

**indomethacin (TIVORBEX)**

**Diagnosis Considered for Coverage:**

- Mild to moderate acute pain

**Coverage Criteria:**

**For diagnosis listed above:**

- Intolerance or contraindication to preferred indomethacin (Indocin) not expected with Tivorbex, **and**
- Dose does not exceed 120 mg per day.

**Coverage Duration:** one year

Effective Date: 8/2/2023