



## Missouri Pharmacy Program – Preferred Drug List



### Proton Pump Inhibitors (PPIs)

Effective 10/14/2004

Revised 01/09/2020

#### Preferred Agents

- Nexium® Rx Packet
- Omeprazole Rx
- Pantoprazole
- Protonix® Susp

#### Non-Preferred Agents

- Aciphex®
- Aciphex® Sprinkle
- Dexilant™
- Esomep-EZS™ Kit
- Esomeprazole Magnesium OTC/Rx
- Esomeprazole Strontium
- Lansoprazole ODT
- Lansoprazole OTC/Rx
- Nexium® OTC/Rx Caps/Tabs
- Omeprazole Magnesium OTC
- Omeprazole OTC
- Omeprazole/Bicarb OTC/Rx
- Prevacid®
- Prevacid® DR OTC
- Prevacid® Solutab
- Prevacid® Susp
- Prilosec® Rx Susp
- Protonix®
- Rabeprazole Sodium
- Zegerid® OTC/Rx

### Approval Criteria

- Short-term therapy (< 180 days of therapy in the past 12 months) **OR**
- Documented diagnosis of one of the following in the past 2 years required for long-term therapy (≥ 180 days of therapy in the past 12 months):
  - Barrett's Esophagus
  - Drug-Induced Ulcer
  - Zollinger Ellison Syndrome
  - Mastocytosis
  - Erosive Esophagus
  - Endocrine Neoplasm
  - Peptic Ulcer Disease
  - GERD (symptomatic)
  - Hiatal Hernia
  - Upper GI Bleed
  - Pancreatic Insufficiency
  - Cystic Fibrosis
  - Other diagnoses – clinical consultant review required
- Failure to achieve desired therapeutic outcomes with trial on **2** or more preferred agents:
  - Documented trial period for preferred agents **OR**

- Participant is currently pregnant **OR**
- Documented ADE/ADR to preferred agents

## 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