

**NSAIDs AND COX 2 INHIBITOR PA SUMMARY**

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

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** *Approval of non-preferred agents Arthrotec, Ponstel, Indocin, Nalfon, and Naprelan 375mg requires 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.*

**PA CRITERIA:**

*For non-preferred agents other than Cambia, Celebrex, Duexis, Meloxicam suspension, Naprelan Pack, Vimovo, and Zipsor*

- ❖ 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 liquid product).

*For Cambia*

- ❖ Approvable for migraine headaches

*AND*

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to at least 2 preferred generic NSAIDs, one of which must be the inactive ingredients of diclofenac potassium.

*For Celebrex*

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

*OR*

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

*AND*

- ❖ Submit documentation of 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 Naprelan Pack*

- ❖ Physician must submit a written letter of medical necessity stating the reasons the non-preferred product (Naprelan, which also requires PA) is 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 Dexilant or omeprazole) and naproxen, are not appropriate for the member.

*For Zipsor*

- ❖ Approvable for mild to moderate pain

*AND*

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to at least 2 preferred generic NSAIDs, one of which must be the inactive ingredients of diclofenac potassium.

**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.mmis.georgia.gov/portal](http://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](http://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.