



Missouri Pharmacy Program – Preferred Drug List



Cox II Inhibitors

Effective 12/15/2004

Revised 04/05/2018

Preferred Agents

Available With Clinical Edits

- Celecoxib

Non-Preferred Agents

Available With Clinical Edits

- Celebrex®

Approval Criteria

- Current Step Therapy Criteria remain in place
 - Agent preferred after meeting step therapy approval criteria



nsaid Approval
Diagnoses.pdf

Denial Criteria

- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030