



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, #[621](#)

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. Physicians may also submit requests for retail pharmacy exceptions via the web using ExpressPATH which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>. 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.

| Formulary Information | |
|-----------------------|---------------------------|
| Drug | Standard Formulary Status |
| Celebrex® | Covered |

Arthritis

We 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 has one or more of the following risk factors:
- History of gastrointestinal ulcer or bleeding³
- 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, Arava®, Cuprimine®, misoprostol, Supartz™, Synvisc® or Hyalgan® in the last 130 days.
- Current treatment with drugs such as Plavix® Ticlid®, Pletal®, dipyridamole, Aggrenox®, or Agrylin®
- 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 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 bleeding²
- Sulfa allergy (applies to celecoxib)
- Allergy to aspirin or NSAIDs
- Severe kidney^{2,6} or liver dysfunction
- Age less than 18¹
- 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
Clinical Pharmacy Department
One Enterprise Drive
Quincy, MA 02171
Tel: 1-800-366-7778

Fax: 1-800-583-6289

Managed Care Authorization Instructions

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients who do not meet the step-therapy criteria at the point of sale.
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients who do not meet the step therapy criteria at the point of sale.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>.

PPO and Indemnity Authorization Instructions

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients who do not meet the step-therapy criteria at the point of sale.
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients who do not meet the step therapy criteria at the point of sale.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>.

Policy History

| Date | Action |
|----------------|--|
| 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 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.

Request for Outpatient Retail Pharmacy Prior Authorization
Fax to: Clinical Pharmacy Program (800) 583-6289
Phone Authorization (800)366-7778 or Web: <https://provider.express-path.com>

We plan to respond to your request within two business days of our receipt. To ensure that we can confirm your request (required by NCQA), please be sure to include your fax number.

| Patient Information | |
|---|-------------|
| Name: | |
| BCBSMA Identification Number: | |
| Is the patient a BCBSMA employee? If yes, please fax request to: (617) 246-4013 | Yes No |
| Date of Birth: | |
| Drug Information | |
| Covered Drug Name: Celebrex [®] Quantity requested: _____ Dosage: _____ Frequency : _____ Other non-covered COX-II: _____ Quantity requested: _____ Dosage: _____ Frequency: _____ Name of covered COX-II previously tried: _____ Reason for failure with covered COX II: _____ History of NSAID therapy- list names of at least two traditional prescription NSAIDS tried within the last 130 days: _____ | |
| Diagnosis: Rheumatoid Arthritis Osteoarthritis Familial Adenomatous Polyposis Other * _____ *For other conditions not listed in the policy, submit the patient's clinical history and treatment plan. | |
| ICD-9-CM Code: | |
| Co-Morbid Conditions/Risk factors:(check all that apply): Past history of GI ulceration or bleeding Thrombocytopenia Inflammatory Bowel Disease Concurrent treatment with oral or injectable corticosteroids Concurrent treatment with warfarin, heparin, Lovenox, Arixtra, Innohep, Fragmin, Plavix, Ticlid, Pletal, dipyridamole, Aggrenox, or Agrylin Treatment with methotrexate, gold, Enbrel [®] , Remicade [®] , Humira [™] , Kineret [®] , sulfasalazine, azathioprine, cyclosporine, hydroxychloroquine, Arava [®] , Cuprimine [®] , Misoprostol, Supartz [™] , Synvisc [®] and Hyalgan [®] in the last 130 days Concurrent treatment with mesalamine, olsalazine, 6-mercaptopurine, or balsalazide. | |
| Physician Information | |
| Name: | |
| BCBSMA Provider Number/NPI number: | |
| Telephone Number: | |
| Facsimile Number: | |
| Contact Person (if different from physician): | |
| Signature: | Date: |

This document is only applicable to Blue Cross and Blue Shield of Massachusetts members with pharmacy benefits in their subscriber certificates. This form is not an authorization of benefits, an explanation of benefits, or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Submission of documentation does not guarantee coverage by the health plan.