Pre - PA Allowance

Age 2 years of age or older

Quantity

<table>
<thead>
<tr>
<th>Strength</th>
<th>360 capsules per 365 days</th>
<th>480 capsules per 90 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>200 mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>400 mg</td>
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<td></td>
</tr>
</tbody>
</table>

Duration 365 days

Prior-Approval Requirements

Age 2 years of age or older

Diagnoses

Patient must have ONE of the following:

1. Acute Pain*
   a. Location of pain
2. Rheumatoid Arthritis
3. Osteoarthritis
4. Juvenile rheumatoid arthritis (JRA)
5. Ankylosing Spondylitis
6. Primary Dysmenorrhea

Prior - Approval Limits

Age 2 years of age or older

Quantity

<table>
<thead>
<tr>
<th>Strength</th>
<th>960 capsules per 90 days OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 mg</td>
<td></td>
</tr>
<tr>
<td>100 mg</td>
<td></td>
</tr>
<tr>
<td>200 mg</td>
<td></td>
</tr>
<tr>
<td>400 mg</td>
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</tr>
</tbody>
</table>

Maximum daily limit of any combination: 400mg

Duration *3 months for a diagnosis of acute pain
   12 months for all other diagnoses/conditions
Prior – Approval *Renewal* Requirements

**Age**

2 years of age or older

**Diagnoses**

Patient must have **ONE** of the following:

1. Acute Pain*
   a. Location of pain
   b. **NOT** continuous therapy for same location as previously treated
2. Rheumatoid Arthritis
3. Osteoarthritis
4. Juvenile rheumatoid arthritis (JRA)
5. Ankylosing Spondylitis
6. Primary Dysmenorrhea

**Prior – Approval *Renewal* Limits**

Same as above

Celebrex FEP Clinical Criteria