Duexis (ibuprofen/famotidine)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Duexis (ibuprofen/famotidine)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Duexis (ibuprofen/famotidine) may be approved if the following criteria are met:

I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one (1) oral generic prescription Non-Steroidal Anti-Inflammatory Drug (NSAID); **AND**
II. Individual has a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one of the following (Lanza 2009):
    A. A preferred proton pump inhibitor (PPI); **OR**
    B. Generic misoprostol: **OR**
    C. A generic histamine-2 receptor antagonist (H2RA);

AND

III. Individual has had an adequate response (pain relief and appropriate gastroprotection) with a trial of ibuprofen and famotidine used at the same time; **AND**
IV. Documentation has been provided for why the combination agent is clinically necessary and not for convenience.

Preferred proton pump inhibitors: generic omeprazole, generic pantoprazole.

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: http://www.clinicalpharmacology.com. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed on: April 4, 2018.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.