AS)

For the management of the signs and symptoms of AS

Acute Pain

For the management of acute pain in adults

Primary Dysmenorrhea

For the management of primary dysmenorrhea

SCREEN OUT LOGIC*

**Include Rx and OTC products unless otherwise stated.*

If the patient has filled a prescription for at least a 30-day supply of at least one pharmacologic indicator of a risk factor for developing gastrointestinal (GI) adverse events (i.e., anticoagulant therapy, antiplatelet therapy or oral corticosteroid therapy) OR at least one oral non-steroidal anti-inflammatory drug (NSAID) prescription (i.e., oral NSAID or oral NSAID/GI combination product) OR at least one gastrointestinal medication prescription (i.e., proton pump inhibitor [PPI], histamine type 2 receptor antagonist [H2 antagonist], misoprostol, or sucralfate) within the past 180 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the management of the signs and symptoms of juvenile rheumatoid arthritis (JRA)

AND

- The patient is two years of age or older

OR

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- The requested drug is being prescribed for one of the following: A) Management of the signs and symptoms of osteoarthritis (OA), B) Management of the signs and symptoms of rheumatoid arthritis (RA), C) Management of the signs and symptoms of ankylosing spondylitis (AS), D) Management of acute pain in an adult, E) Management of primary dysmenorrhea

AND

- The patient does not have any of the following: A) history of asthma, urticaria, or other allergic-type reactions after taking aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs), B) allergic-type reactions to sulfonamides

AND

- The requested drug will not be used in the setting of coronary artery bypass graft (CABG) surgery

Duration of Approval (DOA):

- 285-D: DOA: 36 months

REFERENCES

1. Celebrex [package insert]. New York, NY: G.D. Searle & Co and Pfizer Inc.; April 2021.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed April 25, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 04/25/2023).
4. Lanza FL, Chan FKL, Quigley EM, et al. Guidelines for Prevention of NSAID-Related Ulcer Complications. *Am J Gastroenterol* 2009;104:728-738.

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