



**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 Rx (lansoprazole) 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.
- ❖ Prevpac criteria is listed in the H. Pylori Agents PA Summary.
- ❖ All preferred and non-preferred agents will be subject to clinical PA criteria.
- ❖ If generic lansoprazole capsules are approved, the PA will be issued for brand Prevacid.
- ❖ 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, approvable for members with a diagnosis listed above.
 - ❖ For non-preferred products (except Aciphex sprinkles, Nexium, Esomeprazole, or Protonix Injection), claims history reviewed for the use of both preferred agents within the last 6 months. 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.
 - ❖ For Aciphex sprinkle capsules, requests are approvable if administered in G-tube when the member has tried and failed Prevacid Solutab. If member is unable to swallow solid dosage forms, member must have tried and failed omeprazole capsules. Otherwise, member must meet non-preferred criteria above.
 - ❖ For Nexium capsules/granules or esomeprazole generic, prescriber must submit a written letter of medical necessity stating the reason(s) a preferred product (omeprazole or pantoprazole) is not appropriate for the member. In addition, esomeprazole generic requires a written letter of medical necessity stating the reason(s) 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, generic esomeprazole injection requires a written letter of medical necessity stating the reason(s) 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, brand Protonix Injection requires a written letter of medical necessity stating the reason(s) generic pantoprazole injection is not appropriate for the member..
 - ❖ 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 **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.