Pharmacy Management Drug Policy

SUBJECT: Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) COX 2
POLICY NUMBER: Pharmacy-30
EFFECTIVE DATE: 8/00
LAST REVIEW DATE: 1/1/2017

If the member’s subscriber contract excludes coverage for a specific service or prescription drug, it is not covered under that contract. In such cases, medical or drug policy criteria are not applied. Medical or drug policies apply to commercial, SafetyNet, and Health Care Reform products only when a contract benefit for the specific service exists.

DESCRIPTION:
Due to the increased utilization of brand Non Steroidal Anti-Inflammatory Drugs (NSAIDS), especially as first line therapy for pain management, a Prior Authorization program has been implemented. It is well documented that no NSAID is consistently more effective than any other (The Medical Letter Vol. 42, July 10, 2000). For this reason, the criteria applied through the Prior Authorization program will promote efficacy and value to members by emphasizing utilization of OTC and generic NSAIDS at prescription strength as first line therapy for acute and chronic pain management in situations where GI bleed risk is minimal.

Black Box Warning:
All NSAIDS are required to have a Black Box Warning in their labeling regarding the cardiovascular and gastrointestinal risks associated with their use.

DRUG SPECIFIC POLICIES/Criteria:

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<th>Drug Name</th>
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| Duexis - ibuprofen/famotidine | 1. Must have a diagnosis of Osteoarthritis or Rheumatoid Arthritis, AND  
                              | 2. Must have tried 3 different, generic oral NSAIDs, in combination with an H2 blocker or Proton Pump Inhibitor (PPI) |
| Flector – diclofenac patch | 1. Must have a diagnosis of Acute Pain related to minor strains, sprains, and bruises AND  
                              | 2. Must have documentation of a contraindication to oral NSAIDs  
                              | 3. Approval will be for 1 month, to allow short term use.  
                              | 4. Quantity limit of 60 patches/30 days |
| Pennsaid – diclofenac 2% solution | 1. Must have a diagnosis of Osteoarthritis of the knee, AND  
                              | 2. Patient must have had a trial of TWO (2) generic oral NSAIDs, AND topical diclofenac (Voltaren) 1% gel.  
                              | 3. For patients age 65 and older, only a trial of topical diclofenac (Voltaren) 1% gel is required. |
| Sprix (ketorolac/tromethamine nasal spray) | 1. For a diagnosis of headaches/migraines there must be a previous trial of at least one non oral (injection or nasal spray) triptan and one other acute therapy with different mechanism of action (NSAID, DHEA, etc) |
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2. For a diagnosis of general acute pain (ex. Post op pain) Sprix will only be authorized for those individuals unable to tolerate oral medications (such as oral ketorolac)
3. Quantity limit of 5 bottles per 30 days

**Tivorbex – indomethacin**

1. Must have a diagnosis of Acute Pain **AND**
2. Must have documentation of a trial of a higher strength (minimum 50mg) of generic indomethacin, which led to intolerance.
3. Approval will be for 1 month, to afford short term use.
4. Quantity limit of 90 capsules / 30 days.

**Vimovo – naproxen/esomeprazole**

1. The patient must have a diagnosis of Osteoarthritis, Rheumatoid Arthritis, or Ankylosing Spondylitis **AND**
2. The patient must have documentation of being at high risk for gastric ulcer.
   - Risk factors include: Patient greater than 65 years of age, previous history of peptic ulcer disease **AND**
3. Must have had a trial of 3 different, generic oral NSAIDs, in combination with an H2 blocker or Proton Pump Inhibitor (PPI).
4. Quantity limit is 60 tablets / 30 days.

**Vivlodex – meloxicam**

1. Must have a diagnosis of Osteoarthritis **AND**
2. Must have had a trial of 3 different, generic oral or topical NSAIDs, one of which is meloxicam.
3. For patients age 65 and older, **only** a trial of topical diclofenac (Voltaren) 1% gel is required.
4. Quantity limit is 30 capsules / 30 days.

**Zipsor – diclofenac**

1. Must have a diagnosis of acute pain **AND**
2. Must have documentation of a trial of a higher strength (minimum 50mg) of oral generic diclofenac, which led to intolerance.
3. Approval will be for 1 month, to afford short term use.

**Zorvolex – diclofenac**

1. Must have a diagnosis of Osteoarthritis **AND**
2. Must have had a trial of 3 different, generic oral or topical NSAIDs, one of which is oral diclofenac.
3. For patients age 65 and older, **only** a trial of topical diclofenac 1% (Voltaren) gel is required

**POLICY GUIDELINES:**

1. Prior-Authorization is contract dependent.
2. Drug samples given in the physician’s office do not meet Prior Authorization criteria.
3. Mild GI upset is a therapeutic class side effect for NSAIDS and COX-2 inhibitors and therefore does not provide medical necessity for an exception.
4. The long term continuous use of all NSAIDS, except for aspirin may increase the risk of heart attack or stroke.
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UPDATES:

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References:
3. The Pink Sheet. pg. 20, October 19, 1998
4. The Pink Sheet. pg. 3-5, December 7, 1998
