Louisiana Medicaid
Pain Management – Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request prior authorization for non-preferred NSAIDs.

Additional Point-of-Sale edits may apply.

~~***NOTE:***~~ *Some medications in this therapeutic category may have* ***Black Box Warnings*** *and/or may be subject to* ***Risk Evaluation and Mitigation Strategy (REMS)*** *under FDA safety regulations. Please refer to individual prescribing information for details.*

~~**Ketorolac Tablets:** Pharmacy claims for ketorolac tablets are limited to a quantity of 20 (twenty) tablets and a maximum of a 5-day supply at point-of-sale.~~

Approval Criteria for Initial and Reauthorization Requests ~~for Non-Preferred NSAIDs~~

ALL of the following are required:

- ~~For Diclofenac sodium transdermal gel (generic for Voltaren® Gel) – there has been a treatment failure or intolerable side effect with or contraindication to brand Voltaren® Gel; **AND**~~
- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; **AND**
- If the request is for a non-preferred combination product (Duexis® or Vimovo®), there is a documented inability to use separate preferred products in the therapeutic classes represented by the individual active ingredients in the requested non-preferred combination product; **AND**
- The requested medication has been prescribed for an approved diagnosis (if applicable); **AND**
- Previous use of a preferred product - **ONE** of the following is required:
    - The recipient has had a *treatment failure* with at least one preferred product; **OR**
    - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
    - The recipient has *documented contraindication(s)* to the preferred products that are appropriate to use for the condition being treated; **OR**
    - There is *no preferred product that is appropriate* to use for the condition being treated; **AND**
- By submitting the authorization request, the prescriber attests to the following:
    - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
    - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
    - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.

Duration of Initial and Re~~A~~authorization Approval: 12 months

References

Celebrex (celecoxib) [package insert]. New York, NY: G.D. Searle LLC; May 2019. http://labeling.pfizer.com/showlabeling.aspx?id=793

Duexis (ibuprofen and famotidine) [package insert]. Lake Forest, IL: Horizon Medicines LLC; July 2019. https://hznp.azureedge.net/public/Duexis_PI.pdf

~~Ketorolac [package insert]. Langhorne, PA: Virtus Pharmaceuticals, LLC; February 2019. https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=034fb453-8fc1-492d-a3ca-9bb2033151d8&type=display~~

Vimovo (naproxen and esomeprazole magnesium) [package insert]. Lake Forest, IL: Horizon Pharma USA, Inc; July 2019. https://hznp.azureedge.net/public/patient-information-vimovo.pdf

~~Voltaren (diclofenac sodium transdermal gel) [package insert]. Malvern, PA: Endo Pharmaceuticals Inc; February 2018. https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=60045fc6-f0d9-4f67-ba91-c3b317596437&type=display~~

Revision	Date
Single PDL Implementation	May 2019
Added wording for Ketorolac maximum quantity limit and day supply at POS	August 2019
Added specific wording for use of Voltaren® Gel, separated "Select Therapeutic Classes Not Established" into individual therapeutic class documents	November 2019
Removed POS information from document and reference for Ketorolac, removed wording requiring use of preferred brand name Voltaren® Gel and reference, formatting changes	July 2020

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted Table