



SmartPA Criteria Proposal

Proton Pump Inhibitors (PPIs) PDL Edit	
October 14, 2004	
October 17, 2023	
MO HealthNet	
MO HealthNet/Conduent	
□ Existing Criteria⊠ Revision of Existing Criteria□ New Criteria	

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected:

Proton pump inhibitors (PPIs), a highly prescribed class of drugs, are used to treat a variety of conditions including ulcers, heartburn, gastro-esophageal reflux disease (GERD), and ulcers, including those caused by medications such as aspirin or non-steroidal anti-inflammatory drugs (NSAIDs). They may also be given alongside antibiotics in cases of ulcers caused by *Helicobacter pylori* (*H. pylori*) infections. PPIs reduce stomach acid production by blocking the enzyme system (H+/K+ ATPase) responsible for pumping acid into the stomach. Due to their widespread use, emerging evidence indicating the potential for long-term adverse effects has come to light. While short-term PPI use is effective and generally considered to be safe (most available products have OTC formulations), the current guidance suggests caution with long-term use. Providers should continue to evaluate the risk versus benefit for extended therapy.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information

С	Preferred Agents	Non-Preferred Agents
ւ։	Nexium® Rx Packet	 Aciphex[®] Sprinkle[™]
	Omeprazole Rx	Dexilant
	 Pantoprazole Tabs 	Dexlansoprazole
	Protonix® Susp	Esomeprazole
	Prilosec® Susp	 Konvomep[™]
		Lansoprazole
		Nexium® Rx Caps
	•	Omeprazole OTC
		Omeprazole/Sodium Bicarbonate
		Pantoprazole Susp
		Prevacid®
		Prilosec® capsules and tablets
		Protonix® Tabs
		Rabeprazole
		Zegerid®

Type of Criteria:	☐ Increased risk of ADE☒ Appropriate Indications	☑ Preferred Drug List☐ Clinical Edit
Data Sources:	☐ Only Administrative Databases	□ Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Proton Pump Inhibitors (PPIs)
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents:
 - Documented trial period for preferred agents OR
 - Documented ADE/ADR to preferred agents
- For dexlansoprazole: Clinical Consultant Review required for medical necessity

Denial Criteria

- Therapy will be denied if all approval criteria are not met
- Lack of adequate trial on required preferred agents
- Claim exceeds maximum dosing limitation for the following:

3	Max Dosing				
Drug Description	Generic Equivalent	Limitation			
ACIPHEX DR 20 MG TAB	RABEPRAZOLE	2 tablets per day			
ACIPHEX SPRINKLE DR 5 MG CAP	RABEPRAZOLE	2 capsules per day			
ACIPHEX SPRINKLE DR 10 MG CAP	RABEPRAZOLE	2 capsules per day			
DEXILANT DR 30 MG CAP	DEXLANSOPRAZOLE	2 capsules per day			
DEXILANT DR 60 MG CAP	DEXLANSOPRAZOLE	1 capsule per day			
ESOMEPRAZOLE 20 MG TAB	ESOMEPRAZOLE	2 tablets per day			
ESOMEPRAZOLE DR 49.3 MG CAP	ESOMEPRAZOLE	1 capsule per day			
NEXIUM DR 2.5 MG PACKET	ESOMEPRAZOLE	2 packets per day			
NEXIUM DR 5 MG PACKET	ESOMEPRAZOLE	2 packets per day			
NEXIUM DR 10 MG PACKET	ESOMEPRAZOLE	2 packets per day			
NEXIUM DR 20 MG CAP	ESOMEPRAZOLE	2 capsules per day			
NEXIUM DR 20 MG PACKET	ESOMEPRAZOLE	2 packets per day			
NEXIUM DR 40 MG CAP	ESOMEPRAZOLE	2 capsules per day			
NEXIUM DR 40 MG PACKET	ESOMEPRAZOLE	2 packets per day			
OMEPRAZOLE DR 20 MG CAP	OMEPRAZOLE	2 capsules per day			
OMEPRAZOLE DR 20 MG ODT	OMEPRAZOLE	2 tablets per day			
OMEPRAZOLE DR 20 MG TAB	OMEPRAZOLE	2 tablets per day			
OMEPRAZOLE MAG DR 20.6 MG CAP	OMEPRAZOLE	2 capsules per day			
PREVACID 15 MG SOLUTAB	LANSOPRAZOLE	2 tablets per day			
PREVACID 30 MG SOLUTAB	LANSOPRAZOLE	2 tablets per day			
PREVACID DR 15 MG CAP	LANSOPRAZOLE	2 tablets per day			
PREVACID DR 30 MG CAPS	LANSOPRAZOLE	2 tablets per day			
PRILOSEC 20 MG OTC TAB	OMEPRAZOLE	2 tablets per day			
PRILOSEC DR 2.5 MG SUS	OMEPRAZOLE	4 packets per day			
PRILOSEC DR 10 MG CAP	OMEPRAZOLE	2 tablets per day			

PRILOSEC DR 10 MG SUSP	OMEPRAZOLE	4 packets per day
PRILOSEC DR 40 MG CAP	OMEPRAZOLE	2 tablets per day
PROTONIX DR 20 MG TAB	PANTOPRAZOLE	2 tablets per day
PROTONIX 40 MG SUSP	PANTOPRAZOLE	2 packets per day
PROTONIX DR 40 MG TAB	PANTOPRAZOLE	2 tablets per day
ZEGERID 20 MG CAP	OMEPRAZOLE/SODIUM BICARB	1 capsule per day
ZEGERID 20 MG PACKET	OMEPRAZOLE/SODIUM BICARB	1 packet per day
ZEGERID 40 MG CAP	OMEPRAZOLE/SODIUM BICARB	1 capsule per day
ZEGERID 40 MG PACKET	OMEPRAZOLE/SODIUM BICARB	1 packet per day

Requ	ıired	Docui	mentation

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Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)

Rule Type: PDL

Default Approval Period

1 year

References

- Evidence-Based Medicine Analysis: "Proton Pump Inhibitors", UMKC-DIC; April 2023.
- Evidence-Based Medicine and Fiscal Analysis: "Proton Pump Inhibitor Agents Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; July 2021.
- Freedberg DE, Kim, LS, Yang, YX. The Risks and Benefits of Long-term Use of Proton Pump Inhibitors: Expert Review and Best Practice Advice from the American Gastroenterological Association. Gastroenterology. 2017 Mar;152 (4):706-715.
- Artesiani ML, Bazzoli F, Eusebi LE, Gelli D, Montagnani M, Rabitti S, Zagari RM. Proton Pump Inhibitors: Risks of long-term use. J Gastroenterol Hepatol. 2017 Jul;32(7):1295-1302.
- USPDI, Micromedex; 2023.
- Facts and Comparisons eAnswers (online); 2023 Clinical Drug Information, LLC.