



Prior Authorization Required for COX-I and COX-II NSAIDS

Nebraska Medicaid requires Prior Authorization (PA) for all brand-name Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) including the single entity agents and any combination products. These drugs decrease prostaglandin synthesis via inhibiting cyclooxygenase-I (COX-I) and cyclooxygenase-II (COX-II) isoenzymes. PA is generally not granted for the treatment of acute pain or injury.

Regardless of whether the prescriber is requesting a COX-I or COX-II NSAID, if the patient is receiving another NSAID(s) the coverage will be denied for “duplicative therapy”. PA is limited to the medically accepted indications for the COX-I and COX-II medications. PA for patients with rheumatoid arthritis may be approved for their lifetime, with no requirement of re-approval. A one-year PA may be granted to patients who have a documented diagnosis of osteoarthritis. See Table 1 for examples of NSAIDs which do not require PA, if the patient receives the generic equivalent.

| Table 1 Examples of NSAIDs That Do Not Require PA |
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| Diclofenac |
| Etodolac |
| Flurbiprofen |
| Ibuprofen |
| Meloxicam |
| Nabumetone |
| Naproxen |
| Oxaprozin |
| Diclofenac with misoprostol |

Covered Documented Diagnoses for Brand-Name COX-I NSAIDs*

- Rheumatoid Arthritis
- Osteoarthritis
- Other Indicated Diagnoses

**with a documented failure of 30 days treatment of each of two or more generic NSAIDs at an appropriate dose*

Covered Documented Diagnoses for COX-II NSAIDs

- Familial Adenomatous Polyposis
- Rheumatoid Arthritis
- Osteoarthritis, with at least one of the following risk factors:
 - * History of GI bleed/ulcer
 - * Active peptic ulcer disease
 - * Current daily or every other day use of oral corticosteroids
 - * Current use of anticoagulants
 - * Other risk factors may be considered as a *Request for Special Consideration* if accompanied by supportive documentation

Boxed Warning for NSAIDs

Written by *Alexandrea Romano, UNMC PharmD Candidate, 2010*

All Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) *including COX-I and COX-II NSAIDS*, with the exclusion of aspirin, carry a boxed warning for the following:

- NSAIDs may cause an increased risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke, which can be fatal. This risk may increase with duration of use. Patients with cardiovascular disease or risk factors for cardiovascular disease may be at greater risk.
- NSAIDs are contraindicated for the treatment of peri-operative pain in the setting of coronary artery bypass graft (CABG) surgery.
- NSAIDs cause an increased risk of serious gastrointestinal adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients are at greater risk for serious gastrointestinal events.

Appropriate Ketorolac Use

Written by *Derek Deyle, UNMC PharmD Candidate, 2010*

Ketorolac is a potent Non-Steroidal Anti-Inflammatory Drug (NSAID) that is often used in an emergency setting for the treatment of moderate to severe acute pain. Ketorolac is labeled with numerous black box warnings and contraindications regarding the appropriate patient to receive the drug and the maximum dosing limits. Ketorolac is contraindicated for patients in labor or breastfeeding, and for patients with history of CABG, hematological disease, peptic ulcer disease, GI bleeding, GI perforation, hypovolemia, intracranial bleeding, NSAID and salicylate hypersensitivity, renal impairment and failure, and for epidural and intrathecal administration.

Common adverse effects associated with ketorolac include headache, sweating, abdominal pain, dyspepsia, nausea and vomiting, and diarrhea. Less common, but more severe adverse effects include peptic ulcer, GI bleeding, GI perforation, MI, stroke, thromboembolism, hepatotoxicity, nephrotoxicity, anaphylactoid reactions, exfoliative dermatitis, Stevens - Johnson syndrome, toxic epidermal necrolysis, and blood dyscrasias. Given the adverse effect profile of the medication, it should be used for the shortest duration possible with an absolute maximum duration of systemic treatment of 5 days. Ketorolac can be given IM, IV, and orally. Oral ketorolac should only be given after initiation of IM or IV treatment. Regardless of the route of administration, total duration of therapy should not exceed 5 days. IM, IV and oral ketorolac are only indicated by the FDA for the treatment of moderate to severe pain, arthralgias and myalgias. The maximum dose of ketorolac is 120mg/day IV/IM and 40 mg/day PO for no more than 5 days. In patients with a Creatinine Clearance <30 mL/min and body weight <50 kg, both dose maximums are decreased by 50% and in the elderly the maximum IV/IM dose is 60 mg/day and 40 mg/day PO. There are no recommendations on the frequency of ketorolac administration. Given the seriousness of its adverse effects, caution should be used in repeat administration and it should not be utilized as a treatment for chronic pain.

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