

**Policy: MBP 261.0**

**Section: Medical Benefit Pharmaceutical Policy**

**Subject: Anjeso (meloxicam injection)**

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### **I. Policy:**

Anjeso (meloxicam injection)

### **II. Purpose/Objective:**

To provide a policy of coverage regarding Anjeso (meloxicam injection).

### **III. Responsibility:**

- A. Medical Directors
- B. Medical Management
- C. Pharmacy Department

### **IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than
3. the department requiring/authoring the policy.
4. Devised – the date the policy was implemented.
5. Revised – the date of every revision to the policy, including typographical and grammatical changes.
6. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

### **V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards good medical treatment practiced by the general medical community;
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient

### **Medicaid Business Segment**

Medically Necessary — A service, item, procedure, or level of care compensable under the Medical Assistance program that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- i. Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- ii. Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- iii. Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

**DESCRIPTION:**

Anjeso (meloxicam injection) is an intravenous formulation of meloxicam. Meloxicam reversibly inhibits cyclooxygenase-1 and 2 (COX-1 and 2) enzymes, which results in decreased formation of prostaglandin precursors; has antipyretic, analgesic, and anti-inflammatory properties. Other proposed mechanisms not fully elucidated (and possibly contributing to the anti-inflammatory effect to varying degrees), include inhibiting chemotaxis, altering lymphocyte activity, inhibiting neutrophil aggregation/activation, and decreasing proinflammatory cytokine levels.

**CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee**

Anjeso (meloxicam injection) will be considered medically necessary for the commercial, exchange, CHIP, and Medicaid lines of business when all of the following criteria are met:

- Medical record documentation of age greater than or equal to 18 years of age **AND**
- Medical record documentation of moderate-to-severe post-operative pain **AND**
- Medical record documentation of prescriber attestation that the patient requires therapy by an intravenous route of administration **AND**
- Medical record documentation that the total daily dose will not exceed 30 mg per day **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to three (3) formulary alternative medications, one of which must be oral meloxicam

**AUTHORIZATION DURATION:** Approval will be for one (1) week and will be limited to one (1) treatment course (up to 30 mg per day for up to 7 days total) (Facets RX count 210, Darwin RX count 1).

Anjeso (meloxicam injection) will be considered medically necessary for the Medicare line of business when all of the following criteria are met:

- Medical record documentation of age greater than or equal to 18 years of age **AND**
- Medical record documentation of moderate-to-severe post-operative pain **AND**
- Medical record documentation of prescriber attestation that the patient requires therapy by an intravenous route of administration **AND**
- Medical record documentation that the total daily dose will not exceed 30 mg per day

**AUTHORIZATION DURATION:** Approval will be for one (1) week and will be limited to one (1) treatment course (up to 30 mg per day for up to 7 days total) (Facets RX count 210).

Note: For Medicaid (GHP Family), any requests for services that do not meet criteria set in the PARP will be evaluated on a case-by-case basis.

**LINE OF BUSINESS:**

**Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy.**

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 6/24/22

**Revised:** 6/6/23 (LOB carve out, Medicaid business segment)

**Reviewed:**