

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

PROPOSED PRIOR AUTHORIZATION CRITERIA

Class Name: COX 2 Inhibitors

Generic Name: Celecoxib

Brand Name: Celebrex

Coverage and Limitations:

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

Criteria for Approval

1. Use is for one of these FDA Approved Indications
 - A. Osteoarthritis
 - B. Rheumatoid arthritis
 - C. Alkylosing spondylitis
 - D. Juvenile rheumatoid arthritis
 - E. Bone pain
 - F. Primary dysmenorrhea
 - G. Familial adenomatous polyposis (FAP)
 - H. Acute Pain

2. Upon documentation of an approved indication, authorization will be given if the patient meets ONE of the following criteria:
 - A. Patient is at high risk of NSAID-induced adverse GI events as evidenced by ANY of the following:
 1. Patient has a documented history or presence of peptic ulcer disease
 2. Patient has a history or presence of NSAID-related ulcer
 3. Patient has a history or presence of clinically significant GI bleeding

 - B. Patient is > 65 years of age

- C. Patient is at risk for gastrointestinal complications due to the presence of ANY of the following concomitant drug therapies:
 - 1. Anticoagulants (e.g., warfarin, heparin or LMW heparin)
 - 2. Chronic use of oral corticosteroids
 - D. Patient has a documented history of inability to tolerate therapy with at least two non-selective (traditional) NSAIDs.
3. COX-2 therapy will NOT be approved if ANY of the following conditions exists:
- A. The patient is being treated daily with aspirin for cardioprophylaxis
 - B. The patient has 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
 - C. The patient has a history of allergies to sulfonamides, aspirin or other NSAID's (non-steroidal anti-inflammatory drugs).

Length of authorization: 1 year

Quantity Limit: 800 mg/day