

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class**COX-2 Inhibitors****Clinical Edit Information Included in this Document****COX-2 Inhibitors Celebrex**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical edit

COX-2 Inhibitors Mobic

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Note: Click the hyperlink to navigate directly to that section.

Revision Notes

- Added a new section to specify the drugs requiring prior authorization for each form of COX-2 Inhibitors
- In the "Clinical Edit Criteria Logic" and "Clinical Edit Criteria Logic Diagram" sections for Celebrex, clarified wording associated with step 6
- In the "Clinical Edit Criteria Logic" and "Clinical Edit Criteria Logic Diagram" sections for Mobic, clarified wording associated with step 5
- In the "Clinical Edit Supporting Tables" section for Celebrex, revised tables to specify the diagnosis codes pertinent to steps 3, 4, and 8 of the logic diagram
- In the "Clinical Edit Supporting Tables" section for Celebrex, revised tables to specify the drug names and GCNs pertinent to steps 5, 6, 7, 9, and 10 of the logic diagram
- In the "Clinical Edit Supporting Tables" section for Mobic, revised tables to specify the diagnosis codes pertinent to steps 3, 7, and 10 of the logic diagram
- In the "Clinical Edit Supporting Tables" section for Mobic, revised tables to specify the drug names and GCNs pertinent to steps 4, 5, 6, 8, and 9 of the logic diagram



**COX-2 Inhibitors
Celebrex**

Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
CELEBREX 50 MG CAPSULE	97785
CELEBREX 100 MG CAPSULE	42001
CELEBREX 200 MG CAPSULE	42002
CELEBREX 400 MG CAPSULE	18127



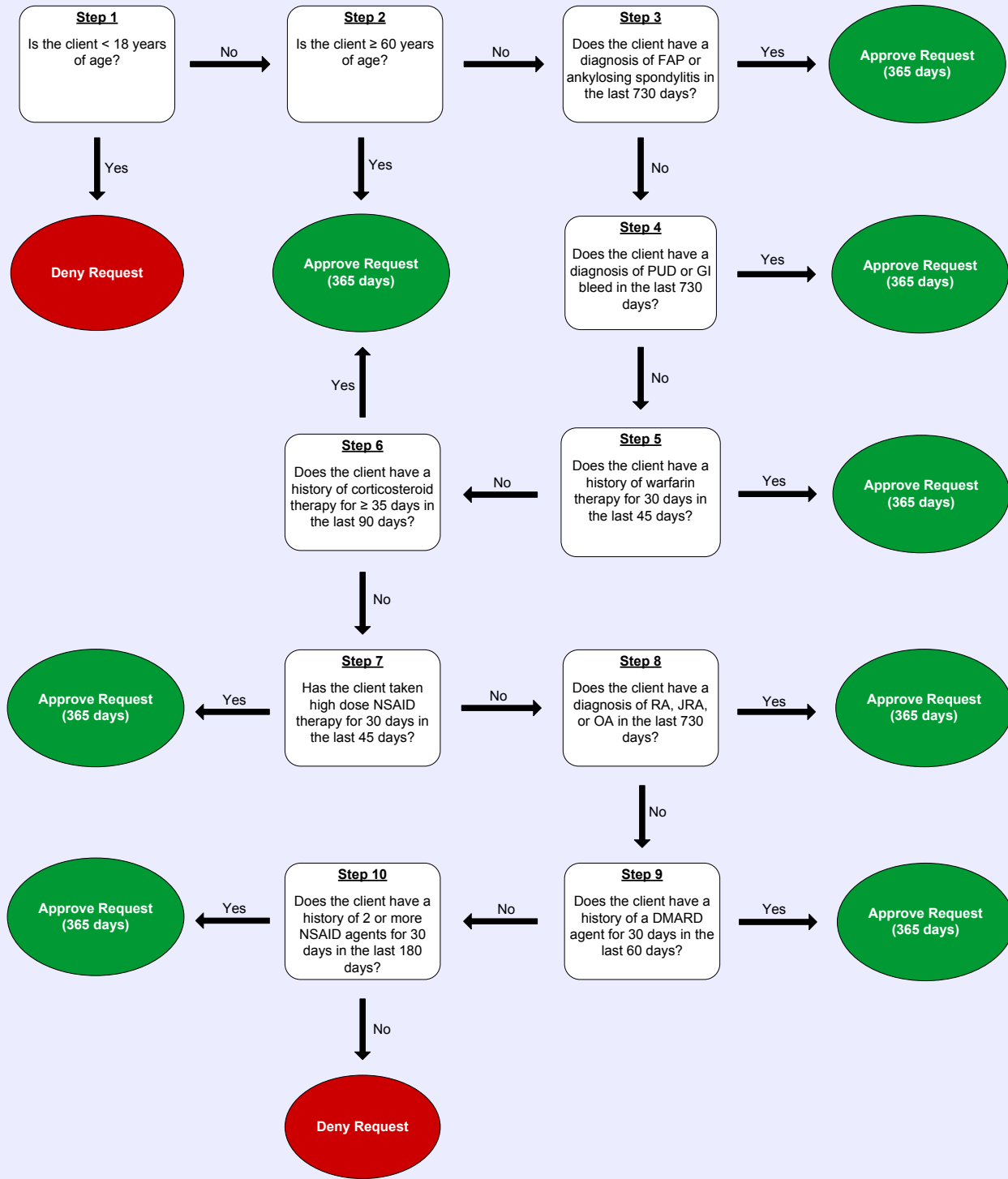
COX-2 Inhibitors Celebrex Clinical Edit Criteria Logic

