Missouri Pharmacy Program – Preferred Drug List

Cox II Inhibitors

Effective 12/15/2004
Revised 04/07/2016

Preferred Agents
Available with Additional Clinical Edits

- **Celecoxcib**

Non-Preferred Agents

- **Celebrex®**

Approval Diagnoses		
Condition	**Inferred Drugs**	**Date Range**
Familial adenomatous	N/A	2 years
Ankylosing Spondylitis	N/A	2 years
GI toxicity risk factors* Age > 55 Gastric Bleed Peptic Ulcer Disease Gastric Ulcer Disease	N/A N/A • warfarin • corticosteroids • high-dose NSAID	N/A 2 years 45 days 90 days* 45 days
Arthritis* Rheumatoid arthritis Osteoarthritis	N/A N/A • DMARDs	2 years 2 years 45 days
Juvenile Rheumatoid Arthritis		2 years
Significant other comorbidity* (may be subject to clinical review)	N/A	N/A
Therapeutic failure*	NSAIDs	6 months