

Title: Excluded Medications with No Significant Advantage Over Covered Alternatives
Policy #: Rx.04.7

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate medications that are excluded under the member's prescription drug benefit.

Description:

Medical necessity is defined in the member's benefits book. Medications that do not meet the definition of medical necessity are excluded from coverage under the prescription drug benefit.

Exclusion applies to the medication (chemical entity and formulation) as presented, regardless of brand or generic status available now or in the future.

Policy:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

The medications listed below do not meet medical necessity, as defined in the member's benefits book, and will be excluded from coverage (not covered) under the prescription drug benefit.

Drug	Components	Rationale
Ibuprofen/famotidine (Duexis®)	Ibuprofen 800mg/ famotidine 26.6mg tablet	Combination of ibuprofen and famotidine; no advantage over the individual components
Metformin modified, extended release (Glumetza®)	Metformin modified, extended release 500mg, 1000mg tablet	Extended release formulation of metformin; other extended release products are available
Naproxen/esomeprazole (Vimovo®)	Naproxen 500mg/ esomeprazole 20mg tablet Naproxen 375mg/ esomeprazole 20mg tablet	Combination of naproxen and esomeprazole; no advantage over the individual components; esomeprazole 20mg is available over the counter
Omeprazole/aspirin (Yosprala®)	Omeprazole 40mg/ aspirin 81mg tablet Omeprazole 40mg/ aspirin 325mg tablet	Combination of aspirin and omeprazole; no advantage over the individual components
Omeprazole/sodium bicarbonate capsules 40mg/1100mg (Zegerid capsules® 40mg/1100mg)	Omeprazole 40mg/ sodium bicarbonate 1100mg	Combination of omeprazole and sodium bicarbonate offers no advantage over the individual components, omeprazole alone, or other proton pump inhibitors
Fluocinonide 0.1% cream (Vanos®)	fluocinonide 0.1% cream	high potency alternatives available: clobetasol propionate, augmented betamethasone, halobetasol
Prenatal Vitamins –Trinaz®, Azesco®, Pregenna®/PNV® tab, Zalvit®, Azeschew®, Prenara®, DermacinRx tab Pretrate®	Prenatal vitamins and minerals with folic acid and iron (various dose combinations)	Multiple generic, prescription strength prenatal vitamins are available

Amlodipine/celecoxib (Consensi®)	Amlodipine 2.5mg/celecoxib 200mg Amlodipine 5mg/celecoxib 200mg Amlodipine 10mg/celecoxib 200mg	Combination of amlodipine and celecoxib; no advantage over individual components
Chlorzoxazone 250 mg	Chlorzoxazone 250 mg	Chlorzoxazone 500mg tablet is functionally scored to be broken in half
Vanadom®	Carisoprodol 350 mg	Alternatives available: carisoprodol 350mg, metaxalone, tizanidine, cyclobenzaprine, baclofen, methocarbamol, chlorzoxazone 500mg

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Cross References:

Non-FDA approved Products Rx.04.2

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The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.

