

Hydrocodone/Ibuprofen (Oral)

Criteria for Use

August 2023

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

Continuity of Care Inclusion Criteria

If the following criterion and one of the Additional Inclusion Criteria are met, the medication may be used.

- Veteran is transitioning care from the Department of Defense to VHA

Additional Inclusion Criteria

Select ONE if appropriate.

- The medication is safe and clinically appropriate as determined by a VA prescriber using shared decision making.
- The medication is indicated for tapering the dose or slowly discontinuing therapy as determined by a VA prescriber using shared decision making.

Non-Continuity of Care Inclusion Criteria

If the following criterion is met, the medication may be used.

- Inadequate response, contraindication or intolerance to hydrocodone/acetaminophen combination product and clinical need for hydrocodone containing product.

Prepared: August 2023

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