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

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omeprazole Rx generic</td>
<td>Aciphex tablets (rabeprazone)</td>
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<tr>
<td>Pantoprazole tablets generic</td>
<td>Aciphex Sprinkle (rabeprazole)</td>
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<td></td>
<td>Dexilant (dextansoprazole)</td>
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<td></td>
<td>Esomeprazole magnesium Rx capsules generic</td>
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<td></td>
<td>Esomeprazole sodium injection generic</td>
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<td></td>
<td>Lansoprazole Rx capsules generic</td>
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<td></td>
<td>Nexium Rx Granules (esomeprazole)</td>
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<td></td>
<td>Omeprazole/sodium bicarbonate Rx capsules generic</td>
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<tr>
<td></td>
<td>Pantoprazole injection generic</td>
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<td></td>
<td>Prevacid Solutab Rx (lansoprazole)</td>
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<tr>
<td></td>
<td>Prilosec Rx powder for oral suspension (omeprazole)</td>
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<td></td>
<td>Protonix Pak (pantoprazole)</td>
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<td></td>
<td>Rabeprazole tablets generic</td>
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<td></td>
<td>Zegerid Rx Powder (omeprazole/sodium bicarbonate)</td>
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</tbody>
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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 generic rabeprazol tablets are approved, the PA will be issued for brand Aciphex.

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

Revised 6/1/2019
❖ For preferred products, omeprazole and pantoprazole generics, approvable for members with a diagnosis listed above.
❖ For non-preferred products (except Aciphex Sprinkle, Nexium Rx Granules, esomeprazole Rx capsules generic, esomeprazole injection generic, pantoprazole injection generic):
  o For members less than 5 years of age, approvable when the member has tried omeprazole and failed to achieve an adequate response.
  o 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:
  o For members less than 5 years of age, approvable when the member has tried omeprazole and failed to achieve an adequate response.
  o 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 Rx Granules and esomeprazole Rx capsules 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.
❖ 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 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 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:
  o For members less than 5 years of age, approvable when the member has tried omeprazole and failed to achieve an adequate response.
  o 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.

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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 Pharmacy and click on Other Documents, then select the most recent quarters QLL List.