Pharmacy Medical Policy
Cox II Inhibitor Drugs

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Policy Number: 002
BCBSA Reference Number: None

Related Policies
• Quality Care Dosing guidelines, #621A

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary status of the medications affected by this policy.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulary Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard</td>
</tr>
<tr>
<td></td>
<td>Formulary Status</td>
</tr>
<tr>
<td>Celebrex® (celecoxib)</td>
<td>PA Required</td>
</tr>
<tr>
<td>Celecoxib</td>
<td>PA Required</td>
</tr>
<tr>
<td>CAPXIB*</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

*Non formulary medications are covered when a formulary exception request is submitted to BCBSMA Pharmacy Operations and step criteria below are met.

Arthritis
We may cover Cox II Inhibitor drugs for patients with documented rheumatoid arthritis or osteoarthritis, when any of the following are met:

1
• The patient is age 60 or older, or
• The patient is 2 years or older with a confirmed diagnosis of Juvenile Rheumatoid Arthritis (JRA)
• The patient has one or more of the following risk factors:
  • History of gastrointestinal ulcer or bleeding\(^3\)
  • Thrombocytopenia
  • Inflammatory Bowel Disease
  • Concurrent treatment with oral or injectable corticosteroids
  • Concurrent treatment with anticoagulants such as warfarin, heparin, Lovenox\(^®\), Fragmin\(^®\), Innohep\(^®\), Arixtra\(^®\) or high-dose aspirin
  • Treatment with methotrexate, gold, Enbrel\(^®\), Remicade\(^™\), Humira\(^™\), Kineret\(^®\), sulfasalazine, azathioprine, cyclosporine, hydroxychloroquine, Ara\(^®\), Cuprimine\(^®\), misoprostol, Supartz\(^™\), Synvisc\(^®\) or Hyalgan\(^®\) in the last 130 days.
  • Current treatment with drugs such as Plavix\(^®\) Ticlid\(^®\), Pletal\(^®\), dipyridamole, Aggrenox\(^®\), or Arixtra\(^®\)
  • Current treatment with drugs such as mesalamine, olsalazine, 6-mercaptopurine and balsalazide
  • Treatment failure with two previous traditional non-COX-II prescription NSAIDs in last 130 days.

**Polyposis**

We may cover celecoxib (Celebrex\(^®\)) for patients with documented familial adenomatous polyposis.\(^4\)

For pediatric conditions, submit the patient’s clinical information.

**Requests based exclusively on the use of samples will not meet coverage criteria for exception.** Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

We do not cover Cox II Inhibitor drugs for off-label uses such as migraine headaches, or for some FDA-approved indications such as menstrual pain or acute pain. There are multiple alternative drugs that are covered for these conditions.

We do not cover Cox II Inhibitor drugs for patients who are on low dose aspirin therapy, unless therapy is warranted as outlined above.

For patient safety, we do not cover Cox II Inhibitor drugs for patients with any of the following conditions:
• Active peptic ulcer disease or bleeding\(^2\)
• Sulfur allergy (applies to celecoxib)
• Allergy to aspirin or NSAIDs
• Severe kidney\(^2,6\) or liver dysfunction
• Age less than 18\(^1\) unless FDA approved for a specific condition.
• Cardiovascular disease\(^1,2,3\)
• Congestive heart failure\(^1,2\)

**Individual Consideration**

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual’s unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289
Prior Authorization Information

Outpatient

For services described in this policy, see below for products where prior authorization **IS REQUIRED** if the procedure is performed **outpatient**.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior authorization is <strong>required</strong>.</td>
<td></td>
</tr>
</tbody>
</table>

| Commercial PPO and Indemnity          | Prior authorization is **required**. |

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/2017</td>
<td>Update Address for Pharmacy Operations.</td>
</tr>
<tr>
<td>6/2016</td>
<td>Added Generic to policy, added JRA indication, and adjusted age language to allow for new FDA indications and added Capxib as non-covered.</td>
</tr>
<tr>
<td>2/2014</td>
<td>Updated ExpressPPath language and remove Blue Value.</td>
</tr>
<tr>
<td>2/2012</td>
<td>Updated to include employee fax number on Outpatient Retail Pharmacy Prior Authorization Form.</td>
</tr>
<tr>
<td>9/2009</td>
<td>Policy updated to change 180 day look back period to 130 days, add sample language and to remove Medicare Part D criteria from Medical Policy.</td>
</tr>
</tbody>
</table>

References

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below: