

**CRITERIA FOR PRIOR AUTHORIZATION**

NSAID plus PPI/H2 Blocking Agents Step Therapy

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug requires prior authorization:

Ibuprofen/famotidine (Duexis®)

Naproxen/esomeprazole (Vimovo®)

**CRITERIA FOR PRIOR AUTHORIZATION APPROVAL** (must meet all of the following):

- Patient must have a diagnosis of rheumatoid arthritis (RA) or ankylosing spondylitis (AS)
- Patient must have a trial of concurrent use of:
  - Ibuprofen and famotidine as individual agents for at least 90 days in the past 120 day period (for Duexis)
  - Naproxen and esomeprazole as individual agents for at least 90 days in the past 120 day period (for Vimovo)

**LENGTH OF APPROVAL:** 12 months

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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