



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

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

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

LENGTH OF AUTHORIZATION: 5 days for Sprix; 1 year for others

NOTES:

- ❖ If brand Nalfon is approved, the PA will be issued for generic fenoprofen.
- ❖ 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, Meloxicam Capsules Generic, Relafen DS, Sprix, Vimovo and Zipsor

- ❖ Members must have experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with at least two 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 IR 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

- ❖ Members 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

- ❖ For members 18 years of age or older with a diagnosis of rheumatoid arthritis (RA) or osteoarthritis (OA), 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.

Meloxicam Capsules Generic

- ❖ 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 tablets and at least one other preferred generic NSAID, are not appropriate for the member.

Relafen DS

- ❖ For members 18 years of age or older with a diagnosis of rheumatoid arthritis (RA) or osteoarthritis (OA), 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.

Vimovo

- ❖ For members 12 years of age or older weighing 38 kg or more with a diagnosis of arthritis, prescriber must submit a written letter of medical necessity stating the reasons two the separate preferred prescriptions, a preferred proton pump inhibitor (generic omeprazole or pantoprazole) and generic naproxen, are not appropriate for the member.

Zipsor



- ❖ For members 18 years of age or older with a diagnosis of mild to moderate acute pain, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic diclofenac potassium IR 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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.