UnitedHealthcare Individual & Family ACA Marketplace Plans
Clinical Pharmacy Program Guidelines for Oral NSAID Combinations

Program	Step Therapy
Medication	Duexis (ibuprofen/famotidine) tablets, naproxen/esomeprazole delayed-release tablets (generic Vimovo)
Issue Date	8/2021
Pharmacy and Therapeutics Approval Date	8/2022
Effective Date	1/2023

1. Background:

Duexis (ibuprofen/famotidine), a combination of a nonsteroidal anti-inflammatory drug (NSAID) ibuprofen and the histamine H2-receptor antagonist famotidine, is indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers.

Vimovo (naproxen/esomeprazole), a combination of an NSAID naproxen and the proton pump inhibitor (PPI) esomeprazole magnesium, is indicated in adult and adolescent patients 12 years of age and older weighing at least 38 kg requiring naproxen for symptomatic relief of arthritis and esomeprazole magnesium to decrease the risk of developing naproxen-associated gastric ulcers.

2. Coverage Criteria[a]:

A. **Duexis** will be approved based on the following criterion:

1. History of failure, contraindication, or intolerance to **both** of the following **taken concurrently**:
    a. Ibuprofen 800 mg
    b. Famotidine at a minimum dose of 20 mg

Authorization will be issued for 12 months.

B. **naproxen/esomeprazole (generic Vimovo)** will be approved based on the following criterion:

1. History of failure, contraindication, or intolerance to **both** of the following **taken concurrently**:
    a. Naproxen at a minimum dose of 375 mg
    b. Esomeprazole at a minimum dose of 20 mg

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may also be in place.

4. References:

1. Duexis [package insert]. Deerfield, IL: Horizon Medicines LLC; April 2021.
2. Vimovo [package insert]. Deerfield, IL: Horizon Medicines, LLC; March 2022.
3. Lanza FL, Chan FK, Quigley EM, et al. Guidelines for prevention of NSAID-related ulcer complications. *Am J Gastroenterol*. 2009; 104(3):728-38.

Program	Step Therapy – Oral NSAID combinations
Change Control	
9/2021	New program.
8/2022	Annual review. Updated references.