1. Is the client less than (<) 18 years of age?
 Yes (Deny)
 No (Go to #2)
2. Is the client greater than or equal to (\geq) 60 years of age?
 Yes (Approve – 365 days)
 No (Go to #3)
3. Does the client have a diagnosis of FAP or ankylosing spondylitis in the last 730 days?
 Yes (Approve – 365 days)
 No (Go to #4)
4. Does the client have a diagnosis of PUD or GI bleed in the last 730 days?
 Yes (Approve – 365 days)
 No (Go to #5)
5. Does the client have a history of warfarin therapy for 30 days in the last 45 days?
 Yes (Approve – 365 days)
 No (Go to #6)
6. Does the client have a history of corticosteroid therapy for greater than or equal to (\geq) 35 days in the last 90 days?
 Yes (Approve – 365 days)
 No (Go to #7)
7. Has the client taken high dose NSAID therapy for 30 days in the last 45 days?
 Yes (Approve – 365 days)
 No (Go to #8)
8. Does the client have a diagnosis of RA, JRA, or OA in the last 730 days?
 Yes (Approve – 365 days)
 No (Go to #9)
9. Does the client have a history of a DMARD agent for 30 days in the last 60 days?
 Yes (Approve – 365 days)
 No (Go to #10)
10. Does the client have a history of 2 or more NSAID agents for 30 days in the last 180 days?
 Yes (Approve – 365 days)
 No (Deny)



COX-2 Inhibitors Celebrex

Clinical Edit Criteria Logic Diagram





COX-2 Inhibitors Celebrex

Clinical Edit Criteria Supporting Tables

Step 3 (diagnosis of FAP or ankylosing spondylitis)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
2113	BENIGN NEOPLASM LG BOWEL
7200	ANKYLOSING SPONDYLITIS

Step 4 (diagnosis of PUD or GI bleed)	
Required diagnosis: 1	
Look back timeframe: 730 days	
PUD and GI Bleed Diagnoses	
ICD-9 Code	Description
531	GASTRIC ULCER
5310	ACUTE GASTRIC ULCER WITH HEMORRHAGE
53100	AC STOMACH ULCER W HEM
53101	AC STOMACH ULC W HEM-OBST
5311	ACUTE GASTRIC ULCER WITH PERFORATION
53110	AC STOMACH ULCER W PERF
53111	AC STOM ULC W PERF-OBST
5312	ACUTE GASTRIC ULCER WITH HEMORRHAGE AND PERFORATION
53120	AC STOMACH ULC W HEM/PERF
53121	AC STOM ULC HEM/PERF-OBS
5313	ACUTE GASTRIC ULCER WITHOUT MENTION OF HEMORRHAGE OR PERFORATION
53130	ACUTE STOMACH ULCER NOS
53131	AC STOMACH ULC NOS-OBSTR
5314	CHRONIC OR UNSPECIFIED GASTRIC ULCER WITH HEMORRHAGE
53140	CHR STOMACH ULC W HEM
53141	CHR STOM ULC W HEM-OBSTR
5315	CHRONIC OR UNSPECIFIED GASTRIC ULCER WITH PERFORATION
53150	CHR STOMACH ULCER W PERF
53151	CHR STOM ULC W PERF-OBST
5316	CHRONIC OR UNSPECIFIED GASTRIC ULCER WITH HEMORRHAGE AND PERFORATION

Step 4 (diagnosis of PUD or GI bleed)	
Required diagnosis: 1	
Look back timeframe: 730 days	
PUD and GI Bleed Diagnoses	
ICD-9 Code	Description
53160	CHR STOMACH ULC HEM/PERF
53161	CHR STOM ULC HEM/PERF-OB
5317	CHRONIC GASTRIC ULCER WITHOUT MENTION OF HEMORRHAGE OR PERFORATION
53170	CHR STOMACH ULCER NOS
53171	CHR STOMACH ULC NOS-OBST
5319	GASTRIC ULCER UNSPECIFIED AS ACUTE OR CHRONIC WITHOUT MENTION OF HEMORRHAGE OR PERFORATION
53190	STOMACH ULCER NOS
53191	STOMACH ULCER NOS-OBSTR
532	DUODENAL ULCER
5320	ACUTE DUODENAL ULCER WITH HEMORRHAGE
53200	AC DUODENAL ULCER W HEM
53201	AC DUODEN ULC W HEM-OBST
5321	ACUTE DUODENAL ULCER WITH PERFORATION
53210	AC DUODENAL ULCER W PERF
53211	AC DUODEN ULC PERF-OBSTR
5322	ACUTE DUODENAL ULCER WITH HEMORRHAGE AND PERFORATION
53220	AC DUODEN ULC W HEM/PERF
53221	AC DUOD ULC HEM/PERF-OBS
5323	ACUTE DUODENAL ULCER WITHOUT MENTION OF HEMORRHAGE OR PERFORATION
53230	ACUTE DUODENAL ULCER NOS
53231	AC DUODENAL ULC NOS-OBST
5324	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH HEMORRHAGE
53240	CHR DUODEN ULCER W HEM
53241	CHR DUODEN ULC HEM-OBSTR
5325	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH PERFORATION
53250	CHR DUODEN ULCER W PERF
53251	CHR DUODEN ULC PERF-OBST
5326	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH HEMORRHAGE AND PERFORATION
53260	CHR DUODEN ULC HEM/PERF
53261	CHR DUOD ULC HEM/PERF-OB
5327	CHRONIC DUODENAL ULCER WITHOUT MENTION OF HEMORRHAGE OR PERFORATION

Step 4 (diagnosis of PUD or GI bleed)	
Required diagnosis: 1	
Look back timeframe: 730 days	
PUD and GI Bleed Diagnoses	
ICD-9 Code	Description
53270	CHR DUODENAL ULCER NOS
53271	CHR DUODEN ULC NOS-OBSTR
5329	DUODENAL ULCER UNSPECIFIED AS ACUTE OR CHRONIC WITHOUT MENTION OF HEMORRHAGE OR PERFORATION
53290	DUODENAL ULCER NOS
53291	DUODENAL ULCER NOS-OBSTR
533	PEPTIC ULCER SITE UNSPECIFIED
5330	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE
53300	AC PEPTIC ULCER W HEMORR
53301	AC PEPTIC ULC W HEM-OBST
5331	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITH PERFORATION
53310	AC PEPTIC ULCER W PERFOR
53311	AC PEPTIC ULC W PERF-OBS
5332	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE AND PERFORATION
53320	AC PEPTIC ULC W HEM/PERF
53321	AC PEPT ULC HEM/PERF-OBS
5333	ACUTE PEPTIC ULCER OF UNSPECIFIED SITE WITHOUT MENTION OF HEMORRHAGE AND PERFORATION
53330	ACUTE PEPTIC ULCER NOS
53331	AC PEPTIC ULCER NOS-OBST
5334	CHRONIC OR UNSPECIFIED PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE
53340	CHR PEPTIC ULCER W HEM
53341	CHR PEPTIC ULC W HEM-OBS
5335	CHRONIC OR UNSPECIFIED PEPTIC ULCER OF UNSPECIFIED SITE WITH PERFORATION
53350	CHR PEPTIC ULCER W PERF
53351	CHR PEPTIC ULC PERF-OBST
5336	CHRONIC OR UNSPECIFIED PEPTIC ULCER OF UNSPECIFIED SITE WITH HEMORRHAGE AND PERFORATION
53360	CHR PEPT ULC W HEM/PERF
53361	CHR PEPT ULC HEM/PERF-OB
5337	CHRONIC PEPTIC ULCER OF UNSPECIFIED SITE WITHOUT MENTION OF HEMORRHAGE OR PERFORATION
53370	CHRONIC PEPTIC ULCER NOS
53371	CHR PEPTIC ULCER NOS-OBS

