

Pharmacy

PRIOR AUTHORIZATION FORM

Last Reviewed: November 2011

For Prior Authorization, please fax to: (877) 974-4411 toll free, or (616) 942-8206

This form applies to: Commercial Plan Medicaid Plan Medicare Plan

Celebrex[®] (celecoxib)

URGENT (life threatening)

Non-Urgent (standard review)

A claim involving "urgent care" applies when then standard review time will seriously jeopardize the life or health of the member, or subject the member to severe pain that cannot be managed without the care or treatment requested in the subject of this request. **Priority Health averages between 1 and 3 business days for our standard review response time.**

Member Information

Member Name:	Member No.:
DOB:	Gender:
Member's PCP:	

Provider Information

Provider Name:	
Office Contact Name:	Provider Phone:
Provider NPI:	Provider Fax:
Provider Address:	

Provider Signature

Date

PRODUCT INFORMATION

Strength:

Celebrex 50mg Celebrex 200mg
 Celebrex 100mg Celebrex 400mg

Frequency:

once daily
 twice daily

Start date: _____

Patient's Age: _____

PRIORITY HEALTH PRECERTIFICATION REQUIRMENTS

Authorization for Celebrex[®] (celecoxib) requires the following information to certify:

Patient must have met the following requirements:

- Diagnosis of osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis, ankylosing spondylitis, familial adenomatous polyposis, dysmenorrheal, or acute pain in adults.
- Patient must have one of the following:
 - A major NSAID-induced GI complication risk factor such as active bleed or bleeding disorder, current anticoagulant therapy (other than aspirin), previous history of an ulcer or GI bleed, or chronic, systemic corticosteroid therapy
 - Documented therapeutic trial and clinical failure with at least two of the following formulary alternatives: Mobic (meloxicam), Lodine (etodolac), Relafen (nabumetone), and Voltaren (diclofenac sodium)
- A patient receiving PPI therapy must have one of the following:
 - History of previous GI bleed
 - A major NSAID-induced GI complication risk factor (other than previous GI bleed) **and** a trial and failure with combination NSAID and PPI therapy
(Note: if CV risk > GI risk, Celebrex is not recommended)
- *Cardiovascular complication risk is further increased with Celebrex doses greater than 200mg per day.*
 Consideration of cardiovascular risk, including the following conditions, has been evaluated:
 - Daily aspirin therapy (Celebrex offers no advantage over traditional NSAIDs when aspirin is used daily), history of a heart attack, heart failure, hypertension, hypercholesterolemia, diabetes, a family history of cardiovascular complications, smoker

PRIORITY HEALTH PRECERTIFICATION DOCUMENTATION
Authorization for Celebrex[®] (celecoxib) requires the following information to certify:
A. What is the patient's diagnosis?

- a. acute pain in adults
- b. ankylosing spondylitis
- c. dysmenorrhea
- d. juvenile rheumatoid arthritis
- e. osteoarthritis
- f. post orthopedic surgery (up to 7 day supply does not require authorization for Orthopedists)
- g. rheumatoid arthritis
- h. *other diagnosis:* _____

rationale for use: _____

B. Is the patient taking a proton pump inhibitor (PPI), including AcipHex, Dexilant, Nexium, Prevacid, Prilosec, Protonix, or Zegerid?

- Yes, patient is currently taking a PPI (patient must also have at least 1 GI risk factor, see question C)
 If yes, has the patient had a trial with combination NSAID and PPI therapy?
 Yes
 No (a trial with combination NSAID and PPI therapy required unless patient has history of GI bleed)
- No (patient is not taking a PPI)

C. Which of the following NSAID GI risk factors does the patient have?

- Active bleeding or documented bleeding disorder
- History GI bleeding or ulcer
- Receiving anticoagulant therapy (other than aspirin)
- Chronic, systemic corticosteroid therapy

- None of the above

Patients with no or low NSAID GI risk and are not taking a PPI, authorization for Celebrex requires a documented therapeutic trial and clinical failure with two of the following formulary alternatives with a low risk of GI side effects: Mobic (meloxicam), Lodine (etodolac), Relafen (nabumetone), and Voltaren (diclofenac sodium).

	Dose	Dates	Outcome
<input type="checkbox"/> Mobic (meloxicam)	_____	_____	_____
<input type="checkbox"/> Lodine (etodolac)	_____	_____	_____
<input type="checkbox"/> Relafen (nabumetone)	_____	_____	_____
<input type="checkbox"/> Voltaren (diclofenac)	_____	_____	_____

- Not all requirements are met – Below is rationale for use:

D. Please indicate patient assessment of cardiovascular risk factors:

- Yes, CV risk factors present (*indicated below*), however GI risk is greater than CV risk
 - daily aspirin therapy
 - history of heart attack
 - family history of CV complications
 - heart failure
 - hypertension
 - hypercholesterolemia
 - diabetes
 - other: _____
 - smoker

- Patient has no CV risk present
 (Requires trial and failure with two of the following: meloxicam, etodolac, nabumetone, diclofenac sodium)

OTHER INFORMATION

Note: Celebrex for Familial Adenomatous Polyposis (FAP) was granted under the FDA's accelerated approval guidelines, additional data was required to confirm efficacy demonstrated by a surrogate endpoint (reduction in the number of polyps). Thus, approval of this indication was conditional, and required clinical studies to provide further evidence of the benefit for FAP patients. Pfizer has voluntarily removed the FAP indication in agreement with the FDA.

The following are the maximum approved doses based on FDA recommendations:

- Acute pain: 200mg twice daily
- Ankylosing spondylitis: 200mg once daily or 100mg twice daily
- Osteoarthritis: 200mg once daily or 100mg twice daily
- Primary dysmenorrhea: 200mg twice daily
- Rheumatoid arthritis: 200mg twice daily

Drug		Average cost/day (AWP or MAC for generics)	Cost per month
Celebrex 200mg QD	1QD	\$4.43	\$132.90
meloxicam 15mg QD	1QD	\$0.125	\$6.45
nabumetone 750mg	2QD	\$1.06	\$31.80
etodolac XR 500mg	2QD	\$2.074	\$62.22
diclofenac SR 100mg	1QD	\$0.69	\$20.70

***** All fields must be complete and legible for Prior Authorization Review*****

**Please fax this request to: (877)974-4411 toll free or (616)942-8206
YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX**