Cass 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