



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

CELECOXIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
CELECOXIB	ELYXYB		48006	GPI-10 (6760403000)	

GUIDELINES FOR USE

1. Is the request for the acute treatment of migraine and the patient meets **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The patient had a trial of generic celecoxib AND OTC or generic aspirin, diclofenac, ibuprofen, or naproxen
 - The patient is unable to swallow pills (e.g., tablets or capsules)

If yes, **approve for 6 months by GPID or GPI-14 with a quantity limit of #38.4 mL per 30 days.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **CELECOXIB (Elyxyb)** requires the following rule(s) be met for approval:

- A. The request is for the acute (quick onset) treatment of migraines
- B. You are 18 years of age or older
- C. You had a trial of generic celecoxib AND over-the-counter (OTC) or generic aspirin, diclofenac, ibuprofen, or naproxen
- D. You are unable to swallow pills (such as tablets or capsules)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Elyxyb.

REFERENCES

- Elyxyb [Prescribing Information]. Raleigh, NC: BioDelivery Sciences International, Inc.; September 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/01/22

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