

Elyxyb (celecoxib oral solution)

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

Medications	Quantity Limit
Elyxyb (celecoxib oral solution) 120 mg/4.8 mL (25 mg/mL)*	9 bottles (43.2 mL) per 30 days

*For approval of up to a maximum of 18 bottles per rolling 30 days; the individual must meet the following criteria:

- I. Individual has a diagnosis of migraine headaches; **AND**
- II. Individual has had a previous trial and an inadequate response to **one** of the following preventive therapies (AAN/AHA 2012/2015, Level A or B evidence; ICSI 2013, High quality evidence, AHS 2024):
 - A. One of the following antidepressants: amitriptyline, nortriptyline, duloxetine, venlafaxine; **OR**
 - B. One of the following beta blockers: metoprolol, propranolol, timolol (oral), atenolol, nadolol, nebivolol; **OR**
 - C. The following calcium channel blocker: verapamil; **OR**
 - D. One of the following antiepileptic agents: valproate sodium, divalproex sodium, topiramate, gabapentin; **OR**
 - E. The following angiotensin II receptor blocker: candesartan; **OR**
 - F. One of the following CGRP-targeting agents: erenumab, fremenezumab, galcanezumab, eptinezumab, atogepant, rimegepant when used for migraine prophylaxis; **OR**
 - G. Botox (onabotulinumtoxinA).

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 prescription oral non-steroidal anti-inflammatory drugs (NSAIDs). Medication samples/coupons/discount cards are excluded from consideration as a trial.; **AND**
- II. Documentation is provided for the inadequate response to the preferred oral NSAIDs; **AND**
- III. Documentation is provided for the medical reason Elyxyb (celecoxib oral solution) is clinically necessary;

OR

- IV. Individual has a history of gastrointestinal disorder (such as, ulcer, gastritis); **AND**
- V. Individual has had a trial and inadequate response to generic celecoxib tablets or capsules; **AND**
- VI. Documentation has been provided for the inadequate response generic celecoxib tablets or capsules; **AND**
- VII. Documentation is provided for the medical reason Elyxyb (celecoxib oral solution) is clinically necessary.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2024; Updated periodically.
4. Beithon J, Gallenberg M, Johnson K, Kildahl P, Krenik J, Liebow M, Linbo L, Myers C, Peterson S, Schmidt J, Swanson J. Institute for Clinical Systems Improvement. Diagnosis and Treatment of Headache. Available from: [icsi.org/wp-content/uploads/2019/01/Headache.pdf](https://www.icsi.org/wp-content/uploads/2019/01/Headache.pdf). Updated January 2013.
5. The American Headache Society Consensus statement: Update on integrating new migraine treatments into clinical practice. Headache. 2021; 61:1021-1039.

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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