Proton Pump Inhibitors

Effective 10/4/2012
Revised 01/04/2018

Preferred Agents
Clinical Edits May Apply
- Lansoprazole Rx Caps
- Nexium® Rx Caps/Susp
- Nexium OTC®
- Omeprazole Rx
- Pantoprazole Rx
- Prilosec OTC®
- Protonix® Susp

Non-Preferred Agents
- Aciphex® Tabs/Sprinkles
- Dexilant® Caps
- Esomeprazole Caps
- Esomeprazole Magnesium
- Esomeprazole Strontium
- Lansoprazole OTC
- Lansoprazole Soln
- Omeprazole Magnesium OTC
- Omeprazole OTC
- Omeprazole/Sod Bicarb Rx
- Prevacid® Caps/SoluTab
- Prevacid® OTC
- Prilosec® Rx Susp
- Protonix® Tabs/Granules
- Rabeprazole Tabs
- Zegerid® Caps/Packet/OTC

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:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Inferred Drugs</th>
<th>Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrett’s Esophagus</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Drug-Induced Ulcer</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Zollinger Ellison Syndrome</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Mastocytosis</td>
<td>--</td>
<td>720 days</td>
</tr>
<tr>
<td>Condition</td>
<td>Duration</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>Erosive Esophagus</td>
<td>720 days</td>
<td></td>
</tr>
<tr>
<td>Endocrine Neoplasm</td>
<td>720 days</td>
<td></td>
</tr>
<tr>
<td>Peptic Ulcer Disease</td>
<td>720 days</td>
<td></td>
</tr>
<tr>
<td>GERD (symptomatic)</td>
<td>720 days</td>
<td></td>
</tr>
<tr>
<td>Hiatal Hernia</td>
<td>720 days</td>
<td></td>
</tr>
<tr>
<td>Upper GI Bleed</td>
<td>720 days</td>
<td></td>
</tr>
<tr>
<td>Pancreatic Insufficiency</td>
<td>720 days</td>
<td></td>
</tr>
<tr>
<td>Pancreatic Enzymes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cystic Fibrosis/Pancreatic Insufficiency w/ Steatorrhea</td>
<td>720 days</td>
<td></td>
</tr>
</tbody>
</table>

- **Failure to achieve desired therapeutic outcomes with trial on 4 or more preferred agents**
  - Documented trial period of 14 consecutive days for each preferred agent
  - 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