

# 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 and inadequate response or intolerance to one (1) oral generic prescription Non-Steroidal Anti-Inflammatory Drug (NSAID). Medication samples/coupons/discount cards are excluded from consideration as a trial.; **AND**
- II. Individual has a trial and inadequate response or intolerance to one of the following (Lanza 2009). Medication samples/coupons/discount cards are excluded from consideration as a trial.:
  - 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: esomeprazole magnesium (generic prescription Nexium, all strengths), lansoprazole capsules (generic prescription Prevacid, all strengths), omeprazole (generic prescription Prilosec, all strengths), pantoprazole (generic prescription Protonix, all strengths) – except pantoprazole pak 40mg.

### **Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2024. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Updated periodically.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2024; Updated periodically.
5. Derry S, Conaghan P, Da Silva JA, Wiffen PJ, Moore RA. Topical NSAIDs for chronic musculoskeletal pain in adults. *Cochrane Database Syst Rev*. 2016 Apr 22; 4: CD007400.
6. Kolasinski SL, Neogi T, Hochberg MC, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee. *Arthritis Care Res* 2020 pp1-14. Available at: <https://www.rheumatology.org/Portals/0/Files/Osteoarthritis-Guideline-Early-View-2019.pdf>
7. Lanza FL, Chan FKI, Quigley EMM, Practice Parameters Committee of the American College of Gastroenterology. Guidelines for Prevention of NSAID-Related Ulcer Complications. *Am J Gastroenterol*. 2009; 104:728 – 738.doi: **10.1038/ajg.2009.115**. Available from: <http://s3.gi.org/physicians/guidelines/NSAIDJournalPublicationFebruary2009.pdf>.
8. The NCCN Drugs & Biologics Compendium (NCCN Compendium™)© 2020 National Comprehensive Cancer Network, Inc. Available at: NCCN.org. Updated periodically.

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

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