



Commercial/Healthcare Exchange PA Criteria

Effective: February 10, 2022

Prior Authorization: Elyxyb

Products Affected: Elyxyb (celecoxib) oral solution

Medication Description: Celecoxib is a NSAID with anti-inflammatory, analgesic, and antipyretic therapeutic effects. Celecoxib is believed to inhibit prostaglandin synthesis, primarily via inhibition of cyclooxygenase-2 (COX-2). Elyxyb is indicated for the acute treatment of migraine with or without aura in adults.

Covered Uses: The acute treatment of migraine with or without aura in adults.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Prescriber Restriction: N/A

Age Restriction: 18 years of age and older

Coverage Duration: 12 months

Other Criteria:

Initial Approval Criteria

1. **Acute Treatment of Migraine (with or without aura):** Approve if the patient meets the following:
 - A. Patient has a documented trial and failure of **2** generic NSAIDs

Renewal Criteria

1. **Acute Treatment of Migraine (with or without aura):**
 - A. Member has responded positively to the treatment as determined by the prescribing physician; **AND**
 - B. Member has not experienced unacceptable toxicity from the drug

References:

1. Elyxyb™ [package insert]. Rockville, MD, BioDelivery Sciences International, Inc. Updated April 2021. Accessed January 6th 2022.

Policy Revision history

January 2022



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Page 1 of 2



Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	2/10/2022