

Market Applicability						
Market	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	NA

## Elyxyb (celecoxib oral solution)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Elyxyb (celecoxib oral solution)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Elyxyb (celecoxib oral solution) may be approved if the following criteria is met:

- I. Individual has had trial of and inadequate response or intolerance to two generic non-steroidal anti-inflammatory drugs (NSAIDs);
- II. Documentation has been provided which defines:
  - A. The inadequate response to the preferred oral NSAIDs; **AND**
  - B. The medical reason Elyxyb (celecoxib oral solution) is clinically necessary.

### Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 13, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. Beithon J, Gallenberg M, Johnson K, et al. Diagnosis and Treatment of Headache. Institute for Clinical Systems Improvement. Available from: [https://www.icsi.org/guidelines\\_more/catalog\\_guidelines\\_and\\_more/catalog\\_guidelines/catalog\\_neurological\\_guidelines/headache/](https://www.icsi.org/guidelines_more/catalog_guidelines_and_more/catalog_guidelines/catalog_neurological_guidelines/headache/). Updated January 2013.
6. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019; 59:1-18. Available from: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/head.13456>. Accessed November 26, 2019.
7. Elyxyb (celecoxib oral solution) [package insert]. Hyderabad, Telangana, India: Dr. Reddy's Laboratories Limited; May 2020.

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New Program Date 11/11/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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<b>Applicable</b>	X	X	X	X	X	NA

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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