

## **Program: Celebrex (celecoxib)**

### **DESCRIPTION**

The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits (PAB) of Celebrex (celecoxib), a COX-II Selective Non-Steroidal Antiinflammatory (NSAID) medication. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system. Celebrex is subject to quantity limits and will only be approved for the dosing limit that is supported by the FDA for the approved indication, and as approved by the Wellpoint National Pharmacy and Therapeutics Committee. Quantity limits within specific prior authorization of benefits guidelines supersede the Quantity Supply Program Policy. Requests for quantities greater than the quantity limit will be reviewed for medical necessity.

### **Applicable lines of business**

RlteCare and Managed Pharmacy

### **Impacted Formulary Medications**

Celebrex (celecoxib) capsules 50mg, 100mg, 200mg, and 400mg

### **APPROVAL DURATION AND QUANTITY LIMITS**

Approval Duration: 1 year

### **APPROVAL CRITERIA:**

- I. Patient had treatment failure of a trial of at least a 5 days supply of two (2) prescription Non-Steroidal Anti-Inflammatory Drugs (NSAID) or salicylates within the previous 180 days **OR**
- II. Patient has Familial Adenomatous Polyposis (FAP)

### **QUANTITY LIMITS**

May allow up to 800mg of Celebrex per day if diagnosis is Familial Adenomatous Polyposis (FAP) – 60 Celebrex 400mg per 30 days (400mg is the only strength indicated for this diagnosis)

### **Look Back Criteria in Claims System**

Look back 180 days for at least a 5 days supply of 2 generic NSAIDs, if yes approve, if no reject for PA