

### Clinical Pharmacy Program Guidelines for Celebrex

Program	Prior Authorization
Medication	Celebrex (celecoxib)
Markets in Scope	Arizona, California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	6/2009
Pharmacy and Therapeutics Approval Date	3/2020
Effective Date	5/2020

**1. Background:**

This program requires a member try two preferred NSAIDs (non-steroidal anti-inflammatory) agents before providing coverage for Celebrex unless the patient is at high risk for NSAID-induced adverse GI events.

**2. Coverage Criteria:**

**A. Celebrex will be approved based on one of the following criteria:**

1. Documentation of history of failure or intolerance to **two** preferred NSAIDS (Provide name and date preferred NSAIDs were tried).

**-OR-**

2. **One** of the following risk factors for NSAID-induced adverse GI events:

- a. Patient is greater than or equal to 65 years of age
- b. Prior history of peptic, gastric, or duodenal ulcer
- c. History of NSAID-related ulcer
- d. History of clinically significant GI bleeding
- e. Untreated or active *H. Pylori* gastritis
- f. Concurrent use of oral corticosteroids (e.g. prednisone, prednisolone, dexamethasone)
- g. Concurrent use of anticoagulants (e.g. warfarin, heparin)
- h. Concurrent use of antiplatelets (e.g. aspirin including low-dose, clopidogrel)

**Authorization will be issued for 12 months.**

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

**4. References:**

1. Celebrex package insert. Pfizer; New York, NY. May 2019.
2. Lanza FL, Chan FK, Quigley EM, et al. Guidelines for prevention of NSAID-related ulcer complications. *Am J Gastroenterol*. 2009; 104(3):728-38.

Program	Prior Authorization - Celebrex (celecoxib)
<b>Change Control</b>	
6/2009	Criteria taken from previously approved AmeriChoice policy.

3/2016	Updated policy template. No changes to clinical criteria
7/2017	Updated policy template. Updated background and references.
3/2018	Annual review. Minor updates to the background.
3/2019	Annual review, updated references.
3/2020	Annual review, updated references.