

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)? | Yes | 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] | Yes | No |
| | Drug Name_____ Reason for Failure_____ | | |
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| | [If yes, then skip to question 4.] | | |
| 3 | Does the patient have a documented clinical reason such as an expected adverse reaction or contraindication that prevents them from trying THREE non-steroidal anti-inflammatory drugs (NSAIDs) taken with an acid blocker? | Yes | No |
| 4 | Does the prescribed quantity fall within the manufacturer's published dosing guidelines or within dosing guidelines found in the compendia of current literature (examples: package insert, AHFS, Micromedex, current accepted guidelines)? | Yes | 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

REFERENCES

N/A

Written by: UM Development (ME)
Date Written: 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