

BRAND NSAID and CELEBREX PA SUMMARY

PREFERRED	All Generic Products (except Meloxicam suspension), Etodolac, Diclofenac, Fenoprofen, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac Tromethamine, Meclofenamate Sodium, Meloxicam tablets, Nabumetone, Naproxen Sodium, Oxaprozin, Piroxicam, Sulindac, and Tolmetin Sodium.
NON-PREFERRED	All Branded Products with generic equivalents, Anaprox/DS, Arthrotec, Ansaid, Cataflam, Celebrex, Clinoril, Daypro, Feldene, Indocin/SR, Meloxicam suspension, Mobic, Motrin, Nalfon, Naprelan, Naprosyn, Ponstel, Tolectin, and Voltaren/XR.

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For non-preferred agents other than meloxicam suspension or Celebrex

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to 2 generic NSAIDs.

For meloxicam suspension

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

AND

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to naproxen suspension (preferred oral liquid product).

For Celebrex

- ❖ Provider must provide patient diagnosis

AND

- ❖ Submit documentation of current anticoagulation use if the patient's claims history does not support.

OR

- ❖ Submit documentation of chronic oral corticosteroid therapy (at least three oral corticosteroids in the past 180 days) if the patient's claims history does not support.

OR

- ❖ Submit documentation of gastrointestinal bleed, NSAID-induced ulcer, or peptic ulcer disease.

OR

- ❖ Submit documentation of history of platelet dysfunction or coagulopathy.
- OR*
- ❖ Submit documentation of intolerable side effects with at least two preferred generic NSAIDs within the last 180 days.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827.**

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.