



Missouri Pharmacy Program – Preferred Drug List



Cox II Inhibitors

Effective 12/15/2004

Revised 10/06/2011

Preferred Agents

Available With Additional Clinical Edits

- Celebrex®

Non-Preferred Agents

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Current Step Therapy Criteria remain in place	Therapy will be denied if no approval criteria are met
Agent preferred after meeting step therapy approval criteria	
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030

<i>Approval Diagnoses</i>			
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 >55 • 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 comorbidity* (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