



**Rational Drug Therapy Program**  
**West Virginia University School of**  
**Pharmacy**  
**On Behalf of the WV Bureau for Medical**  
**Services**  
**PO Box 9511 HSCN**

**Morgantown WV 26506-9511**

**Requests for Exemption from Criteria**  
**(Please print or type)**  
**FAX, Phone, Mail completed form to:**  
**Fax: 1-800-531-7787**  
**Phone: 1-800-847-3859**

**COX-2 INHIBITOR (COX-1 SPARING) BRAND NAME NSAID APPROVAL FORM**

Patient Name (Last)	(First)	(MI)	WV Medicaid ID #	Date of Birth
Medication Name:			Dose:	Directions:
Indicating Diagnosis:			If Applicable, Anticoagulant being utilized:	
Physicians Name:				DEA Number:
<b>WV Bureau for Medical Services Criteria of Use</b>				
1. Payment for medication is NOT approvable for acute/occasional PRN use. Except when patient meets other criteria.				
2. Payment for medication approvable for any patient requiring a <u>full dose</u> NSAID and >70 years of age.				
3. Payment for medicine approvable for any patient requiring a <u>full dose</u> NSAID of <b>SERIOUS</b> NSAID gastrointestinal complication. (e.g. GI Bleed requiring hospitalization) Please Document: Type of Complication _____ Date of Complication _____				
4. Payment for medication approvable for any patient requiring a <u>full dose</u> NSAID and concurrently on anticoagulant therapy.				
5. Payment for medication approvable for any patient requiring a <u>full dose</u> NSAID and NOT falling into the above three categories				
Must have a total point score of 13 points or more from the chart below:				

<b>WV Bureau for Medical Services GI Risk Rating Scale</b>					
<b>Patient's Risk Criteria</b>				<b>Patient's Points</b>	
Current Health Status (Select only one Category) No restriction to ability to perform normal activities = 0 points Moderate restriction, but with an ability to perform most activities of daily living and occupation = 1 Marked restrictions, with an inability to perform most activities of daily living and occupation = 2 Incapacitation with confinement to bed or wheelchair = 3					
How frequent has the patient experienced NSAID induced GI Side Effects?		Never = 0 Occasional = 4 Frequent = 5			
How is the patient currently using their NSAIDs?		OTC or PRN = 0 RX/Constant Use = 1			
Is the patient taking concurrent Oral Steroids?		No = 0 Points Yes = 4 Points			
Patients Age		Patients Age		Patients Age	
< 25 years	0 Points	41-45 years	4 Points	61-65 years	8 Points
25-30 years	1 Point	46-50 years	5 Points	66-70 years	9 Points
31-35 years	2 Point	51-55 years	6 Points	>70 years	Approved
36-40 years	3 Point	56-60 years	7 Points		
<b>SUM OF POINTS</b>					

References: Semin. Arthritis Rheum. 1997; June;26(6 Suppl 1): 21-7/ J.Rheum. 1997 Jul;24 Suppl 49:15-9/ Drugs (Drugs); 1997; 53(Apr); 563-582

**Prescriber Appeal Process:** Any PRESCRIBER wishing to appeal a decision rendered by the RDTP may do so by faxing a letter of appeal to the Medical Director of the WV Bureau for Medical Services. The letter of appeal must contain all clinically pertinent information concerning the case being appealed. The Medical Director's Fax number is 304-558-1542.