Step 4 (diagnosis of PUD or GI bleed)	
Required diagnosis: 1	
Look back timeframe: 730 days	
PUD and GI Bleed Diagnoses	
ICD-9 Code	Description
5339	PEPTIC ULCER OF UNSPECIFIED SITE UNSPECIFIED AS ACUTE OR CHRONIC WITHOUT MENTION OF HEMORRHAGE OR PERFORATION
53390	PEPTIC ULCER NOS
53391	PEPTIC ULCER NOS-OBSTRUC
534	GASTROJEJUNAL ULCER
5340	ACUTE GASTROJEJUNAL ULCER WITH HEMORRHAGE
53400	AC GASTROJEJUNAL MARGINAL ULCER W HEM
53401	AC GASTROJEJUNAL ULC W HEM-OBST,
5341	ACUTE GASTROJEJUNAL ULCER WITH PERFORATION
53410	AC GASTROJEJUNAL ULCER W PERF,
53411	AC GASTROJEJUNAL ULC W PERF-OBS
5342	ACUTE GASTROJEJUNAL ULCER WITH HEMORRHAGE AND PERFORATION
53420	AC GASTROJEJUNAL ULC W HEM/PERF
53421	AC GASTROJEJUNAL ULC HEM/PERF-OBS
5343	ACUTE GASTROJEJUNAL ULCER WITHOUT MENTION OF HEMORRHAGE OR PERFORATION
53430	AC GASTROJEJUNAL ULCER NOS
53431	AC GASTROJEJUNAL ULC NOS-OBST
5344	CHRONIC OR UNSPECIFIED GASTROJEJUNAL ULCER WITH HEMORRHAGE
53440	CHR GASTROJEJUNAL ULCER W HEM
53441	CHR GASTROJEJUNAL ULC W HEM-OBS
5345	CHRONIC OR UNSPECIFIED GASTROJEJUNAL ULCER WITH PERFORATION
53450	CHR GASTROJEJUNAL ULC W PERF
53451	CHR GASTROJEJUNAL ULC PERF-OBST
5346	CHRONIC OR UNSPECIFIED GASTROJEJUNAL ULCER WITH HEMORRHAGE AND PERFORATION
53460	CHR GASTROJEJUNAL ULC HEM/PERF
53461	CHR GASTROJEJUNAL ULC HEM/PERF-OB
5347	CHRONIC GASTROJEJUNAL ULCER WITHOUT MENTION OF HEMORRHAGE OR PERFORATION
53470	CHR GASTROJEJUNAL ULCER NOS
53471	CHR GASTROJEJUNAL ULC NOS-OBS
5349	GASTROJEJUNAL ULCER UNSPECIFIED AS ACUTE OR CHRONIC WITHOUT MENTION OF HEMORRHAGE OR PERFORATION
53490	GASTROJEJUNAL ULCER NOS
53491	GASTROJEJUN ULC NOS-OBST

Step 4 (diagnosis of PUD or GI bleed)	
Required diagnosis: 1	
Look back timeframe: 730 days	
PUD and GI Bleed Diagnoses	
ICD-9 Code	Description
578	GASTROINTESTINAL HEMORRHAGE
5780	HEMATEMESIS
5781	BLOOD IN STOOL
5789	GASTROINTEST HEMORR NOS

Step 5 (history of warfarin therapy for 30 days)	
Required quantity: 1	
Look back timeframe: 45 days	
Warfarin Therapies	
Label Name	GCN
COUMADIN 1 MG TABLET	25792
COUMADIN 2 MG TABLET	25791
COUMADIN 2.5 MG TABLET	25794
COUMADIN 3 MG TABLET	25796
COUMADIN 4 MG TABLET	25797
COUMADIN 5 MG TABLET	25793
COUMADIN 5 MG VIAL	25800
COUMADIN 6 MG TABLET	25798
COUMADIN 7.5 MG TABLET	25795
COUMADIN 10 MG TABLET	25790
JANTOVEN 1 MG TABLET	25792
JANTOVEN 2 MG TABLET	25791
JANTOVEN 2.5 MG TABLET	25794
JANTOVEN 3 MG TABLET	25796
JANTOVEN 4 MG TABLET	25797
JANTOVEN 5 MG TABLET	25793
JANTOVEN 6 MG TABLET	25798
JANTOVEN 7.5 MG TABLET	25795
JANTOVEN 10 MG TABLET	25790
WARFARIN SODIUM 1 MG TABLET	25792
WARFARIN SODIUM 2 MG TABLET	25791
WARFARIN SODIUM 2.5 MG TABLET	25794
WARFARIN SODIUM 3 MG TABLET	25796
WARFARIN SODIUM 4 MG TABLET	25797

Step 5 (history of warfarin therapy for 30 days)	
Required quantity: 1	
Look back timeframe: 45 days	
Warfarin Therapies	
Label Name	GCN
WARFARIN SODIUM 5 MG TABLET	25793
WARFARIN SODIUM 6 MG TABLET	25798
WARFARIN SODIUM 7.5 MG TABLET	25795
WARFARIN SODIUM 10 MG TABLET	25790

