



## PRIOR AUTHORIZATION CRITERIA

### Cox II Specific Non-Steroidal Anti-inflammatory Agents **Celebrex (celecoxib)**

#### **CRITERIA FOR APPROVAL:**

##### **Indications:**

1. Osteoarthritis
2. Rheumatoid Arthritis.
3. Acute Pain (Celebrex) only.
4. Dysmenorrhea
5. Familial adenomatous polyposis (FAP) (Celebrex only)
6. Headache (Celebrex only)

#### **FORMULARY ALTERNATIVES INCLUDE:**

Non specific NSAID class medications (e.g. oxaprozin, nabumetone, naproxen)

#### **Requirements:**

1. Requests for these medications may be approved in compliance with the formulary benefits of the member's contract for the indications noted above for members who have one of the following medical conditions:
  - History of peptic ulcer disease, GERD or gastritis
  - Concomitant use of Heparin or Coumadin
  - Concomitant use of Steroids
2. Requests for these medications may be approved for the indications noted above for members who have filled at least one NSAID medications (table 1) for at least a 14 days supply within the previous 6 months.
3. Requests for these medications may be approved for the indications noted above for members who are at least 65 years of age.
4. Requests for these medications may be approved for the indications noted above for members who have filled at least one pharmacologic indicator of a risk factor (table 2) for at least a 1 day supply within the previous 6 months.
5. Requests for Celebrex in the treatment of familial Adenomatous Polyposis may be approved upon confirmation of the diagnosis without presence of risk factors or trial of non-specific NSAID class medications.

#### **Cox-2 Step Therapy Guidelines**

When a member presents a prescription for Celebrex at the point of service, the AdvancePCS AS400 database will search the member's prescription records to determine if the member meets at least one of the following criteria under the Empire Pharmacy benefit in the previous 6 months:

- Filled at least one NSAID (Table 1) for at least a 14 day supply
- Filled at least one pharmacological indicator of a risk factor for developing adverse GI events (Table 2 ) for at least a 1 day supply.
- Is at least 65 years of age.

If the member meets at least one of the above criteria, the prescription will adjudicate at the point of service according to the formulary benefits of the member's contract.

**Table 1 - NSAIDs**

<b>Generic names</b>	<b>Brand Names</b>
Diclofenac potassium	Cataflam
Diclofenac sodium	Voltaren
Diflunisal	Dolobid
Etodolac	Lodine
Fenoprofen	Nalfon
Flurbiprofen	Ansaid
Ibuprofen	Motrin, Advil
Indomethacin	Indocin
Ketoprofen	Oruvail
Ketorolac	Toradol
Meloxicam	Mobic
Nabumetone	Relafen
Naproxen	Naprosyn,
Naproxen sodium	Anaprox, Anaprox DS
Oxaprozin	Daypro
Piroxicam	Feldene
Salsalate	Disalcid
Sulindac	Clinoril
Tolmetin	Tolectin

**Table 2 - Pharmacologic Indicators for a risk of GI Adverse Events**

A. Anticoagulant therapy

<b>Generic names</b>	<b>Brand Names</b>
Warfarin sodium	Coumadin
Dalteparin sodium	Fragmin
Enoxaprin	Lovenox
Tinzaparin	Innohep
Danaproid	Orgaran
Fondaparinux sodium	Arixtra
Heparin sodium	
Anagrelide	Agrylin
Clopidogrel	Plavix
Cilostazol	Pletal
Ticlopidine	Ticlid

B. Proton Pump Inhibitors (PPIs)

<b>Generic names</b>	<b>Brand Names</b>
Rabeprazole Sodium	Aciphex
Lansoprazole	Prevacid
Omeprazole	Prilosec
Pantoprazole	Protonix
Esomeprazole	Nexium

C. H2 receptor Antagonists

<b>Generic names</b>	<b>Brand Names</b>
Nizatidine	Axid
Famotidine	Pepcid
Cimetidine	Tagamet
Ranitidine	Zantac

D. Miscellaneous GI medications

<b>Generic names</b>	<b>Brand Names</b>
Sucralfate	Carafate
Misoprostol	Cytotec
Lansoprazole + Amoxicillin + Clarithromycin	Prevacid
Bismuth subsalicylate + metronidazole + tetracycline	Helidac

**Quantity Limitations in Dysmenorrhea**

<b>Medication</b>	<b>Recommended dosing for treatment of dysmenorrhea</b>	<b>Quantity limitation</b>
Celebrex (celecoxib)	400 mg initially, followed by an additional 200 mg dose if needed on the first day. On subsequent days, the recommended dose is 200 mg twice daily as needed.	15 capsules

**LENGTH OF APPROVAL:**

The length of time requested by the prescriber, but no longer than 6 months. A new request for review would need to be made when approval expires and should include patient's clinical response to the medication.