

## Clinical Pharmacy Program Guidelines for COX-2 Inhibitors

Program	Prior Authorization
Medication	COX-2 Inhibitors

### 1. Background:

#### Drugs Requiring Prior Authorization

CELEBREX <sup>®</sup> 50 MG CAPSULE	MELOXICAM 7.5 MG/5 ML SUSP
CELEBREX 100 MG CAPSULE	MELOXICAM 7.5 MG TABLET
CELEBREX 200 MG CAPSULE	MELOXICAM 15 MG TABLET
CELEBREX 400 MG CAPSULE	MOBIC <sup>®</sup> 7.5 MG TABLET
	MOBIC 15 MG TABLET

### 2. Coverage Criteria:

#### A. Authorization Criteria

1. The patient is at least 18 years of age.

**Authorization will be issued for 365 days.**

Program	Program type – Prior Authorization
<b>Change Control</b>	
Date	Change
August 1, 2016	New program