Step 6 (history of a corticosteroid therapy for \geq 35 days)	
Required quantity: 1	
Look back timeframe: 90 days	
Corticosteroid Therapies	
Label Name	GCN
BAYCADRON 0.5 MG/5 ML ELIXIR	27400
CELESTONE 0.6 MG/5 ML SOLUTION	27250
CELESTONE SOLUSPAN 6 MG/ML	82300
CORTEF 5 MG TABLET	26783
CORTEF 10 MG TABLET	26781
CORTEF 20 MG TABLET	26782
CORTISONE 25 MG TABLET	26482
DEPO-MEDROL 40 MG/ML VIAL	27003
DEPO-MEDROL 80 MG/ML VIAL	27006
DEXAMETHASONE 0.5 MG/5 ML ELX	27400
DEXAMETHASONE 0.5 MG/5 ML LIQ	27411
DEXAMETHASONE 1 MG/1 ML SOLN	27412
DEXAMETHASONE 0.5 MG TABLET	27422
DEXAMETHASONE 0.75 MG TABLET	27425
DEXAMETHASONE 1 MG TABLET	27424
DEXAMETHASONE 1.5 MG TABLET	27427
DEXAMETHASONE 2 MG TABLET	27426
DEXAMETHASONE 4 MG TABLET	27428
DEXAMETHASONE 6 MG TABLET	27429
DEXAMETHASONE 4 MG/ML VIAL	27354
DEXAMETHASONE 20 MG/5 ML VIAL	27354
DEXAMETHASONE 120 MG/30 ML VL	27354
DEXPAK 6 DAY 1.5 MG TABLET	16987
DEXPAK 10 DAY 1.5 MG TABLET	97184

Step 6 (history of a corticosteroid therapy for \geq 35 days)	
Required quantity: 1	
Look back timeframe: 90 days	
Corticosteroid Therapies	
Label Name	GCN
DEXPAK 13 DAY 1.5 MG TABLET	22691
ENTOCORT EC 3 MG CAPSULE	28680
HYDROCORTISONE 5 MG TABLET	26783
HYDROCORTISONE 10 MG TABLET	26781
HYDROCORTISONE 20 MG TABLET	26782
KENALOG-10 10 MG/ML VIAL	27450
KENALOG-40 40 MG/ML VIAL	27452
MEDROL 4 MG DOSEPAK	37499
MEDROL 2 MG TABLET	27052
MEDROL 4 MG TABLET	27056
MEDROL 8 MG TABLET	27058
MEDROL 16 MG TABLET	27051
MEDROL 32 MG TABLET	27055
METHYLPREDNISOLONE 4 MG DOSEPK	37499
METHYLPREDNISOLONE 4 MG TAB	27056
METHYLPREDNISOLONE 4 MG TABLET	27056
METHYLPREDNISOLONE 8 MG TAB	27058
METHYLPREDNISOLONE 16 MG TAB	27051
METHYLPREDNISOLONE 32 MG TAB	27055
METHYLPREDNISOLONE 40 MG VIAL	27032
METHYLPREDNISOLONE 40 MG/ML VL	27003
METHYLPREDNISOLONE 80 MG/ML VL	27006
METHYLPREDNISOLONE 125 MG VIAL	27031
METHYLPREDNISOLONE 500 MG VIAL	27033
METHYLPREDNISOLONE SS 1 GM VL	27030
MILLIPRED 10 MG/5 ML SOLUTION	99610
MILLIPRED 5 MG TABLET	26963
ORAPRED ODT 10 MG TABLET	27108
ORAPRED ODT 15 MG TABLET	27109
ORAPRED ODT 30 MG TABLET	27114
PEDIAPRED 6.7 MG/5 ML SOLN	09115
PREDNISOLONE 5 MG/5 ML SOLN	09115
PREDNISOLONE 6.7 MG/5 ML SOLN	09115
PREDNISOLONE 15 MG/5 ML SOLN	26800

Step 6 (history of a corticosteroid therapy for \geq 35 days)	
Required quantity: 1	
Look back timeframe: 90 days	
Corticosteroid Therapies	
Label Name	GCN
PREDNISOLONE 15 MG/5 ML SOLN	33806
PREDNISOLONE 5 MG/5 ML SYRUP	26892
PREDNISOLONE 15 MG/5 ML SYRUP	26800
PREDNISONONE 5 MG/5 ML SOLUTION	27160
PREDNISONONE 1 MG TABLET	27171
PREDNISONONE 2.5 MG TABLET	27173
PREDNISONONE 5 MG TABLET	27176
PREDNISONONE 5 MG TABLET	38363
PREDNISONONE 10 MG TABLET	27172
PREDNISONONE 10 MG TABLET	38364
PREDNISONONE 20 MG TABLET	27174
PREDNISONONE 50 MG TABLET	27177
SOLU-CORTEF 100 MG VIAL	26650
SOLU-MEDROL 500 MG VIAL	18869
SOLU-MEDROL 500 MG VIAL	27033
SOLU-MEDROL 1,000 MG VIAL	18877
SOLU-MEDROL 1 GM VIAL	27030
STERAPRED 5 MG TABLET UNIPAK	38363
STERAPRED DS 10 MG TB UNIPAK	38364
VERIPRED 20 20 MG/5 ML SOLN	14565
ZEMA-PAK 6 DAY 1.5 MG TABLET	16987
ZEMA-PAK 10 DAY 1.5 MG TABLET	97184
ZEMA-PAK 13 DAY 1.5 MG TABLET	22691

Step 7 (history of a high dose NSAID therapy for 30 days)	
Required quantity: 1	
Look back timeframe: 45 days	
NSAID Agents	
Label Name	GCN
ALL DAY PAIN RELIEF 220 MG TAB	47132
ALL DAY PAIN RLF 220 MG CAPLET	47132
ANAPROX DS 550 MG TABLET	47131
ARTHROTEC EC 50 MG-200 MCG TAB	62729
ARTHROTEC EC 75 MG-200 MCG TAB	06263

