



Missouri Pharmacy Program – Preferred Drug List



Cox II Inhibitors
Effective 12/15/2004
Revised 10/07/2010

Preferred Agents

Available With Additional Clinical Edits

- Celebrex®

Non-Preferred Agents

Approval Criteria	Denial Criteria
Current NSAID Step Therapy Criteria remains in place	Therapy will be denied if no approval criteria are met
See Approval Diagnoses for Cox II therapy below	Drug Prior Authorization Hotline: (800) 392-8030

Approval Diagnoses			
Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range
Familial adenomatous polyposis*	<ul style="list-style-type: none"> • Familial adenomatous polyposis 	N/A	2 years
Ankylosing Spondylitis	<ul style="list-style-type: none"> • 720.0 	N/A	2 years
GI toxicity risk factors*	<ul style="list-style-type: none"> • Age \geq55 • PUD or GI bleed 	N/A N/A <ul style="list-style-type: none"> • warfarin • corticosteroids • high-dose NSAID 	N/A 2 years 45 days 90 days* 45 days
Arthritis*	<ul style="list-style-type: none"> • Rheumatoid arthritis • Osteoarthritis 	N/A N/A <ul style="list-style-type: none"> • DMARDs 	2 years 2 years 45 days
Juvenile Rheumatoid Arthritis	<ul style="list-style-type: none"> • 714.30 – 714.33 	--	2 years
Significant other co- morbidity* (may be subject to clinical review)	N/A	N/A	N/A
Juvenile Rheumatoid Arthritis	714.30 – 714.33	--	720 days
Therapeutic failure*	N/A	<ul style="list-style-type: none"> • NSAIDs 	6 months

*Approved for up to 1 year