Clinical Policy: Celecoxib (Celebrex)
Reference Number: PA.CP.PMN.122
Effective Date: 01/18
Last Review Date: 04/19

Coding Implications
Revision Log

Description
Celecoxib (Celebrex®) is a nonsteroidal anti-inflammatory drug (NSAID).

FDA approved indication
Celebrex is indicated for the treatment of:
- Osteoarthritis (OA)
- Rheumatoid arthritis (RA)
- Juvenile rheumatoid arthritis (JRA) in patients 2 years and older
- Ankylosing spondylitis (AS)
- Acute pain (AP)
- Primary dysmenorrhea (PD)

Policy/Criteria
Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of Pennsylvania Health and Wellness ® that Celebrex is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. All Indications (must meet all)**:**

1. Age ≥ 2 years;
2. Member must meet (a or b):
   a. Member has one of the following (i, ii, iii, or iv):
      i. Age > 65 years;
      ii. Current use of a corticosteroid;
      iii. Current use of an anticoagulant (e.g., aspirin, warfarin, low molecular weight heparin, direct thrombin inhibitors, factor Xa inhibitors, and clopidogrel);
      iv. Prior gastrointestinal bleed or active peptic ulcer disease (not gastroesophageal reflux disease (GERD));
   b. Member meets both of the following (i and ii):
      i. Failure of a ≥ 4 week trial of meloxicam at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced;
      ii. Failure of a ≥ 4 week trial of one additional generic NSAID at up to maximally indicated doses unless contraindicated or clinically significant adverse effects are experienced;
3. Dose does not exceed 800 mg (2 capsules/day)

Approval duration: 12 months

B. Other diagnoses/indications
1. Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. All Indications (must meet all)**:**
1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Documentation of positive response to therapy;
3. If request is for a dose increase, new dose does not 800 mg per day (2 capsules/day).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via Pennsylvania Health and Wellness benefit and documentation supports positive response to therapy; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies; or
2. Refer to PA.CP.PMN.53 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

Approval duration: 12 months

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
AP: acute pain
AS: ankylosing spondylitis
FDA: Food and Drug Administration
GERD: gastroesophageal reflux disease
JRA: juvenile rheumatoid arthritis
NSAID: nonsteroidal anti-inflammatory drug
OA: osteoarthritis
PD: primary dysmenorrhea
PDL: preferred drug list
RA: rheumatoid arthritis

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Naproxen sodium (Anaprox®, Anaprox DS®)	275 - 550 mg PO BID	1650 mg/day
Sulindac (Clinoril®)	150 mg - 200 mg PO BID	400 mg/day
Salsalate (Disalcid®)	500 - 750 mg PO TID, titrated up to 3000 mg/day	3000 mg/day
Piroxicam (Feldene®)	10 - 20 mg PO QD	20 mg/day
Indomethacin (Indocin®)	25 - 50 mg PO BID -TID	200 mg/day
Indomethacin SR (Indocin® SR)	75 mg PO QD - BID	150 mg/day
Meclofenamate (Meclomen®)	50 - 100 mg PO Q4-6hr	400 mg/day
Meloxicam (Mobic®)	7.5 – 15 mg PO QD	15 mg/day
Ibuprofen (Motrin®)	400 - 800 mg PO Q6-8hr	3200 mg/day
Fenoprofen (Nalfon®)	200 mg PO Q4-6hr	3200 mg/day
Naproxen (Naprosyn®)	250 – 500 mg PO BID	1500 mg/day
Ketoprofen (Orudis®)	25 - 75 mg PO Q6-8hr	300 mg/day
Nabumetone (Relafen®)	1000 mg PO QD or 500 mg PO BID	2000 mg/day
Tolmetin (Tolmetin® DS)	400 mg PO TID, titrated up to 1800 mg/day	1800 mg/day
Diclofenac sodium (Voltaren®)	50 mg PO TID	150 mg/day
Oxaprozin (Daypro®)	600 - 1200 mg PO BID	1800 mg/day
Etodolac (Lodine®)	400 - 500 mg PO BID	1200 mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): hypersensitivity to celecoxib or any components of the drug product; history of asthma, urticaria, or other allergic-type reactions to aspirin or other NSAIDs; in the setting of coronary artery bypass graft (CABG) surgery; allergic-type reactions to sulfonamides.
- Boxed warning(s): increased risk of serious cardiovascular thrombotic events, including myocardial infarction, and stroke; increased risk of serious gastrointestinal (GI) adverse events including bleeding, ulceration, and perforation of the stomach or intestines.

