PRIOR AUTHORIZATION CRITERIA

BRAND NAME (generic)

DUEXIS

(ibuprofen/famotidine)

VIMOVO

(naproxen/esomeprazole)

Status: Client Requested Criteria Type: Initial Prior Authorization

Ref # C14630-A

CRITERIA FOR APPROVAL						
1	Is the requested drug being used for an FDA-Approved indication OR an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines)?			No		
2	Has the patient tried and had an inadequate treatment response or intolerance to THREE non-steroidal anti-inflammatory drugs (NSAIDs) taken with an acid blocker and at least 1 of the alternatives tried must be the 2 separate individual components of the requested drug taken concurrently? [If yes, documentation is required for approval]			No		
	Drug Name	Reason for Failure				
	Drug Name	Reason for Failure				
	Drug Name	Reason for Failure				
	Drug Name	Reason for Failure				
	[If yes, then skip to question 4.]					
3	Does the patient have a documented clinical reason such as an expected adverse Yes reaction or contraindication that prevents them from trying THREE non-steroidal anti- inflammatory drugs (NSAIDs) taken with an acid blocker?		No			
4	Does the prescribed quantity fall within the manufacturer's published dosing guidelines or Yes No within dosing guidelines found in the compendia of current literature (examples: package insert, AHFS, Micromedex, current accepted guidelines)?			No		

Mapping Instructions				
	Yes	No		
1.	Go to 2	Deny		
2.	Go to 4	Go to 3		
3.	Go to 4	Deny		
4.	Approve, 12 months	Deny		

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REFERENCES

Written by: Date Written: UM Development (ME)

09/2018

Revised:

Reviewed: Medical Affairs (EPA) 09/2018

The Participating Group signed below hereby accepts and adopts as its own the criteria for use with Prior Authorization, as administered by CVS Caremark.					
Signature	Date				
Client Name					

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