



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: meloxicam
Brand Name: Mobic
Medication Class: Non-steroidal anti-inflammatory agent
FDA Approved Uses: osteoarthritis
Usual Dose: 7.5 & 15mg QD
Duration of Therapy: Indefinite

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- 18 years or older
- Clinically documented chronic pain
- Failed/intolerant to at least 3 generic NSAIDs
- Failed/intolerant to FCHP preferred COX-2 agent
- Failed/intolerant to choline magnesium trisalsalate
- Clinically documented drug-induced gastritis

Not approved if:

- Patient has not tried generic NSAID
- Patient has not tried alternative FCHP preferred COX-2 agent
- Patient has aspirin allergy
- Patient is in the 3rd trimester of pregnancy
- Patient is on oral anticoagulant or aspirin
- Patient does not have chronic pain
- Patient has renal disease, CHF, hepatic disease
- Patient needs doses greater than 15mg/day

Special issues: Meloxicam is not a COX-2. It causes more GI bleeding than COX-2 inhibitors.



P&T Approval: _____ Date: _____