

Cox-2 Inhibitors (Proposed Criteria)

Cox-2 Inhibitors are a covered benefit of Nevada Medicaid subject to prior authorization.

1. Coverage

- a. Approved diagnoses: osteoarthritis, degenerative joint disease, rheumatoid arthritis, juvenile rheumatoid arthritis, dysmenorrhea, familial adenomatous polyposis (FAP) or acute pain in adults.
- b. One of the following criteria must be met:
 1. Patient has a documented history of gastrointestinal bleeding, ulceration or perforation of the stomach, small intestine or large intestine.
Note: Patient should also be receiving protective PPI therapy.
 2. Concurrent use of oral corticosteroids or anticoagulants.
Note: Patient should also be receiving protective PPI therapy.
 3. Therapeutic trial and failure on a minimum of two (2) different non-COX-2 NSAIDs.
Note: At least one of the trials must include concomitant protective PPI therapy.
 4. Aged 65 or older
Note: Patient should also be receiving protective PPI therapy if for chronic use

2. Limitations (Exclusionary Criteria)

- a. History of allergies to sulfonamides, aspirin or other NSAIDs (non-steroidal anti-inflammatory drugs).
- b. Patient is being treated with daily aspirin therapy for cardioprophylaxis.
Exception: Patients receiving protective PPI therapy.
- c. Patient has a documented history of cardiac events; e.g. stroke, myocardial infarction, or has undergone coronary artery bypass graft procedure in the past 6 months.

3. Authorization Period

Initial Coverage Period: FAP 400mg BID for 6 months initially, then 1 year
All other indications: 1 year

4. PA Guidelines:

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

PA Form: Generic Nevada Medicaid Prior Authorization Request form. PA forms are available at <http://nevada.fhsc.com>.