

Diclofenac Potassium Powder Packet and Elyxyb (celecoxib) Solution Criteria

Revised: 04/01/2026

DICLOFENAC POTASSIUM POWDER PACKET AND ELYXYB (CELECOXIB) SOLUTION

Length of Authorization: 1 year

CHILDREN – CRITERIA TO APPROVE

N/A

ADULTS – CRITERIA TO APPROVE

- The patient is 18 years of age or older; **AND**
- Diagnosis of acute treatment of migraine attacks with or without aura; **AND**
- Documented inadequate response (defined as a paid claim of at least a 30-day supply within the previous 90 days), adverse reaction, or contraindication to **two** preferred triptan medications; **AND**
- Documented inadequate response (defined as a paid claim of at least a 30-day supply within the previous 90 days), adverse reaction, or contraindication to **two** preferred NSAID medications.

RENEWAL CRITERIA

All the following:

- The patient met initial review requirements; **AND**
- The patient has an overall clinical improvement in response to therapy; **AND**
- The patient has not experienced any treatment-restricting adverse events.

REVISION HISTORY

Date	Issues/Updates
04/01/2026	• Initial creation