

PROTON PUMP INHIBITORS PA SUMMARY

PREFERRED	Omeprazole (Rx), Pantoprazole
NON-PREFERRED	Aciphex, Dexilant, Lansoprazole (capsules, ODT), Nexium (capsules and packets [UD for oral suspension]), Omeprazole/Sodium Bicarbonate, Prevacid capsules, Prevacid SoluTab, Prilosec UD for oral suspension, 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.*

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), 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.
- ❖ 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 **SXC Health Solutions 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.