



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANALGESICS, SALICYLATES PA SUMMARY**

Preferred	Non-Preferred
<i>Salicylate NSAIDs</i>	
Aspirin 325 mg enteric coated generic (OTC)	Diflunisal 500 mg generic Dolobid (diflunisal 250 mg, 375 mg) Salsalate generic
<i>Non-salicylate NSAIDs</i>	
Generics unless otherwise listed Diclofenac potassium IR generic Diclofenac sodium DR generic Etodolac IR capsules generic Flurbiprofen generic Ibuprofen Rx generic Indomethacin IR generic Ketorolac generic Meloxicam generic Nabumetone generic Naproxen IR Rx generic Piroxicam generic Sulindac generic	n/a

NSAIDs=non-steroidal anti-inflammatory drugs; OTC=over-the-counter; IR=immediate-release; DR=delayed-release; Rx=prescription

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Diflunisal Generic, Dolobid and Salsalate Generic

- ❖ Approvable for members with a diagnosis of cancer, human immunodeficiency virus (HIV) infection or sickle cell anemia.
- ❖ Approvable for members with a diagnosis of mild to moderate pain, osteoarthritis, rheumatoid arthritis or other rheumatoid disorder who have failed to achieve an adequate response with at least two preferred non-steroidal anti-inflammatory drugs (NSAIDs).

EXCEPTIONS:

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

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

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