

**NC Division of Medical Assistance  
Outpatient Pharmacy  
Prior Approval Criteria  
Non-Steroidal Anti-Inflammatory Drugs including COX-2 Inhibitors**

**Medicaid and Health Choice  
Effective Date: April 4, 2002  
Revised Date: June 15, 2012**

**Therapeutic Class Code:** S2B

**Therapeutic Class Description:** Non-Steroidal Anti-inflammatory Drugs including COX-2 inhibitors

Medication	Generic Code Number(s)	NDC Number(s)
Celebrex (celecoxib)	18127, 42001, 42002, 97785	

**Eligible Beneficiaries**

NC Medicaid (Medicaid) beneficiaries shall be enrolled on the date of service and may have service restrictions due to their eligibility category that would make them ineligible for this service.

NC Health Choice (NCHC) beneficiaries, ages 6 through 18 years of age, shall be enrolled on the date of service to be eligible, and must meet policy coverage criteria, unless otherwise specified. **EPSDT does not apply to NCHC beneficiaries.**

**EPSDT Special Provision: Exception to Policy Limitations for Beneficiaries under 21 Years of Age**

**42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiaries under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT and Prior Approval Requirements**

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. Additional information on EPSDT guidelines may be accessed at <http://www.ncdhhs.gov/dma/epsdt/> .

**Criteria**

1. Management of acute and chronic pain in adults if at least one of the following indications are met:
  - a. history of GI bleed or gastric or duodenal ulcer
  - b. previous intolerance to at least two non-COX-2 classes of NSAIDs at therapeutic doses
  - c. concurrent use of corticosteroids
  - d. concurrent use of warfarin or heparin
  - e. history of platelet dysfunction or coagulopathy
2. Use in reducing the number of adenomatous colorectal polyps in familial adenomatous polyposis (FAP).
3. Beneficiaries 60 years of age and older do not require prior authorization.

**Procedures**

May be approved for up to 6 months

**References**

1. Pfizer Inc. Celebrex package insert. New York (NY): 2001 Oct.
2. Drug class review on cyclo-oxygenase (COX)-2 inhibitors and non-steroidal anti-inflammatory drugs (NSAIDs) Final Report. Update 3. Nov 2006. Evidence Based Practice Centers. Oregon Health Sciences University.
3. Bertagnolli MM. Celecoxib for the prevention of sporadic colorectal adenomas. N Engl J Med. 2006 Aug 31; 355(9):873-84.
4. White, W.B, West, C.R, et al. Risk of Cardiovascular Events in Patients Receiving Celecoxib: A Meta-Analysis of Randomized Clinical Trials. Am J Cardiol 2007; 99:91-98.

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**Criteria Change Log**

04/04/2002	Criteria effective date
06/15/2012	Combined NC Medicaid and NC Health Choice criteria into one (no changes to criteria)