



# MASSACHUSETTS

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## 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.

Drug	Formulary Information
	Standard
	Formulary Status
Celebrex <sup>®</sup> (celecoxib)	PA Required
Celecoxib	PA Required
CAPXIB* (celecoxib)	Not Covered
Elyxyb <sup>™*</sup> (celecoxib)	Not Covered
Seglentis <sup>™*</sup> (celecoxib/tramadol)	Not Covered

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

### **Acute Pain**

We may cover Cox II Inhibitor drugs for patients with Acute Pain, when any of the following are met:

- Treatment failure with two previous traditional non-COX-II prescription NSAIDs or a contraindication to NSAID use.

### **Arthritis**

We may cover Cox II Inhibitor drugs for patients with documented rheumatoid arthritis or osteoarthritis, when any of the following are met:<sup>1</sup>

- 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<sup>3</sup>
- 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 oral or injectable DMARDs such as methotrexate, gold, Enbrel®, Remicade®, Humira™, Kineret®, sulfasalazine, azathioprine, cyclosporine, hydroxychloroquine, Arava®, Cuprimine®, misoprostol, Supartz™, Synvisc® or Hyalgan® in the last 130 days.
- Current treatment with Antiplatelet therapy drugs such as Plavix®, clopidogrel cilostazol, dipyridamole, Aggrenox®, or Agrylin®
- Current treatment with 5-Aminosalicylates drugs such as mesalamine, olsalazine, 6-mercaptopurine and balsalazide
- Treatment failure with two previous traditional non-COX-II prescription NSAIDs in last 130 days.

### **Migraine**

We may cover celecoxib (Elyxyb™\*) for patients in need of acute treatment of migraine with or without aura in adults after the formulary Exception criteria is met.

### **Polyposis**

We may cover celecoxib (Celebrex®) for patients with documented familial adenomatous polyposis.<sup>4</sup> For pediatric conditions, submit the patient's clinical information.

### **Primary Dysmenorrhea**

We may cover Cox II Inhibitor drugs for patients with Primary Dysmenorrhea, when any of the following are met:

- Treatment failure with two previous traditional non-COX-II prescription NSAIDs or a contraindication to NSAID use.

**Note:** If approved the Prior Authorization/Step therapy will be granted for up to two (2) years.

### **Other not listed diagnoses**

These will be reviewed and maybe approved under Individual Consideration in the best interest of the member.

\*\*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 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<sup>2</sup>
- Sulfa allergy (applies to celecoxib)
- Allergy to aspirin or NSAIDs
- Severe kidney<sup>2,6</sup> or liver dysfunction
- Age less than 18<sup>1</sup> unless FDA approved for a specific condition.
- cardiovascular disease<sup>1,2,3</sup>
- Congestive heart failure.<sup>1,2</sup>

## 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 Retail

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

	Outpatient Retail
<b>Commercial Managed Care (HMO and POS)</b>	Prior authorization is <b>required</b> .
<b>Commercial PPO and Indemnity</b>	Prior authorization is <b>required</b> .

## Policy History

Date	Action
4/2022	Updated to add Seglantis™ to the policy as non-covered.
2/2022	Updated to add Elyxyb™ as Nonformulary.
6/2017	Update Address for Pharmacy Operations.
6/2016	Added Generic to policy, added JRA indication, and adjusted age language to allow for new FDA indications and added Capxib as non-covered.
2/2014	Updated ExpressPath language and remove Blue Value.
11/2011- 4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
2/2012	Updated to include employee fax number on Outpatient Retail Pharmacy Prior Authorization Form.
7/2010	Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements.
9/2009	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.

7/2008	Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements.
7/2007	Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements.
7/2006	Reviewed - Medical Policy Group - Orthopedics, Rehabilitation Medicine and Rheumatology. No changes to policy statements.
11/2001	New Policy, effective 11/2001, describing covered and non-covered indications.

## References

1. US Physicians' Health Study, the UK Doctors Study, the Thrombosis Prevention Trial, and the Hypertension Optimal Treatment Trial. Comparatively  
[http://www.arthritis.org/resources/news/cox2\\_statement.asp](http://www.arthritis.org/resources/news/cox2_statement.asp) for more details.
2. The Coxibs, Selective Inhibitors of Cyclooxygenase-2, by G. Fitzgerald and C. Patrono, NEJM Vol. 345, No. 6, August 9, 2001, 433-442.
3. Comparison of Upper Gastrointestinal Toxicity of Rofecoxib and Naproxen in Patients with Rheumatoid Arthritis. C. Bombardier et al, NEJM 2000;343:1520-8.
4. The Effect of Celecoxib, a Cyclooxygenase-2 Inhibitor, in Familial Adenomatous Polyposis. G. Steinbach et al. NEJM 2000;342:1946-52.
5. Cyclooxygenase-2 Inhibitor Celecoxib: A Possible Cause of Gastropathy and Hypoprothrombinemia. Linder JD et al, in the Southern Medical Journal Sep 2000; 93(9):930-932.
6. Cyclooxygenase-2: A Major Therapeutic Advance? by Emery in Am J Med 2001, Jan 8;110(1A):42S-45S.

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

<http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>