# CELEBREX (CELECOXIB)

- **Products Affected**
  - CELEBREX
  - celecoxib oral

<table>
<thead>
<tr>
<th>PA Criteria</th>
<th>Criteria Details</th>
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<tbody>
<tr>
<td><strong>Covered Uses</strong></td>
<td>*Indicated for the management of the signs and symptoms of Osteoarthritis (OA), Rheumatoid Arthritis (RA), and Juvenile Rheumatoid Arthritis (JRA), Ankylosing Spondylitis (AS), acute pain and primary dysmenorrhea.</td>
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| **Exclusion Criteria** | *Patients with history of hypersensitivity with the sulfonamide class of antibacterial drugs.  
*Patients with history of allergic-type hypersensitivity to ASA or other NSAIDs. |
| **Required Medical Information** | *Clinically diagnosed with OA, RA, JRA, AS, or primary dysmenorrhea. AND at least one of the following criteria is met for approval:  
*70 years of age or older.  
*Failed or intolerant of 2 generic NSAIDs.  
*Documented history of GI bleeding or peptic ulcer disease.  
*Chronic corticosteroid use or anticoagulant use. |
| **Age Restrictions** | *For JRA must be older than 2 years of age |
| **Prescriber Restrictions** | N/A |
| **Coverage Duration** | *Indefinite |
| **Other Criteria** | *Continuation of therapy criteria:  
*Patient is tolerating treatment.  
*Patient has disease stabilization or improvement in disease (as defined by standard parameters for the patient's condition).  
*Benefit Type: Pharmacy  
* Adopted: 11/15/04  
*Reviewed: 12/28/12, 6/8/16, 9/14/16, 4/11/18 use criteria updated, exclusion updated, continuation criteria updated |