

**DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD PROPOSED CRITERIA UPDATE**

Cox 2 Inhibitors

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

1. Coverage and Limitations:

Indications:

- a. A diagnosis of osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, juvenile rheumatoid arthritis, primary dysmenorrhea, acute pain or bone pain in adults.
- b. Upon documentation of a listed indication, authorization will be given if the patient meets ONE of the following criteria:
 1. Patient is at high risk of NSAID-induced adverse GI events as evidenced by ANY of the following:
 - i. Patient has a documented history or presence of peptic ulcer disease
 - ii. Patient has a history or presence of NSAID-related ulcer
 - iii. Patient has a history or presence of clinically significant GI bleeding
 2. Patient is > 65 years of age
 3. Patient is at risk for gastrointestinal complications due to the presence of ANY of the following concomitant drug therapies:
 - i. Anticoagulants (e.g., warfarin, heparin or LMW heparin)
 - ii. Chronic use of oral corticosteroids
 4. Patient has a documented history of inability to tolerate therapy with at least two non-selective (traditional) NSAIDs.
 5. The patient is NOT being treated daily with aspirin for cardioprophylaxis unless concurrent use of a proton pump inhibitor is documented.
 6. The patient does NOT have a documented history of a cardiac event (e.g. stroke, myocardial infarction, or has undergone a coronary artery bypass graft procedure) in the past 6 months

7. The patient does NOT have a history of allergies to sulfonamides, aspirin or other NSAID's (non-steroidal anti-inflammatory drugs).

2. PA Guidelines:

Prior Authorization approval be for up to one year

PA Form: Nevada Medicaid Prior Authorization Request for Cox II's form. PA forms are available at <http://nevada.fhsc.com>

Quantity Limit: 400 mg/day