Step 7 (history of a high dose NSAID therapy for 30 days)	
Required quantity: 1	
Look back timeframe: 45 days	
NSAID Agents	
Label Name	GCN
CAMBIA 50 MG POWDER PACKET	99636
CATAFLAM 50 MG TABLET	13960
CHILD IBUPROFEN SUSP	35930
CHILDREN IBUPROFEN 100 MG/5 ML	35930
CHILDREN'S MEDI-PROFEN SUSP	35930
CLINORIL 200 MG TABLET	35801
DAYPRO 600 MG CAPLET	01750
DICLOFENAC POT 50 MG TABLET	13960
DICLOFENAC SOD DR 50 MG TAB	35851
DICLOFENAC SOD DR 75 MG TAB	35852
DICLOFENAC SOD EC 25 MG TAB	35850
DICLOFENAC SOD EC 50 MG TAB	35851
DICLOFENAC SOD EC 75 MG TAB	35852
DICLOFENAC SOD ER 100 MG TAB	13310
ETODOLAC 200 MG CAPSULE	33870
ETODOLAC 300 MG CAPSULE	33871
ETODOLAC 400 MG TABLET	61761
ETODOLAC 500 MG TABLET	61766
ETODOLAC ER 400 MG TABLET	61765
ETODOLAC ER 500 MG TABLET	61767
ETODOLAC ER 600 MG TABLET	61762
FELDENE 10 MG CAPSULE	35820
FELDENE 20 MG CAPSULE	35821
FENOPROFEN 600 MG TABLET	35760
FLECTOR 1.3% PATCH	97958
FLURBIPROFEN 50 MG TABLET	35710
FLURBIPROFEN 100 MG TABLET	35711
HYDROCODONE BT-IBUPROFEN TAB	63101
IBUDONE 5-200 MG TABLET	22678
IBUDONE 10-200 MG TABLET	99371
IBU-DROPS 40 MG/ML SUSP DRPS	35931
IBUPROFEN 100 MG/5 ML SUSP	35930
IBUPROFEN 200 MG CAPLET	35743
IBUPROFEN 200 MG TABLET	35743

Step 7 (history of a high dose NSAID therapy for 30 days)	
Required quantity: 1	
Look back timeframe: 45 days	
NSAID Agents	
Label Name	GCN
IBUPROFEN 400 MG TABLET	35741
IBUPROFEN 600 MG TABLET	35742
IBUPROFEN 800 MG TABLET	35744
IBUPROFEN COLD SUSPENSION	86172
IBUPROFEN COLD-SINUS CPLT	92250
IBUPROFEN JR STR 100 MG TB CHW	35749
INDOMETHACIN 25 MG CAPSULE	35680
INDOMETHACIN 50 MG CAPSULE	35681
INDOMETHACIN ER 75 MG CAPSULE	35690
INFANT IBUPROFEN SUSP DROP	35931
INFANTS IBU-DROPS SUSPENSION	35931
KETOPROFEN 50 MG CAPSULE	34420
KETOPROFEN 75 MG CAPSULE	34421
KETOPROFEN ER 200 MG CAPSULE	33792
KETOROLAC 10 MG TABLET	32531
KETOROLAC 15 MG/ML VIAL	35238
KETOROLAC 30 MG/ML VIAL	35239
KETOROLAC 60 MG/2 ML VIAL	35236
MECLOFENAMATE 50 MG CAPSULE	35811
MECLOFENAMATE 100 MG CAPSULE	35810
MEDI-PROFEN 200 MG CAPLET	35743
MEDI-PROFEN 200 MG TABLET	35743
MEFENAMIC ACID 250 MG CAPSULE	16530
NABUMETONE 500 MG TABLET	32961
NABUMETONE 750 MG TABLET	32962
NAPRELAN CR 375 MG TABLET	98900
NAPRELAN CR 500 MG TABLET	92253
NAPRELAN CR 750 MG TABLET	16134
NAPROSYN 125 MG/5 ML SUSPEN	41670
NAPROSYN 250 MG TABLET	35790
NAPROSYN 375 MG TABLET	35792
NAPROSYN EC 500 MG TABLET	61851
NAPROXEN 125 MG/5 ML SUSPEN	41670
NAPROXEN 250 MG TABLET	35790

Step 7 (history of a high dose NSAID therapy for 30 days)	
Required quantity: 1	
Look back timeframe: 45 days	
NSAID Agents	
Label Name	GCN
NAPROXEN 375 MG TABLET	35792
NAPROXEN 500 MG TABLET	35793
NAPROXEN EC 375 MG TABLET	61850
NAPROXEN EC 500 MG TABLET	61851
NAPROXEN SODIUM 220 MG CAPLET	47132
NAPROXEN SODIUM 220 MG TABLET	47132
NAPROXEN SODIUM 275 MG TAB	47130
NAPROXEN SODIUM 550 MG TAB	47131
OXAPROZIN 600 MG TABLET	01750
OXYCODONE-IBUPROFEN 5-400 TAB	23827
PENNSAID 1.5% SOLUTION	19454
PIROXICAM 10 MG CAPSULE	35820
PIROXICAM 20 MG CAPSULE	35821
PONSTEL 250 MG KAPSEALS	16530
PREVACID NAPRAPAC 500	20718
QC IBUPROFEN 200 MG CAPLET	35743
QC IBUPROFEN 200 MG SOFTGEL	35431
QC IBUPROFEN 200 MG TABLET	35743
QC NAPROXEN SOD 220 MG TABLET	47132
REPREXAIN 2.5-200 MG TABLET	16279
REPREXAIN 5-200 MG TABLET	22678
REPREXAIN 7.5-200 MG TABLET	63101
REPREXAIN 10-200 MG TABLET	99371
SM IBUPROFEN 200 MG CAPLET	35743
SM IBUPROFEN 200 MG TABLET	35743
SM IBUPROFEN IB 200 MG CAPLET	35743
SOLARAZE 3% GEL	86831
SULINDAC 150 MG TABLET	35800
SULINDAC 200 MG TABLET	35801
TOLMETIN SODIUM 200 MG TAB	35780
TOLMETIN SODIUM 400 MG CAP	35770
TOLMETIN SODIUM 600 MG TAB	35781
TREXIMET 85-500 MG TABLET	99597
VICOPROFEN 200-7.5 MG TAB	63101

