



NSAIDs AND COX 2 INHIBITOR PA SUMMARY

PREFERRED	Generics unless otherwise listed, Diclofenac Potassium IR, Diclofenac Sodium DR, Etodolac IR, Flurbiprofen, Ibuprofen, Indocin suspension, Indomethacin IR, Ketorolac Tromethamine, Meloxicam tablets, Nabumetone, Naproxen Sodium IR, Piroxicam, Sulindac
NON-PREFERRED	Arthrotec, Cambia, Celebrex, Diclofenac Sodium ER, Diclofenac/Misoprostol, Duexis, Etodolac ER, Fenoprofen, Indomethacin ER, Ketoprofen IR/ER, Meclofenamate Sodium, Mefenamic Acid, Meloxicam suspension, Mobic suspension, Nalfon, Naprelan, Naproxen DR, Oxaprozin, Ponstel, Sprix, Tolmetin Sodium, Vimovo, Zipsor

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *Approval of non-preferred agents Arthrotec (brand-name), Diclofenac Sodium ER generic, Etodolac ER generic, Fenoprofen generic, Indomethacin ER generic, Ketoprofen IR/ER generic, Meclofenamate Sodium generic, Mefenamic Acid Generic, Naprelan, Naproxen DR generic, Oxaprozin generic, and Tolmetin Sodium generic require use of at least 2 generic NSAIDs for at least 14 days of therapy each in the past 6 months. All other non-preferred agents must meet the criteria below. If meloxicam suspension or diclofenac/misoprostol is approved, the PA will be issued for the brand-name equivalents, Mobic Suspension or Arthrotec, respectively. If Ponstel is approved, the PA will be issued for generic mefenamic acid.*

PA CRITERIA:

For non-preferred agents other than Cambia, Celebrex, Duexis, Mobic/Meloxicam suspension, Sprix, Vimovo, and Zipsor

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to 2 preferred generic NSAIDs.

For Mobic suspension (brand or generic meloxicam suspension)

- ❖ Provider must explain why meloxicam tablets or other generic preferred NSAIDs cannot be swallowed

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to naproxen suspension (preferred liquid product).

For Cambia

- ❖ Approvable for migraine headaches

AND



- ❖ Submit a written letter of medical necessity stating the reason(s) that diclofenac potassium and at least one other generic NSAID are not appropriate for the member.

For Celebrex

- ❖ Approvable for the diagnosis of familial adenomatous polyposis (FAP) or brain cancer (brain tumor, malignant glioma)

OR

- ❖ Approvable for juvenile rheumatoid arthritis, acute pain, primary dysmenorrhea, ankylosing spondylitis, osteoarthritis, or rheumatoid arthritis

AND

- ❖ Member must have experienced intolerable side effects to at least 2 generic NSAIDs within the last 6 months. Celebrex is approvable without use of generic NSAIDs for members currently taking an anticoagulant or chronic oral corticosteroid therapy or for members with a history of a GI bleed, NSAID-induced ulcer, peptic ulcer disease, or a history of platelet dysfunction or coagulopathy.

For Duexis

- ❖ Physician must submit a written letter of medical necessity stating the reasons two separate prescriptions, famotidine 40mg twice daily and ibuprofen (or another preferred NSAID), are not appropriate for the member.

For Vimovo

- ❖ Physician must submit a written letter of medical necessity stating the reasons the two separate prescriptions, a preferred proton pump inhibitor (either omeprazole or pantoprazole) and naproxen, are not appropriate for the member.

For Sprix

- ❖ Approvable for members 18 years of age or older with moderate to moderately severe pain who require analgesia at the opioid level who are unable to swallow or who have uncontrollable nausea and vomiting

AND

- ❖ Member must have experienced allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to immediate-release opioids (oxycodone, morphine).

For Zipsor

- ❖ Approvable for mild to moderate pain

AND

- ❖ Submit a written letter of medical necessity stating the reason(s) that diclofenac potassium and at least one other generic NSAID are not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.



- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.