



**GEORGIA MEDICAID FEE-FOR-SERVICE
PROTON PUMP INHIBITORS PA SUMMARY**

Preferred	Non-Preferred
Omeprazole Rx generic Pantoprazole tablets generic	Aciphex tablets (rabeprazole) Aciphex Sprinkle (rabeprazole) Dexilant (dexlansoprazole) Esomeprazole magnesium Rx capsules generic Esomeprazole sodium injection generic Lansoprazole Rx capsules generic Nexium Rx (esomeprazole magnesium) Nexium IV (esomeprazole sodium) Omeprazole/sodium bicarbonate Rx generic Pantoprazole injection generic Prevacid Solutab Rx (lansoprazole) Prilosec Rx powder for oral suspension (omeprazole) Protonix injection (pantoprazole) Protonix Pak (pantoprazole) Rabeprazole tablets generic Zegerid Rx (omeprazole/sodium bicarbonate)

LENGTH OF AUTHORIZATION: Varies depending on diagnosis

NOTES:

- ❖ Vimovo criteria is listed in the NSAID/Cox 2 PA Summary.
- ❖ All preferred and non-preferred agents will be subject to clinical PA criteria.
- ❖ If brand Protonix injection is approved, the PA will be issued for generic pantoprazole injection.
- ❖ If generic rabeprazole tablets are approved, the PA will be issued for brand Aciphex.
- ❖ If brand Nexium injection is approved, the PA will be issued for generic esomeprazole injection.
- ❖ If generic esomeprazole capsules are approved, the PA will be issued for brand Nexium.
- ❖ If brand Zegerid capsules are approved, the PA will be issued for generic omeprazole/sodium bicarbonate capsules.

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 preferred products, omeprazole and pantoprazole generics, approvable for members with a diagnosis listed above.
- ❖ For non-preferred products (except Aciphex Sprinkle, Nexium/Esomeprazole, Prevacid Solutab and Protonix/Pantoprazole Injection):
 - For members less than 5 years of age, approvable when the member has tried omeprazole and failed to achieve an adequate response.
 - For members 5 years of age and older, approvable when the member has tried omeprazole AND pantoprazole and failed to achieve an adequate response.
- ❖ For Aciphex Sprinkle, approvable if administered in G-tube when the member has tried Prevacid Solutab and failed to achieve an adequate response OR if the member is unable to swallow solid dosage forms, member must have tried omeprazole and failed to achieve an adequate response. If member is able to swallow solid dosage forms:
 - For members less than 5 years of age, approvable when the member has tried omeprazole and failed to achieve an adequate response.
 - For members 5 years of age and older, approvable when the member has tried omeprazole AND pantoprazole and failed to achieve an adequate response.
- ❖ For Nexium capsules/granules or esomeprazole generic, approvable if administered in G-tube when the member has tried Prevacid Solutab and failed to achieve an adequate response OR if the member is unable to swallow solid dosage forms, member must have tried omeprazole and failed to achieve an adequate response. Otherwise, prescriber must submit a written letter of medical necessity stating the reasons a preferred product, omeprazole or pantoprazole, is not appropriate for the member. In addition for esomeprazole generic, prescriber must submit a written letter of medical necessity stating the reasons brand Nexium is not appropriate for the member.
- ❖ For Nexium Injection or esomeprazole injection generic, medication must be administered in member's home by home health 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. In addition for generic esomeprazole injection, prescriber must submit a written letter of medical necessity stating the reasons brand Nexium Injection is not appropriate for the member.
- ❖ For pantoprazole injection generic or Protonix Injection, medication must be administered in member's home by home health or in a long-term care facility and is approvable for members 2 years or older with GERD associated with a history of erosive esophagitis or Zollinger Ellison Syndrome that are not able



to take oral dosage formulations. In addition for brand Protonix Injection, prescriber must submit a written letter of medical necessity stating the reasons generic pantoprazole injection is not appropriate for the member.

- ❖ For Prevacid 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 and failed to achieve an adequate response.
 - For members 5 years of age and older, approvable when the member has tried omeprazole 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.