

B. Cox-2 Inhibitors (Proposed Criteria Changes)

Cox-2 Inhibitors are a covered benefit of Nevada Medicaid for adult recipients who meet the criteria for coverage.

1. Coverage and Limitations:

FDA Approved Indications:

- a. A diagnosis of osteoarthritis, degenerative joint disease, rheumatoid arthritis, **juvenile rheumatoid arthritis**, dysmenorrheal, familial adenomatous polyposis (FAP) or acute pain in adults.
- b. Upon diagnosis of an FDA approved indication, authorization will be given if the patient meets all of the following criteria:
 1. Patient has no history of allergies to sulfonamides, aspirin or other NSAIDs (non-steroidal anti-inflammatory drugs).
 2. Patient has a documented history of gastrointestinal bleeding, ulceration or perforation of the stomach, small intestine or large intestine or is being treated with oral corticosteroids or anticoagulants. Note: Patient should also be receiving protective PPI therapy.
 3. Patient has a documented treatment history and/or failure of at least two non-selective (traditional) NSAIDs.
 4. Patient is currently NOT being treated daily with aspirin for cardioprophylaxis. Exception: Patients receiving low-dose aspirin with protective PPI therapy.
 5. Patient does NOT have a documented history of cardiac events (e.g. stroke, myocardial infarction, or has NOT undergone of coronary artery bypass graft procedure in the past 6 months) or major cardiac risk factors such as smoking, high blood pressure, diabetes or high cholesterol.

2. PA Guidelines:

The PA must be initiated by the prescriber or the prescriber's agent.

PA Form: Nevada Medicaid Prior Authorization Request for Cox-2's form. PA forms are available at <https://medicaid.nv.gov>.