

Pre - PA Allowance

Age 2 years of age or older

Quantity

Strength	Quantity
50 mg	360 capsules per 365 days OR
100 mg	360 capsules per 365 days OR
200 mg	180 capsules per 365 days OR
400 mg	180 capsules per 365 days

Duration 365 days

Prior-Approval Requirements

Prior authorization is not required if the patient has filled a prescription of at least one pharmacologic indicator of a risk factor for developing gastrointestinal (GI) adverse events (e.g., anticoagulant therapy, antiplatelet therapy or oral corticosteroid therapy) OR at least one non-steroidal anti-inflammatory drug (NSAID) prescription (e.g., NSAID or NSAID/GI combination product) OR at least one gastrointestinal medication prescription (e.g., proton pump inhibitor [PPI], histamine type 2 receptor antagonist [H2 antagonist], misoprostol, or sucralfate) within the past 365 days.

Age 2 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Acute Pain
2. Rheumatoid Arthritis
3. Osteoarthritis
4. Juvenile rheumatoid arthritis (JRA)
5. Ankylosing Spondylitis
6. Primary Dysmenorrhea
7. Chronic synovitis or joint pain associated with hemophilia

Prior - Approval Limits

Quantity

Strength	Quantity
50 mg	Up to 400 mg per day in any
100 mg	

200 mg	combination
400 mg	

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 2 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Acute Pain
2. Rheumatoid Arthritis
3. Osteoarthritis
4. Juvenile rheumatoid arthritis (JRA)
5. Ankylosing Spondylitis
6. Primary Dysmenorrhea
7. Chronic synovitis or joint pain associated with hemophilia

Prior – Approval *Renewal* Limits

Same as above