Step 7 (history of a high dose NSAID therapy for 30 days)	
Required quantity: 1	
Look back timeframe: 45 days	
NSAID Agents	
Label Name	GCN
VIMOVO 375-20 MG TABLET	28572
VIMOVO 500-20 MG TABLET	28570
VOLTAREN 1% GEL	45680
VOLTAREN-XR 100 MG TABLET	13310
ZIPSOR 25 MG CAPSULE	27392

Step 8 (diagnosis of RA, JRA, or OA)	
Required diagnosis: 1	
Look back timeframe: 730 days	
RA, JRA, and OA Diagnoses	
ICD-9 Code	Description
7140	RHEUMATOID ARTHRITIS
7141	FELTY'S SYNDROME
7142	SYST RHEUM ARTHRITIS NEC
7143	JUVENILE CHRONIC POLYARTHRITIS
71430	JUV RHEUM ARTHRITIS NOS
71431	POLYART JUV RHEUM ARTHR
71432	PAUCIART JUV RHEUM ARTHR
71433	MONOART JUV RHEUM ARTHR
7144	CHR POSTRHEUM ARTHRITIS
7148	OTHER SPECIFIED INFLAMMATORY POLYARTHROPATHIES
71481	RHEUMATOID LUNG
71489	INFLAMM POLYARTHROP NEC
715	OSTEOARTHROSIS AND ALLIED DISORDERS
7150	OSTEOARTHROSIS GENERALIZED
71500	GENERAL OSTEOARTHROSIS
71504	GEN OSTEOARTHROS-HAND
71509	GENERAL OSTEOARTHROSIS
7151	OSTEOARTHROSIS LOCALIZED PRIMARY
71510	LOC PRIM OSTEOART-UNSPEC
71511	LOC PRIM OSTEOART-SHLDER
71512	LOC PRIM OSTEOART-UP/ARM
71513	LOC PRIM OSTEOART-FORARM
71514	LOC PRIM OSTEOARTH-HAND

Step 8 (diagnosis of RA, JRA, or OA)	
Required diagnosis: 1	
Look back timeframe: 730 days	
RA, JRA, and OA Diagnoses	
ICD-9 Code	Description
71515	LOC PRIM OSTEOART-PELVIS
71516	LOC PRIM OSTEOART-L/LEG
71517	LOC PRIM OSTEOARTH-ANKLE
71518	LOC PRIM OSTEOARTHR NEC
7152	OSTEOARTHROSIS LOCALIZED SECONDARY
71520	LOC 2ND OSTEOARTH-UNSPEC
71521	LOC 2ND OSTEOARTH-SHLDER
71522	LOC 2ND OSTEOARTH-UP/ARM
71523	LOC 2ND OSTEOART-FOREARM
71524	LOC 2ND OSTEOARTHRO-HAND
71525	LOC 2ND OSTEOARTH-PELVIS
71526	LOC 2ND OSTEOARTHR-L/LEG
71527	LOC 2ND OSTEOARTHR-ANKLE
71528	LOC 2ND OSTEOARTHROS NEC
7153	OSTEOARTHROSIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY
71530	LOC OSTEOARTH NOS-UNSPEC
71531	LOC OSTEOARTH NOS-SHLDER
71532	LOC OSTEOARTH NOS-UP/ARM
71533	LOC OSTEOART NOS-FOREARM
71534	LOC OSTEOARTH NOS-HAND
71535	LOC OSTEOARTH NOS-PELVIS
71536	LOC OSTEOARTH NOS-L/LEG
71537	LOC OSTEOARTH NOS-ANKLE
71538	LOC OSTEOAR NOS-SITE NEC
7158	OSTEOARTHROSIS INVOLVING OR WITH MENTION OF MORE THAN ONE SITE BUT NOT SPECIFIED AS GENERALIZED
71580	OSTEOARTHROSIS-MULT SITE
71589	OSTEOARTHROSIS-MULT SITE
7159	OSTEOARTHROSIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED
71590	OSTEOARTHROS NOS-UNSPEC
71591	OSTEOARTHROS NOS-SHLDER
71592	OSTEOARTHROS NOS-UP/ARM
71593	OSTEOARTHROS NOS-FOREARM
71594	OSTEOARTHROS NOS-HAND

Step 8 (diagnosis of RA, JRA, or OA)	
Required diagnosis: 1	
Look back timeframe: 730 days	
RA, JRA, and OA Diagnoses	
ICD-9 Code	Description
71595	OSTEOARTHROS NOS-PELVIS
71596	OSTEOARTHROS NOS-L/LEG
71597	OSTEOARTHROS NOS-ANKLE
71598	OSTEOARTHRO NOS-OTH SITE

Step 9 (history of a DMARD agent for 30 days)	
Required quantity: 1	
Look back timeframe: 60 days	
DMARD Agents	
Label Name	GCN
ARAVA 10 MG TABLET	67031
ARAVA 20 MG TABLET	67032
AZATHIOPRINE 50 MG TABLET	46771
CUPRIMINE 250 MG CAPSULE	07091
CYCLOSPORINE 25 MG CAPSULE	13911
CYCLOSPORINE 100 MG CAPSULE	13910
CYCLOSPORINE 50 MG SOFTGEL	13916
CYCLOSPORINE 100 MG/ML SOLN	08220
CYCLOSPORINE 100 MG/ML SOLN	13917
CYCLOSPORINE MODIFIED 100 MG	13919
CYCLOSPORINE MODIFIED 25 MG	13918
DEPEN 250 MG TITRATAB	07100
ENBREL 25 MG KIT	52651
ENBREL 25 MG/0.5 ML SYRINGE	98398
ENBREL 50 MG/ML SURECLICK SYR	97724
ENBREL 50 MG/ML SYRINGE	23574
GENGRAF 25 MG CAPSULE	13918
GENGRAF 100 MG CAPSULE	13919
GENGRAF 100 MG/ML SOLUTION	13917
HUMIRA 20 MG/0.4 ML SYRINGE	99439
HUMIRA 40 MG/0.8 ML PEN	97005
HUMIRA 40 MG/0.8 ML SYRINGE	18924
HUMIRA CROHN'S STARTER PACK	97005
HUMIRA PSORIASIS STARTER PACK	97005

