

## PROTON PUMP INHIBITORS PA SUMMARY

<b>PREFERRED</b>	Kapidex/Dexilant, Omeprazole (Rx)
<b>NON-PREFERRED</b>	Aciphex, Lansoprazole (capsules, ODT), Nexium (capsules and packets [UD for oral suspension]), Omeprazole/Sodium Bicarbonate, Pantoprazole, 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 (Dexilant or omeprazole) 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.

**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](http://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](http://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.