



PROTON PUMP INHIBITORS PA SUMMARY

PREFERRED	Omeprazole (Rx), Pantoprazole (tablets, IV)
NON-PREFERRED	Aciphex, Dexilant, Lansoprazole (capsules, ODT), Nexium (capsules, injection, and packets [UD for oral suspension]), Omeprazole/Sodium Bicarbonate, Prevacid capsules, Prevacid SoluTab, Prilosec UD for oral suspension, Protonix Injection, Protonix Pak, Vimovo (listed in NSAID/Cox 2 criteria)

LENGTH OF AUTHORIZATION: Varies depending on diagnosis

NOTE:

- ❖ *All preferred and non-preferred agents will be subject to the DCH clinical PA criteria review. If Prevacid capsules are approved, the PA will be issued for the brand product.*
- ❖ *If an injectable medication is being administered in a physician’s office or clinic then it must be billed through the DCH physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program can be located at www.mmis.georgia.gov/portal.*

PA CRITERIA:

- ❖ The following diagnoses are approvable:
 - Barrett’s esophagus
 - Duodenal ulcer, gastric ulcer, or peptic ulcer disease (requires previous trial of H2 antagonist)
 - Erosive esophagitis
 - GERD (for uncomplicated GERD, previous trial of H2 antagonist required)
 - H. Pylori
 - Zollinger-Ellison Syndrome
 - Complicated disease states such as pancreatitis, Cystic Fibrosis, Cerebral Palsy, Cancer, Crohn’s Disease, G-tube, multiple endocrine adenomas, systemic mastocytosis, or transplant (list not all inclusive)
 - Recent hospital discharge for an upper GI bleed, hemorrhage, perforation, or obstruction and already started on PPI therapy
 - Prophylactic therapy following gastric bypass surgery
- ❖ For non-preferred products (except Nexium or Protonix Injection), claims history reviewed for the use of both preferred agents within the last 6 months.
- ❖ For Nexium, physician should submit a written letter of medical necessity stating the reasons a preferred product (omeprazole or pantoprazole) is not appropriate for the member. As an exception, for Nexium Injection, if member is 1 month to 16 years of age and requires the use of an



intravenous product for GERD with erosive esophagitis, an approval may be granted.

- ❖ For pantoprazole IV or Protonix Injection, member must be 2 years of age or older and require the use of an intravenous product for GERD associated with a history of erosive esophagitis or Zollinger-Ellison (ZE) Syndrome. If member meets aforementioned criteria, pantoprazole IV generic is preferred. Physician should submit a written letter of medical necessity for brand-name Protonix Injection is required.
- ❖ If no preferred agents in profile, physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to both preferred products.
- ❖ Prevacid Solutab is the preferred agent for G-tube (gastric tube) use.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.

ADDITIONAL FORMS AVAILABLE:

- ❖ The Proton Pump Inhibitors PA Request Form is available at: <http://dch.georgia.gov/prior-authorization-process-and-criteria>.