Step 9 (history of a DMARD agent for 30 days)	
Required quantity: 1	
Look back timeframe: 60 days	
DMARD Agents	
Label Name	GCN
HYDROXYCHLOROQUINE 200 MG TAB	42940
IMURAN 50 MG TABLET	46771
KINERET 100 MG/0.67 ML SYR	14867
LEFLUNOMIDE 10 MG TABLET	67031
LEFLUNOMIDE 20 MG TABLET	67032
METHOTREXATE 2.5 MG TABLET	38489
METHOTREXATE 25 MG/ML VIAL	18936
METHOTREXATE 25 MG/ML VIAL	38466
NEORAL 100 MG/ML SOLUTION	13917
NEORAL 25 MG GELATIN CAPSULE	13918
NEORAL 100 MG GELATN CAPSULE	13919
PLAQUENIL 200 MG TABLET	42940
RHEUMATREX 2.5 MG TABLET	17718
SANDIMMUNE 25 MG CAPSULE	13911
SANDIMMUNE 100 MG CAPSULE	13910
SANDIMMUNE 100 MG/ML SOLN	08220
TREXALL 5 MG TABLET	13134
TREXALL 10 MG TABLET	06484
TREXALL 15 MG TABLET	13135
TREXALL 7.5 MG TABLET	38485

Step 10 (history of 2 or more NSAID agents for 30 days)	
Required quantity: 2	
Look back timeframe: 180 days	

For the list of NSAID agents that pertain to this step, see the **NSAID Agents** table in this "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

**COX-2 Inhibitors
Mobic****Drugs Requiring Prior Authorization**

Drugs Requiring Prior Authorization	
Label Name	GCN
MELOXICAM 7.5 MG/5 ML SUSP	26227
MELOXICAM 7.5 MG TABLET	31661
MELOXICAM 15 MG TABLET	31662
MOBIC 7.5 MG TABLET	31661
MOBIC 15 MG TABLET	31662



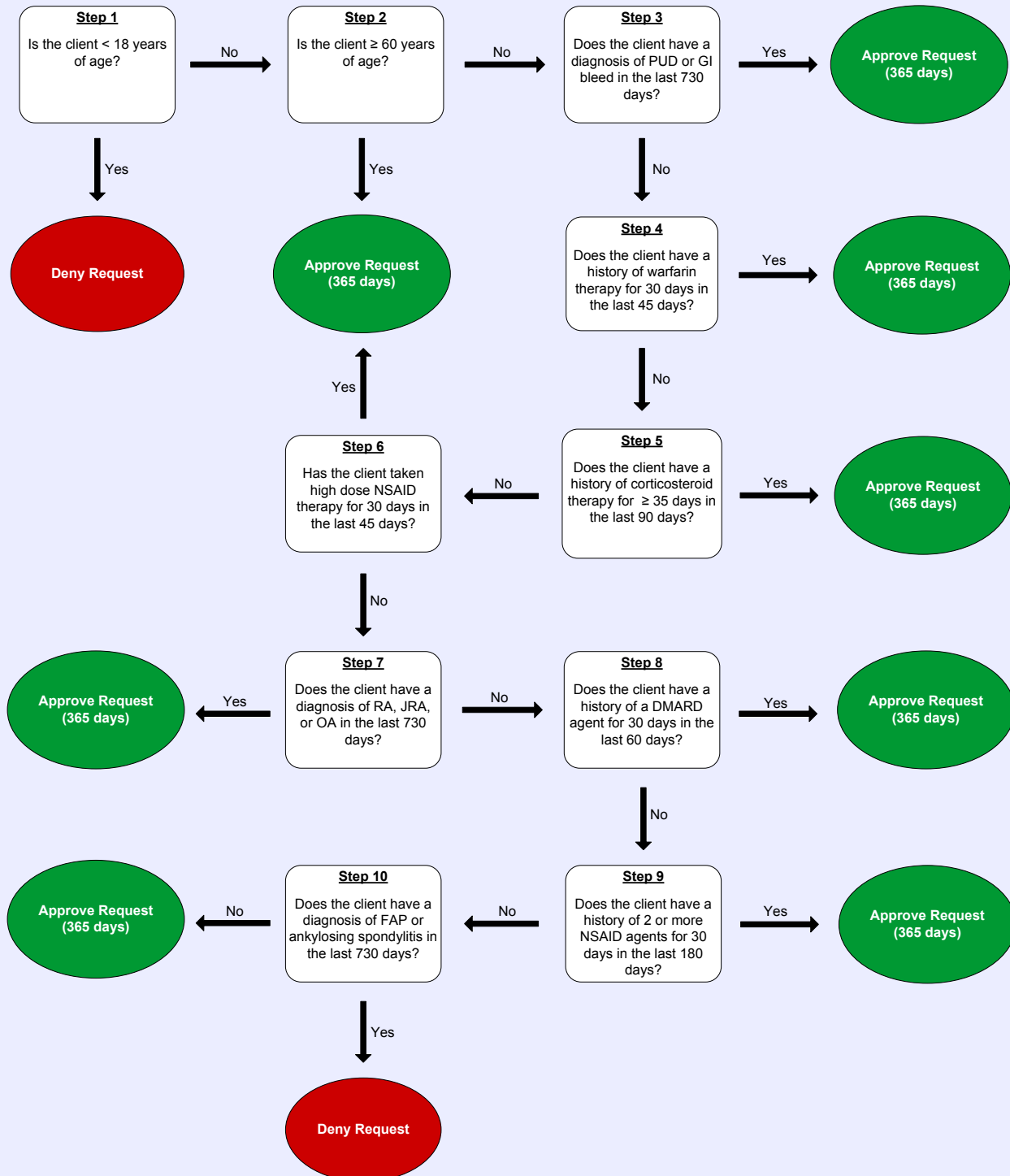
COX-2 Inhibitors
Mobic
Clinical Edit Criteria Logic

