



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Cox-2 Inhibitor Agents
[Prior Authorization Request Form](#)

Prior authorization requests for Cox-2 Inhibitor Agents will be approved if the following criteria are met:

- 1) Cox-2 Inhibitor agent is requested for the treatment of a chronic condition;
AND ANY of the following:
- 2) Patient is seventy (70) years of age or older; **OR**
- 3) Patient is currently on anticoagulation therapy; **OR**
- 4) Patient has a history or risk of a serious GI complication.

*Review and Approved
DUR Board 09/22/2010*