

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Non-Preferred Single Agent NSAID Step Therapy

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Comments	Quantity Limit
all generically available Ibuprofen (except Infants Advil 50mg/1.25 ML)	Preferred	May be subject to quantity limits.
Diclofenac Potassium		
Diclofenac Sodium		
Etodolac, Etodolac ER		
Fenoprofen Calcium		
Flurbiprofen		
Indomethacin		
Ketoprofen		
Ketorolac Tromethamine		
Meclofenamate Sodium		
Meloxicam		
Nabumetone		
Naproxen Sodium all generic formulations		
Naproxen		
Naproxen DS 550mg		
Oxaprozin		
Piroxicam		
Sulindac		
Tolmetin Sodium		
All MSB NSAIDs		
Celecoxib (brand and generic)		
Fenoprofen (SSB)		
Fenortho		
Indocin Suppository		
Indocin suspension		
Nalfon		
Naprelan		
Naproxen CR		
Naproxen Sodium ER		
Ponstel (Mefenamic brand and generic)		

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Medications	Comments	Quantity Limit
Sprix Nasal Spray		
Tivorbex		
Vivlodex		
Zipsor		
Zorvolex		

APPROVAL CRITERIA

Requests for a non-preferred single agent NSAID may be approved if the following criteria are met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to two (2) preferred single agent oral Non-Steroidal Anti-Inflammatory Drugs (NSAIDs); **OR**
- II. Requested agent is indomethacin suppositories; **AND**
- III. Individual is unable to take oral Non-Steroidal Anti-Inflammatory Drugs (NSAID); **OR**
- IV. Requested agent is Celebrex (celecoxib); **AND**
- V. One of the following:
 - A. Individual has history of a gastrointestinal disorder (such as, ulcer, gastritis); **OR**
 - B. Individual has a diagnosis of Desmoid tumors (aggressive fibromatosis) (NCCN 2A);
- OR**
- VI. The preferred NSAID is not FDA-approved for the prescribed diagnosis and the non-preferred agent is.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

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