



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111

MassHealth
Community Health Center Bulletin 42
July 1999

TO: Community Health Centers Participating in MassHealth
FROM: Mark E. Reynolds, Acting Commissioner
RE: **Prior Authorization for Celebrex in Dosages of 200 mg or More**

Background

To ensure that the most appropriate, efficacious, and cost-effective drugs are prescribed for and dispensed to MassHealth members, the Division of Medical Assistance, through its prior-authorization procedures, reviews the use of certain drugs. This bulletin details the criteria for dispensing Celebrex in dosages of 200 mg or more.

**PA Requirements
for Celebrex**

Celebrex (celecoxib capsules) is a non-steroidal anti-inflammatory drug (NSAID) used in the treatment of osteoarthritis and rheumatoid arthritis.

This drug exhibited a lower endoscopic ulcer rate in clinical trials and is being marketed as an NSAID that can be given, in most cases, without concomitant anti-ulcer medication.

Prescriptions for Celebrex require prior authorization under one or both of the following conditions:

- the dosage exceeds 200 mg per day; or
- there is concomitant use of anti-ulcer medication.

Celebrex may be appropriate for a patient with one or more of the following conditions:

- history of ulcer disease;
 - previous or active gastro-intestinal bleeding;
 - inability to tolerate other NSAIDs; or
 - potential for drug interaction with combined NSAID/anticoagulant therapy.
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***Prior-Authorization
Procedures***

Prior authorization for drugs and devices dispensed by a pharmacy must be requested by the prescribing provider. The prescribing provider must complete a Request for Prior Authorization form or submit on his or her letterhead the information required in Subchapter 5 of his or her provider manual. The request must include the name, address, and telephone number of the pharmacy that will fill the prescription.

The prescriber must submit the request to the Division at the following address.

Prior-Authorization Unit
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
Fax: (617) 210-5088

***Supplies of the
PA Form***

To obtain supplies of the Request for Prior Authorization form, send or fax a written request to the following address or fax number.

Unisys
ATTN: Forms Distribution
P.O. Box 9101
Somerville, MA 02145
Fax: (617) 576-4087

Questions

If you have any questions about the information in this bulletin, please contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.
