CVS Caremark®

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| Reference number(s) |
| 284-A |

# Initial Prior Authorization Celebrex

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over the counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
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| Celebrex | celecoxib |

## Indications

### 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

## Coverage Criteria

### Acute Pain, Ankylosing Spondylitis (AS), Osteoarthritis (OA), Primary Dysmenorrhea, Rheumatoid Arthritis (RA)

Authorization may be granted for the requested drug when ALL of the following criteria are met:

* The requested drug is being prescribed for ONE of the following:
  + Management of the signs and symptoms of osteoarthritis (OA)
  + Management of the signs and symptoms of rheumatoid arthritis (RA)
  + Management of the signs and symptoms of ankylosing spondylitis (AS)
  + Management of acute pain in an adult
  + Management of primary dysmenorrhea
* The patient does NOT have ANY of the following:
  + History of asthma, urticaria, or other allergic-type reactions after taking aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs)
  + Allergic-type reactions to sulfonamides
* The requested drug will NOT be used in the setting of coronary artery bypass graft (CABG) surgery

### Juvenile Rheumatoid Arthritis (JRA)

Authorization may be granted when the requested drug is being prescribed for the management of the signs and symptoms of juvenile rheumatoid arthritis (JRA) when ALL of the following criteria are met:

* The patient is two years of age or older
* The patient does NOT have ANY of the following:
  + History of asthma, urticaria, or other allergic-type reactions after taking aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs)
  + Allergic-type reactions to sulfonamides
* The requested drug will NOT be used in the setting of coronary artery bypass graft (CABG) surgery

## Duration of Approval (DOA)

* 284-A: DOA: 12 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.; 2024. https://online.lexi.com. Accessed May 13, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 05/13/2024).