



## Missouri Pharmacy Program – Preferred Drug List



### Proton Pump Inhibitors

Effective 10/4/2012  
Revised 01/10/2019

#### Preferred Agents

Clinical Edits May Apply

- **Esomeprazole Mag Cap Rx**
- Lansoprazole Rx Caps
- Nexium® Rx Suspension
- Omeprazole Rx
- Pantoprazole Rx
- Protonix® Suspension

#### Non-Preferred Agents

Clinical Edits May Apply

- Aciphex® Tabs
- Aciphex® Sprinkles
- Dexilant® Caps
- Esomeprazole Mag Cap OTC
- Esomeprazole Strontium
- Lansoprazole OTC
- Lansoprazole Solutab
- Nexium OTC®
- **Nexium® Rx**
- Omeprazole OTC
- Omeprazole/Sod Bicarb Rx
- Prevacid® Caps/SoluTab/Susp
- Prevacid® OTC
- Prilosec OTC®
- Prilosec® Rx Susp
- Protonix® Rx Tab
- Rabeprazole
- Zegerid® OTC/ Rx

### Approval Criteria

- Short-term therapy (fewer than SIX 30-day prescriptions within a 12 month period) with preferred agents will not require prior authorization.
- Long-term therapy (i.e. SIX or more 30-day prescription refills in the past 12 months) will require prior authorization.
- The following current diagnostic clinical edit criteria apply for long-term PPI therapy:

Condition	Inferred Drugs	Date Range
Barrett's Esophagus	--	720 days
Drug-Induced Ulcer	--	720 days

Zollinger Ellison Syndrome	--	720 days
Mastocytosis	--	720 days
Erosive Esophagus	--	720 days
Endocrine Neoplasm	--	720 days
Peptic Ulcer Disease	--	720 days
GERD (symptomatic)	--	720 days
Hiatal Hernia	--	720 days
Upper GI Bleed	--	720 days
Pancreatic Insufficiency	Pancreatic Enzymes	720 days
Cystic Fibrosis/Pancreatic Insufficiency w/ Steatorrhea	--	720 days

- Failure to achieve desired therapeutic outcomes with trial on 4 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

## 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