1. Is the client less than (<) 18 years of age?
 Yes (Deny)
 No (Go to #2)
2. Is the client greater than or equal to (\geq) 60 years of age?
 Yes (Approve – 365 days)
 No (Go to #3)
3. Does the client have a diagnosis of PUD or GI bleed in the last 730 days?
 Yes (Approve – 365 days)
 No (Go to #4)
4. Does the client have a history of warfarin therapy for 30 days in the last 45 days?
 Yes (Approve – 365 days)
 No (Go to #5)
5. Has the client had corticosteroid therapy for greater than or equal to (\geq) 35 days in the last 90 days?
 Yes (Approve – 365 days)
 No (Go to #6)
6. Has the client taken high dose NSAID therapy for 30 days in the last 45 days?
 Yes (Approve – 365 days)
 No (Go to #7)
7. Does the client have a diagnosis of RA, JRA, or OA in the last 730 days?
 Yes (Approve – 365 days)
 No (Go to #8)
8. Does the client have a history of a DMARD agent for 30 days in the last 60 days?
 Yes (Approve – 365 days)
 No (Go to #9)
9. Does the client have a history of 2 or more NSAID agents for 30 days in the last 180 days?
 Yes (Approve – 365 days)
 No (Go to #10)
10. Does the client have a diagnosis of FAP or ankylosing spondylitis in the last 730 days?
 Yes (Deny)
 No (Approve – 365 days)



COX-2 Inhibitors Mobic

Clinical Edit Criteria Logic Diagram





COX-2 Inhibitors Mobic

Clinical Edit Criteria Supporting Tables

Step 3 (diagnosis of PUD or GI bleed)

Required diagnosis: 1

Look back timeframe: 730 days

For the list of diagnoses that pertain to this step, see the **PUD and GI Bleed Diagnoses** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 4 (history of warfarin therapy for 30 days)

Required quantity: 1

Look back timeframe: 45 days

For the list of therapies that pertain to this step, see the **Warfarin Therapies** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 5 (history of corticosteroid therapy for \geq 35 days)

Required quantity: 1

Look back timeframe: 90 days

For the list of therapies that pertain to this step, see the **Corticosteroid Therapies** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 6 (history of a high dose of NSAID therapy for 30 days)

Required quantity: 1

Look back timeframe: 45 days

For the list of therapies that pertain to this step, see the **High Dose NSAID Therapies** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 7 (diagnosis of RA, JRA, or OA)**Required diagnosis: 1****Look back timeframe: 730 days**

For the list of diagnoses that pertain to this step, see the [RA, JRA, and OA Diagnoses](#) table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 8 (history of a DMARD agent for 30 days)**Required quantity: 1****Look back timeframe: 60 days**

For the list of agents that pertain to this step, see the [DMARD Agents](#) table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 9 (history of 2 or more NSAID agents for 30 days)**Required quantity: 2****Look back timeframe: 180 days**

For the list of agents that pertain to this step, see the [NSAID Agents](#) table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 10 (diagnosis of FAP or ankylosing spondylitis)**Required diagnosis: 1****Look back timeframe: 730 days**

ICD-9 Code	Description
2113	BENIGN NEOPLASM LG BOWEL
7200	ANKYLOSING SPONDYLITIS



COX-2 Inhibitors

Clinical Edit Criteria References

1. Wolfe MM, Lichtenstein DR, Singh G. Gastrointestinal toxicity of nonsteroidal anti-inflammatory drugs. *N Engl J Med* 1999; 340(24):1888–99.
2. Singh G. Recent considerations in nonsteroidal anti-inflammatory drug gastropathy. *Am J Med* 1998; 105(1B):31S–38S.
3. Bombardier C, Laine L, Reicin A, et al. Comparison of upper gastrointestinal toxicity of rofecoxib and naproxen in patients with rheumatoid arthritis. *N Engl J Med* 2000; 343:1520–8.
4. Silverstein FE, Faich G, Goldstein JL, et al. Gastrointestinal toxicity with celecoxib vs nonsteroidal anti-inflammatory drugs for osteoarthritis and rheumatoid arthritis: The CLASS study: A randomized controlled trial. *JAMA* 2000; 284:1247–55.
5. American Pain Society. Guideline for the management of pain in osteoarthritis, rheumatoid arthritis, and juvenile chronic arthritis. *Clinical Practice Guidelines No. 2, 2002.*
6. Peterson WL, Cryer B. COX-1-sparing NSAIDs—Is the enthusiasm justified? *JAMA* 1999; 282(20):1961–3.
7. Lanza FL. A guideline for the treatment and prevention of NSAID-induced ulcers. *Am J Gastroenterol* 1998; 93(11):2037–46.
8. American College of Rheumatology Subcommittee on Rheumatoid Arthritis Guidelines. Guidelines for the management of rheumatoid arthritis: 2001 update. *Arthritis & Rheumatism* 2002; 46(2):328–46.
9. US Department of Health and Human Services. MedWatch safety alerts for human medical products. Available at http://www.fda.gov/medwatch/safety/2002/vioxx_PI.pdf.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
11/18/2011	<ul style="list-style-type: none"> • Added a new section to specify the drugs requiring prior authorization for each form of COX-2 Inhibitors • In the "Clinical Edit Criteria Logic" and "Clinical Edit Criteria Logic Diagram" sections for Celebrex, clarified wording associated with step 6 • In the "Clinical Edit Criteria Logic" and "Clinical Edit Criteria Logic Diagram" sections for Mobic, clarified wording associated with step 5 • In the "Clinical Edit Supporting Tables" section for Celebrex, revised tables to specify the diagnosis codes pertinent to steps 3, 4, and 8 of the logic diagram • In the "Clinical Edit Supporting Tables" section for Celebrex, revised tables to specify the drug names and GCNs pertinent to steps 5, 6, 7, 9, and 10 of the logic diagram • In the "Clinical Edit Supporting Tables" section for Mobic, revised tables to specify the diagnosis codes pertinent to steps 3, 7, and 10 of the logic diagram • In the "Clinical Edit Supporting Tables" section for Mobic, revised tables to specify the drug names and GCNs pertinent to steps 4, 5, 6, 8, and 9 of the logic diagram