

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

Point-of-Sale (POS) edits are safety limitations that are automatically verified through computer programming at the time that a prescription claim is submitted at the pharmacy. These edits can be applied to *any* medication, whether or not it is listed in the Preferred Drug List / Non-Preferred Drug List (PDL/NPDL). The first section of this document is organized to follow the order of the therapeutic classes in the PDL/NPDL and explains the POS edits for those medications.

### POS Abbreviations

<b>AL</b> – Age Limit	<b>DS</b> – Maximum Days’ Supply Allowed	<b>PU</b> – Prior Use of Other Medication is Required
<b>BH</b> – Behavioral Health Clinical Authorization for Children Younger than 7 Years of Age	<b>DT</b> – Duration of Therapy Limit	<b>QL</b> – Quantity Limit
<b>BY</b> – Diagnosis Codes Bypass Some Requirements	<b>DX</b> – Diagnosis Code Requirement	<b>RX</b> – Specific Prescription Requirement
<b>CL</b> – Additional Clinical Information is Required	<b>ER</b> – Early Refill	<b>TD</b> – Therapeutic Duplication
<b>CU</b> – Concurrent Use with Other Medication is Restricted	<b>MD</b> – Maximum Dose Limit	<b>YQ</b> – Yearly Quantity Limit
<b>DD</b> – Drug-Drug Interaction	<b>MME</b> – Maximum Morphine Milligram Equivalent is Restricted	

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POS Edits		
<b>AL</b> – Pharmacy claims for celecoxib are limited to use in recipients who are 60 years of age or older on the date of service <b>OR</b> recipients who meet <b>ONE</b> of the concurrent use requirements (see below for details related to the concurrent use edit).		
<b>CU</b> – Pharmacy claims for celecoxib will pay if the age requirement is met (see above for details related to the age requirement) <b>OR</b> if there is an active prescription(s) on file for any <b>ONE</b> of the following medications: <ul style="list-style-type: none"> <li>• H2 antagonists</li> <li>• Proton pump inhibitors</li> <li>• Oral or injectable anticoagulants (except oral Factor Xa Inhibitors)</li> <li>• Oral steroid (at least a 30-day supply indicating chronic use)</li> </ul>		
<b>DS</b> – Pharmacy claims for oral ketorolac are limited to a maximum five-day supply.		
<b>QL</b> – <u>These agents are limited to a maximum quantity listed in the chart to the right. Pharmacy claims for oral ketorolac are limited to a maximum quantity of 20 tablets per 30 days.</u>	Generic (Brand Example)	Quantity Limit
	<a href="#">Celecoxib Capsule (Celebrex®)</a>	<a href="#">50mg, 100mg, 200mg: 2 per day</a> <a href="#">400mg: 1 per day</a>
	<a href="#">Diclofenac Sodium Tablet</a>	<a href="#">2 per day</a>
	<a href="#">Diclofenac Transdermal Gel</a>	<a href="#">1%: 300 grams per 30 days</a> <a href="#">3%: 100 grams per 30 days</a>
	<a href="#">Diclofenac Epolamine Patch (Flector®)</a>	<a href="#">2 per day</a>
	<a href="#">Diclofenac Potassium Capsule, Tablet</a>	<a href="#">4 per day</a>
	<a href="#">Diclofenac Potassium 25mg Tablet (Lofena®)</a>	<a href="#">8 per day</a>
	<a href="#">Diclofenac Sodium 1.5% Topical Solution</a>	<a href="#">150ml (1 bottle) per 30 days</a>
	<a href="#">Diclofenac Sodium 2% Topical Solution (Pennsaid® Pump)</a>	<a href="#">112g (1 bottle) per 30 days</a>
	<a href="#">Diclofenac SR Tablet</a>	<a href="#">3 per day</a>
	<a href="#">Diclofenac/Misoprostol Tablet (Arthrotec®)</a>	<a href="#">50mg/200mg: 4 per day</a> <a href="#">75mg/200mg: 3 per day</a>
	<a href="#">Diflunisal Tablet</a>	<a href="#">3 per day</a>
	<a href="#">Etodolac Capsule; SR Tablet; Tablet</a>	<a href="#">1 per day</a>
	<a href="#">Fenoprofen Capsule, Tablet (Nalfon®)</a>	<a href="#">4 per day</a>
	<a href="#">Flurbiprofen Tablet</a>	<a href="#">3 per day</a>
	<a href="#">Ibuprofen Suspension Rx</a>	<a href="#">240ml per 30 days</a>
	<a href="#">Ibuprofen Tablet Rx</a>	<a href="#">4 per day (all strengths)</a>
	<a href="#">Ibuprofen/Famotidine Tablet (Duexis®)</a>	<a href="#">3 per day</a>
	<a href="#">Indomethacin Capsule</a>	<a href="#">4 per day</a>

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POS Edits		
<b>QL (continued)</b> – These agents are limited to a maximum quantity listed in the chart to the right.	Generic (Brand Example)	Quantity Limit
	<a href="#">Indomethacin ER Capsule</a>	<a href="#">3 per day</a>
	<a href="#">Indomethacin Suspension</a>	<a href="#">40ml per day</a>
	<a href="#">Indomethacin Rectal</a>	<a href="#">3 per day</a>
	<a href="#">Ketoprofen Capsule</a>	<a href="#">4 per day</a>
	<a href="#">Ketoprofen ER Capsule</a>	<a href="#">1 per day</a>
	<a href="#">Ketorolac Tablet</a>	<a href="#">20 [max 5-day supply] per 30 days</a>
	<a href="#">Meclofenamate Sodium Capsule</a>	<a href="#">50mg: 6 per day</a> <a href="#">100mg: 4 per day</a>
	<a href="#">Mefenamic Acid Capsule</a>	<a href="#">4 per day</a>
	<a href="#">Meloxicam Submicronized Capsule</a>	<a href="#">1 per day</a>
	<a href="#">Meloxicam Tablet</a>	<a href="#">1 per day (all strengths)</a>
	<a href="#">Nabumetone Tablet</a>	<a href="#">2 per day</a>
	<a href="#">Nabumetone Tablet (Relafen DST™)</a>	<a href="#">1 per day</a>
	<a href="#">Naproxen EC Tablet, Tablet</a>	<a href="#">2 per day</a>
	<a href="#">Naproxen Sodium CR Tablet, Tablet</a>	<a href="#">2 per day</a>
	<a href="#">Naproxen Suspension</a>	<a href="#">60ml per day; max 1500ml (3 bottles) per 25 days</a>
	<a href="#">Naproxen/Esomeprazole Tablet (Vimovo®)</a>	<a href="#">2 per day</a>
	<a href="#">Oxaprozin Tablet</a>	<a href="#">2 per day</a>
	<a href="#">Piroxicam Capsule</a>	<a href="#">1 per day</a>
	<a href="#">Sulindac Tablet</a>	<a href="#">2 per day</a>
	<a href="#">Tolmetin Sodium Capsule, Tablet</a>	<a href="#">3 per day</a>
<b>TD</b> – These agents are monitored at the pharmacy POS for duplication of therapy with each other.		

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

Revision / Date	Implementation Date
Created POS Document	February 2020
Removed POS edits for celecoxib / September 2020	January 2021
Updated age for BH in POS Abbreviations chart / November 2020	January 2021
Policy clarification / July 2022	March 2023
Formatting changes / August 2023	October 2023
Add AL and CU edits for celecoxib / November 2023	January 2024
Excluded oral Factor Xa Inhibitors from CU for celecoxib / May 2024	July 2024
<a href="#">Added quantity limits / March 2025</a>	<a href="#">August 2025</a>