

Drug Name: Vimovo

Common Use: Treatment of pain

Coverage Requirement: Failure of 2 NSAIDs and 2 PPIs:

NSAIDs

Naproxen*
Ibuprofen*
Indomethacin
Meloxicam
Ketoprofen
Diclofenac
Nabumetone

PPIs

Omeprazole* (generic for Prilosec)
Lansoprazole* (generic for Prevacid)
Pantoprazole (generic for Protonix)
Dexilant
Nexium
Aciphex

*If your plan includes GenericSampleSM, the first 30-day fill of this medication will be free. GenericSample is only offered at participating retail pharmacies and is not available on HealthSaveSM plans or under the 90-day maintenance drug benefit.

Coverage Rationale: The components of this combination drug are available separately.

*If your doctor would like an exception to step therapy, he or she may request preauthorization by calling SelectHealth Pharmacy Services at **801-442-4912** (Salt Lake area) or **800-442-3129** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 3:00 p.m.*