Proton Pump Inhibitors

Effective 10/04/2012
Revised 01/08/2015

Preferred Agents

- Prilosec OTC®
- Omeprazole OTC
- Omeprazole RX
- Omeprazole Mag OTC
- Pantoprazole
- Protonix® Suspension
- Lansoprazole OTC
- Omeprazole Susp
- Nexium OTC®

Non-Preferred Agents

- Nexium® Capsules
- Nexium® Suspension
- Prevacid® Capsules
- Prevacid® Naprapac
- Prevacid® Susp/Solutabs/OTC
- Dexilant Capsules
- Lansoprazole RX
- Lansoprazole Solutabs
- Protonix® Tabs/Granules
- Prilosec® Rx Caps/Susp
- Zegerid® Caps/Packet
- Aciphex® Tablets/Sprinkles
- Zegerid OTC/RX
- Omeprazole/Sod Bicarb
- Lansoprazole Suspension
- Rabeprazole Tabs
- Esomeprazole Strontium

Approval Criteria

- The following current diagnostic clinical edit criteria apply:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Submitted ICD-9 Diagnoses</th>
<th>Inferred Drugs</th>
<th>Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrett’s Esophagus</td>
<td>530.2</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Drug-Induced Ulcer</td>
<td>531.40</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Zollinger Ellison Syndrome</td>
<td>251.5</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Mastocytosis</td>
<td>202.6 – 202.68</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Erosive Esophagus</td>
<td>530.1 – 531.10</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Condition</td>
<td>ICD-10 Codes</td>
<td>Duration</td>
<td>720 Days</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>--------------------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>Endocrine Neoplasm</td>
<td>227 237</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Peptic Ulcer Disease</td>
<td>533.0 - 533.9</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>GERD</td>
<td>530.81 530.10 - 530.19</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Hiatal Hernia</td>
<td>551.3 552.3 - 553.3</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Upper GI Bleed</td>
<td>578.0 - 578.9</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Pancreatic Insufficiency</td>
<td>579.4</td>
<td>Pancreatic Enzymes</td>
<td>720 days</td>
</tr>
<tr>
<td>Cystic Fibrosis/Pancreatic Insufficiency w/ Steatorrhea</td>
<td>277.00 - 277.03 577.8 579.4</td>
<td>--</td>
<td>720 days</td>
</tr>
</tbody>
</table>

Additional Approval Criteria:
- Positive H-Pylori –
  - Requires concurrent PUD diagnosis
  - No required H2 antagonist or reference PPI trial (entire class available or Prevpac)
- GERD – Nursing home patients are approved for reference PPI without mandatory trial/failure on H2 antagonist.
- Hiatal Hernia – requires concurrent GERD diagnosis
- Pancreatic Insufficiency – requires pancreatic enzyme therapy within the last 45 days
- Cystic Fibrosis – DX = pancreatic insufficiency with or without steatorrhea
  - Pancreatic enzyme therapy within the last 45 days
- Chemotherapy Induced Gastropathy – DX = CA (or inferred CA) with gastritis (gastropathy)
- Pregnancy – Reference PPI trial not mandatory (entire PPI class available)
- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen
- Pediatric Patients - first-line PPI therapy
  - Prevacid
  - Nexium
Denial Criteria

- Therapy will be denied if no approval criteria are met
- Lack of adequate trial on required preferred agents
- Drug Prior Authorization Hotline: (800) 392-8030