Prior Authorization Criteria - Celebrex

1. Does the member have a funded condition (or comorbid condition) on OHP prioritized list?
   a. Yes - Continue to question 2
   b. No - Deny Cat 1 - Not a funded condition on OHP prioritized list

2. Is member condition an FDA indicated use for celecoxib?

   FDA Approved Indications:
   • Osteoarthritis
   • Rheumatoid arthritis
   • Juvenile rheumatoid arthritis in patients 2 years and older
   • Acute pain
   • Primary Dysmenorrhea
   • Ankylosing spondylitis

   a. Yes - Continue to question 3
   b. No - Deny Cat 3 - Member condition is not an FDA approved indication for use of celecoxib

3. Does member demonstrate high risk for NSAID induced GI complications?
   • Previous history of GI bleed, ulcer or perforation
   • Chronic use of corticosteroids
   • Chronic use of anti-coagulants (excluding low dose aspirin)
   • Chronic use of anti-platelet agents
   • Age greater than 60

   a. Yes - Continue to question 5
   b. No - Continue to question 4

4. Has member tried and failed or has contraindications to 2 or more NSAIDs, at prescription doses, over at least a 2 month period?

   a. Yes - Continue to question 5
   b. No - Deny Cat 5 - Provider documentation and review of Med Access does not demonstrate that member has tried and failed or has contraindications to preferred treatment alternatives.

Prescription doses of formulary NSAIDs
   • Diclofenac sodium - 50 mg 2 to 3 times daily (max 150mg/day)
   • Etodolac - 200mg to 400 mg q 6 to 8 hours (max 1000 mg /day)
   • Ibuprofen - 400 – 800 mg 3 to 4 times daily (max 3200 mg/day)
   • Indomethacin - 25 to 75 mg 2 to 3 times daily (max 150mg/day)
   • Meloxicam - 7.5 to 15 mg daily (max 15mg/day)
   • Nabumetone - 500- 750 mg 2 to 3 times daily (max 2000mg/day)
   • Naproxen – 250 to 500 mg 2 to 3 times daily (max 1000mg/day)
5. Is celecoxib dosing correct for indication?
   
   *Note: Use the lowest effective dose for the shortest duration of time*

   **Acute pain or primary dysmenorrhea:** 200 mg twice daily as needed

   **Ankylosing spondylitis:** 200 mg once daily or 100 mg twice daily; May increase to 400mg daily

   **Osteoarthritis:** 200 mg once daily or 100 mg twice daily

   **Rheumatoid arthritis:** 100 to 200 mg twice daily

   a. Yes- Approve
   b. No – Deny Cat 3- *Celecoxib dosing is outside FDA approved guidelines for member’s condition.*