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RETIRED
Effective Date: 04/08/2021

Anjeso (meloxicam) for intravenous infusion

FDA approval: February 20, 2020

HCPCS: J1738

Benefit: Medical

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved indications
 - b. FDA approved dosing
 - c. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list

***Note: Coverage may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Therapeutic considerations:

- A. **FDA approved indication / Diagnosis**
 - a. The management of moderate-to-severe pain, alone or in combination with non-NSAID analgesics
 - b. Limitation of use: Because of delayed onset of analgesia, use alone is not recommended for use when rapid onset of analgesia is required

**Please refer to most recent prescribing information.*

- B. **Background Information**
 - a. Nearly 86% of patients undergoing surgery report postoperative pain, which is often moderate to severe in intensity
 - b. Evidence suggests that less than half of patients who undergo surgery report adequate postoperative pain relief

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- c. Poorly controlled pain has a number of negative consequences for the patient, including a delay in hospital discharge, a delay in functional recovery, and an increased risk of chronic pain
- d. In a survey of physicians treating postoperative pain, they reported the top unmet need for acute pain management a postoperative setting was more medications with fewer side effects
- e. The American Pain Society treatment guidelines for postoperative pain recommend that clinicians offer multimodal analgesia, or the use of a variety of analgesic medications and techniques combined with nonpharmacological interventions, for the treatment of postoperative pain
- f. The pain management plan should be adjusted based on the adequacy of pain relief and the frequency of adverse events
- g. Oral opioids should be used over the intravenous route when the patient can tolerate the oral route of administration
- h. Non-steroidal anti-inflammatories (NSAIDs) or acetaminophen should be used as part of the multimodal regimen
- i. Gabapentin and pregabalin should also be considered if additional pain relief is needed to reduce the need for opioids

C. Efficacy

**Please refer to most recent prescribing information.*

D. Medication Safety Considerations

Black Box Warning: Yes

**Please refer to most recent prescribing information.*

E. Dosing and administration

- a. Dosing: 30 mg once daily by intravenous bolus injection

**Please refer to most recent prescribing information.*

F. How supplied

- a. 30 mg/mL single-dose vials

References:

1. Anjeso [prescribing information]. Malvern, PA: Baudax Bio, Inc.; February 2020.
2. Pollack RA, Gottlieb IJ, Hakakian F, et al. Efficacy and safety of intravenous meloxicam in patients with moderate-to-severe pain following bunionectomy. *Clin J Pain*. Oct 2018; 34(10): 018 – 26.
3. Singla N, Bindewald M, Singla S, et al. Efficacy and safety of intravenous meloxicam in subjects with moderate-to-severe pain following abdominoplasty. *Plast Reconstr Surg Glob Open*. June 2018; 6(6): e1846.
4. Gan TJ, Epstein RS, Leone-Perkins ML, et al. Practice patterns and treatment challenges in acute postoperative pain management: a survey of practicing physicians. *Pain Ther*. Dec 2018; 7(2): 205- 16.
5. Chou K, Gordon DB, de Leon-Casasola OA, et al. Management of postoperative pain: a clinical practice guideline from the american pain society, the american society of regional anesthesia and pain medicine, and the american society of anesthesiologists' committee on regional anesthesia, executive committee, and administrative council. *J Pain*. Feb 2016; 17(2): 131 – 57.

Policy History		
#	Date	Change Description
1.1	Effective Date: 04/08/2021	Retiring policy as drug is not managed with prior authorization
1.0	Effective Date: 04/16/2020	New abbreviated drug review

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.