

**Celecoxib**  
Effective August 1, 2019

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Celecoxib is FDA indicated for relief of the signs and symptoms of the following conditions:

- Acute pain
- Ankylosing spondylitis
- Juvenile idiopathic arthritis
- Osteoarthritis
- Primary dysmenorrhea
- Rheumatoid arthritis

**Coverage Guidelines**

Authorization may be granted for members who are currently receiving treatment with celecoxib excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

**OR**

Authorization may be granted when the following criteria is met and documentation has been provided:

1. The member is 2 years or older with a confirmed diagnosis of Juvenile Rheumatoid Arthritis (JRA) **OR**
1. Member is < 60 years of age **AND**
2. Has any of the following conditions:
  - Member is currently taking warfarin (Coumadin) or long-term corticosteroid therapy
  - Member has a documented past medical history of GI ulcers or bleeding
  - Member has clinical evidence of thrombocytopenia or a coagulation abnormality
  - Member has a history of gastric bypass surgery
  - Member has had a trial and documented side effect, allergy or treatment failure with at least three (3) generic NSAIDs for this indication



\* Please note: Requests for celecoxib for members  $\geq$  60 years do not require PA

### **Limitations**

1. Authorizations will be approved for 36 months.

### **References**

1. Celebrex (celecoxib) [prescribing information]. New York, NY: Pfizer Inc; June 2018
2. Celebrex gets committee nod for juvenile arthritis, but safety registry urged. "The Pink Sheet" 20068(49):7
3. Reginster JY, Dudler J, Blicharski T, Pavelka K. Pharmaceutical-grade Chondroitin sulfate is as effective as celecoxib and superior to placebo in symptomatic knee osteoarthritis: the ChONdroitin versus CElecoxib versus Placebo Trial (CONCEPT). *Ann Rheum Dis* 2017; 76:1537
4. Simon LS, Weaver AL, Graham DY, et al. Anti-inflammatory and upper gastrointestinal effects of celecoxib in rheumatoid arthritis: a randomized controlled trial. *JAMA* 1999; 282:1921
5. Yeomans ND, Graham DY, Husni ME, et al. Randomised clinical trial: gastrointestinal events in arthritis patients treated with celecoxib, ibuprofen or naproxen in the PRECISION trial. *Aliment Pharmacol Ther* 2018; 47:1453

### **Review History**

06/19/19 – Approved by P&T

### **Disclaimer**

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