

Policy Name:	Combination Medications for EHB	Policy#:	3150P
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Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of EHB combination products: Duexis (ibuprofen/famotidine), Treximet (sumatriptan/naproxen), and Yosprala (aspirin/omeprazole).

Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Duexis, Treximet, and Yosprala when the following criteria have been met.

Criteria

- 1. Coverage Criteria**
 - 1.1 Documentation that member has tried and failed individual components, OR
 - 1.2 Provider statement as to why individual components cannot be used
- 2. Approval Period**
 - 2.1 12 months

CPT Codes

HCPCS Codes

References

Created Date: 08/30/2022
Effective Date: 08/30/2022
Posted to Website: 08/30/2022
Revision Date: 06/07/2023

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.