



GEORGIA MEDICAID FEE-FOR-SERVICE PROTON PUMP INHIBITORS (PPI) PA SUMMARY

Preferred	Non-Preferred
Nexium Rx Granules (esomeprazole for oral suspension) Omeprazole Rx capsules generic Pantoprazole tablets generic	Dexilant (dexlansoprazole) Esomeprazole Rx capsules generic Esomeprazole injection generic Konvomep (omeprazole/sodium bicarbonate for oral suspension) Lansoprazole Rx capsules generic Omeprazole/sodium bicarbonate Rx capsules generic Pantoprazole injection generic Prevacid Rx Solutab (lansoprazole orally disintegrating tablets) Prilosec Rx Powder (omeprazole for oral suspension) Protonix Pak (pantoprazole for oral suspension) Rabeprazole tablets generic Zegerid Rx Powder (omeprazole/sodium bicarbonate for oral suspension)

LENGTH OF AUTHORIZATION: Varies

NOTE: If medication is being administered in a physician's office or clinic, the provider should go to the Registered User portion of the Georgia Health Partnership website at <https://www.mmis.georgia.gov/portal> to request coverage from Physician Services.

PA CRITERIA:

- ❖ The following diagnoses are approvable:
 - Barrett's esophagus
 - Duodenal ulcer, gastric ulcer, or peptic ulcer disease
 - Erosive esophagitis
 - Gastroesophageal reflux disease (GERD)
 - *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
 - Premature infants with GERD and feeding difficulties
- ❖ For non-preferred products (esomeprazole Rx capsules generic, esomeprazole injection generic, Konvomep, pantoprazole injection generic and Prevacid Rx Solutab):
 - For members less than 5 years of age, approvable when the member has tried omeprazole or Nexium Granules and failed to achieve an adequate response.



- For members 5 years of age and older, approvable when the member has tried omeprazole or Nexium Granules and pantoprazole and failed to achieve an adequate response.
- ❖ For esomeprazole Rx capsules generic, approvable if administered in G-tube when the member has tried Prevacid Solutab and Nexium Granules and failed to achieve an adequate response or if the member is unable to swallow solid dosage forms, member must have tried omeprazole and Nexium Granules and failed to achieve an adequate response. Otherwise, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Nexium Rx Granules, omeprazole and pantoprazole, are not appropriate for the member.
- ❖ For esomeprazole injection generic, medication must be administered in member's home or in a long-term care facility and is approvable for members 1 month or older with GERD associated with a history of erosive esophagitis for members who are not able to take oral dosage formulations.
- ❖ For Konvomep, approvable for members 18 years of age or older with a diagnosis of active benign gastric ulcer or for reduction in risk of upper gastrointestinal (GI) bleeding and the member is critically ill who are unable to swallow solid oral dosage formulations (i.e., capsules, tablets) and have experienced an inadequate response with the preferred product, Nexium Rx Granules.
- ❖ For pantoprazole injection generic, medication must be administered in member's home or in a long-term care facility and is approvable for members 2 years of age or older with GERD associated with a history of erosive esophagitis or Zollinger Ellison Syndrome that are not able to take oral dosage formulations.
- ❖ For Prevacid Rx Solutab, approvable for members that require administration in a G-tube (gastric tube) or:
 - For members less than 5 years of age, approvable when the member has tried omeprazole or Nexium Granules and failed to achieve an adequate response.
 - For members 5 years of age and older, approvable when the member has tried omeprazole or Nexium Granules and pantoprazole and failed to achieve an adequate response.

EXCEPTIONS:

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

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:



- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

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