Appendix D: General Information

- The risk vs. benefit of COX-II therapy should be individualized based on patient's previous GI history, other co-morbid conditions (e.g., angina, ischemic heart disease, myocardial infarction (MI), coronary artery disease, stroke), age, concurrent medications (e.g., warfarin, oral corticosteroids), duration and dose.
- Celebrex has been associated with an increased risk of serious adverse cardiovascular (CV) events in a long-term placebo controlled trial. Based on the currently available data, FDA has concluded that an increased risk of serious adverse CV events appears to be a

class effect of NSAIDs. FDA has requested that the package insert for all NSAIDs, including Celebrex, be revised to include a boxed warning to highlight the potential increased risk of CV events and the well described risk of serious, and potentially life-threatening, gastrointestinal bleeding.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Osteoarthritis	200 mg once daily or 100 mg twice daily	800 mg/day
Rheumatoid arthritis	100 to 200 mg twice daily	800 mg/day
Juvenile rheumatoid arthritis	50 mg twice daily in patients 10–25 kg 100 mg twice daily in patients more than 25 kg	800 mg/day
Ankylosing spondylitis	200 mg once daily single dose or 100 mg twice daily. If no effect is observed after 6 weeks, a trial of 400 mg (single or divided doses) may be of benefit	800 mg/day
Acute Pain or Primary dysmenorrhea	400 mg initially, followed by 200 mg dose if needed on first day. On subsequent days, 200 mg twice daily as needed	800 mg/day

VI. Product Availability

Capsules: 50 mg, 100 mg, 200 mg, and 400 mg

VII. References

1. Celebrex Prescribing Information. New York, NY: G.D. Searle, LLC; June 2018. Available at: http://www.celebrex.com/. Accessed February 23, 2019.
2. Lanza FL, Chan FK, Quigley EM et al. Guidelines for prevention of NSAID-related ulcer complications. Am J Gastroenterol. 2009 Mar;104(3):728-38. doi: 10.1038/ajg.2009.115. Epub 2009 Feb 24.
3. Hochberg MC, Altman RD, April KT et al. American College of Rheumatology 2012 recommendations for the use of nonpharmacologic and pharmacologic therapies in osteoarthritis of the hand, hip, and knee. Arthritis Care Res (Hoboken). 2012 Apr;64(4):465-74.
4. Ringold S, Weiss PF, Beukelman T et al. 2013 update of the 2011 American College of Rheumatology recommendations for the treatment of juvenile idiopathic arthritis: recommendations for the medical therapy of children with systemic juvenile idiopathic arthritis and tuberculosis screening among children receiving biologic medications. Arthritis Rheum. 2013 Oct;65(10):2499-512. doi: 10.1002/art.38092.
5. Ware MM, Deodhar A, Akl EA et al. American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network 2015 Recommendations for the Treatment of Ankylosing Spondylitis and Nonradiographic Axial Spondyloarthritis. Arthritis Rheumatol. 2016 Feb;68(2):282-98. doi: 10.1002/art.39298.

6. Yeomans ND. A comparison of omeprazole with ranitidine for ulcers associated with nonsteroidal anti-inflammatory drugs. N Engl J Med 1998;338:727-734.
7. Silverstein, et al. Gastrointestinal toxicity with celecoxib vs. nonsteroidal antiinflammatory drugs for osteoarthritis and rheumatoid arthritis (CLASS Study). JAMA 2000;284:1247-1255.
8. Mukherjee, et al. Risk of cardiovascular events associated with selective COX-2 inhibitors. JAMA 2001;286:954-959.
9. Juni, et al. Are selective COX 2 inhibitors superior to traditional non steroidal anti-inflammatory drugs. BMJ 2002;324:1287-1288.
10. Solomon DH, et al. Relationship between selective cyclooxygenase-2 inhibitors and acute myocardial infarction in older adults. Circulation 2004;109(17):2068-2073.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
2Q 2018 annual review: Added age and max dose; increased approval duration from 3/12 to 12/12; decreased trials from 3 (meloxicam & 2 NSAIDs) to 2 (meloxicam & 1 NSAID); references reviewed and updated.	2.20.18	
2Q 2019 annual review: References reviewed and updated.	4.17.19	