



**GEORGIA MEDICAID FEE-FOR-SERVICE
NON-STEROIDAL ANTIINFLAMMATORIES (NSAIDs) AND CYCLOOXYGENASE-2 (COX-2)
INHIBITOR PA SUMMARY**

Preferred	Non-Preferred
Generics unless otherwise listed Diclofenac potassium IR generic Diclofenac sodium DR generic Flurbiprofen generic Ibuprofen generic Indomethacin IR generic Ketorolac generic Meloxicam generic Nabumetone 500 mg, 750 mg generic Naproxen IR generic Piroxicam generic Sulindac generic	Cambia (diclofenac) Celecoxib generic Diclofenac/misoprostol generic Diclofenac sodium ER generic Duexis (ibuprofen/famotidine) Etodolac ER generic Fenoprofen generic Indomethacin ER generic Ketoprofen IR, ER generic Meclofenamate generic Mefenamic acid generic Nalfon (fenoprofen 400 mg) Naprelan (naproxen CR) Naproxen CR, DR generic Oxaprozin generic Relafen DS (nabumetone 1000 mg) Sprix (ketorolac nasal spray) Tivorbex (indomethacin) Tolmetin sodium generic Vimovo (naproxen/esomeprazole) Vivlodex (meloxicam) Zipsor (diclofenac) Zorvolex (diclofenac)

*IR=immediate-release; ER=extended-release; DR=delayed-release; CR=controlled-release

LENGTH OF AUTHORIZATION: 5 days for Sprix; 1 year for other non-preferred products

NOTES:

- If brand Nalfon 400 mg is approved, the PA will be issued for generic fenoprofen 400 mg.
- If generic naproxen CR (generic Naprelan) is approved, the PA will be issued for brand Naprelan.

PA CRITERIA:

Non-Preferred Agents except Cambia, Celecoxib Generic, Duexis, Relafen DS, Sprix, Tivorbex, Vimovo, Vivlodex, Zipsor and Zorvolex

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

Cambia

- ❖ For members 18 years of age or older with a diagnosis of migraine headaches, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic diclofenac potassium and at least one other preferred generic NSAID, are not appropriate for the member.



Celecoxib Generic

- ❖ Approvable for members with a diagnosis of familial adenomatous polyposis (FAP) or brain cancer (brain tumor, malignant glioma).
- ❖ Approvable for members with a diagnosis of juvenile rheumatoid arthritis (JRA), acute pain, primary dysmenorrhea, ankylosing spondylitis (AS), osteoarthritis (OA) or rheumatoid arthritis (RA)

AND

- ❖ Member must have experienced ineffectiveness or intolerable side effects to at least 2 generic NSAIDs within the last 6 months. Celecoxib generic 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 gastrointestinal (GI) bleed, NSAID-induced ulcer, peptic ulcer disease, or a history of platelet dysfunction or coagulopathy.

Duexis

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

Relafen DS

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic nabumetone, is not appropriate for the member.

Sprix

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

Tivorbex

- ❖ For members 18 years of age or older with a diagnosis of mild to moderate pain, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic indomethacin immediate-release and at least one other preferred generic NSAID, are not appropriate for the member.

Vimovo

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

Vivlodex

- ❖ For members 18 years of age or older with a diagnosis of osteoarthritis (OA), prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic meloxicam and at least one other preferred generic NSAID, are not appropriate for the member.

Zipsor

- ❖ For members 18 years of age or older with a diagnosis of mild to moderate pain, prescriber must submit a written letter of medical necessity stating the reasons the preferred products,



generic diclofenac potassium and at least one other preferred generic NSAID, are not appropriate for the member.

Zorvolex

- ❖ For members 18 years of age or older with a diagnosis of mild to moderate pain or osteoarthritis pain, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic diclofenac potassium and at least one other preferred generic NSAID, are not appropriate for the member.

QLL CRITERIA:

Celecoxib Generic

- ◆ An authorization to exceed the QLL may be approvable for members with a diagnosis of osteoarthritis (100 mg only), rheumatoid arthritis (100 mg and 200 mg only), familial adenomatous polyposis (400 mg only), juvenile rheumatoid arthritis (50 mg and 100 mg only), ankylosing spondylitis (100 mg only) and primary dysmenorrhea (200 mg only).

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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.