

Naproxen suspension is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

- Member is using for an FDA approved indication
- One of the following
 - Member is 12 years old or younger, or
 - For members over 12 years of age, documentation of an intolerance or contraindication to solid dosage forms of naproxen **AND** generic ibuprofen suspension is required

Reauthorization Criteria:

All prior authorization renewals are reviewed on a case-by-case basis to determine the Medical Necessity for continuation of treatment. Authorizations may be extended on a case-by-case basis based upon the above criteria

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 year
Reauthorization	Same as initial

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Naproxen suspension [prescribing information]; 2016
Available at:
https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/018965s022s023lbl.pdf

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Created policy</i>	<i>12/18</i>

Naproxen Suspension
POLICY NUMBER: *RX.PA.472*
REVISION DATE: *N/A*
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