

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Proton Pump Inhibitors

Override(s)	Approval Duration
Prior Authorization Quantity Limit**	<u>Preferred PPI:</u> No Prior Authorization required
	<u>Preferred PPI quantity override:</u> Lifetime
	<u>Non-Preferred PPI:</u> 1 year h. pylori diagnosis 14 days
	<u>Non-Preferred PPI quantity override:</u> Not to exceed termination of approval of PA h. pylori diagnosis 14 days
	If PAB criteria is met AND The individual has any one of the following diagnosis: [Structural GERD (erosive esophagitis, Barrett's Esophagus, esophageal strictures, acid-induced asthma, scleroderma or limited scleroderma (CREST syndrome)), Hypersecretory Syndromes (Zollinger-Ellison, multiple endocrine adenomas, or systemic mastocytosis.) or laryngeal, esophageal, or gastric cancer]: 1 year
**Quantity Supply Overrides (listed in the above below) If Prior Authorization of Benefits criteria for non-preferred agent are met, the following criteria will apply for quantity supply:	
<ul style="list-style-type: none"> • If the individual was on a preferred agent, at a dose of 2 per day, then the quantity limit may be overridden on the non-preferred agent to 2 per day • If the individual was on a preferred agent at a dose of 1 per day, then they must first try once daily dosing of the non-preferred agent prior to going to BID dosing 	

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Medications	Strength	Quantity Limit
Preferred PPIs		
Omeprazole Rx (for individuals less than 6 years old only)	20mg capsule (for individuals less than 6 years old only)	1 dose per day
Omeprazole magnesium OTC	20.6mg capsules	2 doses per day
Prevacid 24HR OTC (lansoprazole) brand and generic	15mg capsules	2 doses per day
Prilosec OTC (omeprazole, omeprazole magnesium) brand and generic	20mg, 20.6mg tablets	2 doses per day
Nexium 24HR OTC	20mg tablets	2 doses per day
Nexium 24HR OTC (esomeprazole DR OTC) brand and generic	20mg capsules	2 doses per day
Zegerid OTC (omeprazole/sodium bicarbonate)	20mg-1.1g capsules	1 dose per day
Non-Preferred PPIs		
AcipHex (rabeprazole)	20mg tablets	1 dose per day
AcipHex Sprinkle (rabeprazole)	5mg, 10mg capsules	1 dose per day
Dexilant (dexlansoprazole)	30mg, 60mg capsules	1 dose per day

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Dexilant SoluTab (dexlansoprazole ODT)	30mg tablets	1 dose per day
esomeprazole strontium	49.3mg capsules	1 dose per day
lansoprazole (Rx)	15mg, 30mg capsules	1 dose per day
Nexium (esomeprazole) (Rx)	20mg, 40mg capsules	1 dose per day
Nexium DR packet	10 mg packet	1 dose per day
Nexium Suspension (esomeprazole)	2.5mg, 5mg, 10mg 20mg, 40mg packets	1 dose per day
Omeppi (omeprazole/sodium bicarbonate)	20mg-1.1g, 40mg-1.1g capsules	1 dose per day
Omeprazole (Rx)	10mg, 40mg capsules 20mg capsules (for individuals 6 years and older)	1 dose per day
Pantoprazole (Rx)	20mg, 40mg tablets	1 dose per day
Prilosec Oral Suspension (omeprazole magnesium)	2.5mg, 10mg packets	1 dose per day
Prilosec Rx	20mg capsules	1 dose per day
Prilosec Rx (omeprazole)	40mg capsules	1 dose per day
Prevacid (lansoprazole)	15mg, 30mg capsules	1 dose per day
Prevacid Solutab (lansoprazole ODT)	15mg, 30mg oral disintegrating tablets	1 dose per day
Protonix (pantoprazole)	20mg, 40mg tablets	1 dose per day
Protonix Oral Suspension (pantoprazole)	40mg packets	1 dose per day
Rabeprazole	20mg tablets	1 dose per day
Zegerid Rx (omeprazole/sodium bicarbonate)	20mg-1.1g, 40mg-1.1g capsules	1 dose per day
Zegerid Oral Suspension Rx (omeprazole/sodium bicarbonate)	20-1680mg, 40-1680mg packets	1 dose per day
Quantity Limit Override Criteria		
Increased Dosing up to 4 doses/day		

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

for esomeprazole DR 20mg OTC capsules, Nexium 24HR 20mg OTC capsules/tablets, omeprazole OTC, Prilosec OTC, lansoprazole OTC, Prevacid 24 HR OTC
OR

Increased Dosing up to 2 doses/day
for all other PPIs

Approvable if the individual does not respond after a 30-day trial of stated dosing limit with the requested PPI or the individual has been diagnosed with eosinophilic esophagitis.

Increased Dosing of 4 per day for 14 days

for esomeprazole DR 20mg OTC capsules, Nexium 24HR 20mg OTC capsules/tablets, omeprazole OTC, Prilosec OTC, lansoprazole OTC, Prevacid 24HR OTC
OR

Increased Dosing of 2 per day for 14 days
for all other PPIs

Approvable for a diagnosis of: h. pylori, for eradication

Increased Dosing beyond 4 doses/day

for esomeprazole DR 20mg OTC capsules, Nexium 24HR 20mg OTC capsules/tablets, omeprazole OTC, Prilosec OTC, lansoprazole OTC, Prevacid 24HR OTC
OR

Increased Dosing beyond 2 doses/day
for all other PPIs

Approvable for:

- Hypersecretory syndromes (Zollinger-Ellison syndrome, multiple endocrine adenomas, or systemic mastocytosis)
- Barrett's Esophagus
- Laryngeal, esophageal or gastric cancer
- Scleroderma or limited scleroderma (CREST syndrome)

APPROVAL CRITERIA

Requests for a non-preferred Proton Pump Inhibitor (PPI) may be approved for individuals who meet the following criteria:

- A. Individual has had trials (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to two (2) preferred proton pump inhibitors (PPIs):
 1. Esomeprazole DR 20mg OTC (esomeprazole DR OTC or Nexium 24HR OTC 20mg)*

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

2. Lansoprazole OTC (lansoprazole OTC or Prevacid 24HR OTC);
3. Omeprazole OTC (omeprazole OTC, omeprazole magnesium OTC or Prilosec OTC tablets)*;
4. Omeprazole 20mg capsules Rx (for individuals less than 6 years old only)*;
5. Omeprazole/sodium bicarbonate OTC (omeprazole/sodium bicarbonate OTC, Zegerid OTC)*;

OR

B. The preferred PPIs are not acceptable due to the following concomitant clinical situations:

1. Individual has the inability to swallow tablets/capsules and the non-preferred agent is available in suspension or oral disintegrating tablet (ODT) formulation; **OR**
2. *Individual is utilizing clopidogrel [trials of esomeprazole DR OTC (Nexium 24HR OTC), omeprazole OTC (Prilosec OTC, omeprazole magnesium OTC), omeprazole 20mg capsule Rx (for individuals less than 6 years old only), and omeprazole/sodium bicarbonate OTC (omeprazole/sodium bicarbonate OTC, Zegerid OTC) products will not be required].

OR

C. Individuals less than one (1) year of age are NOT subject to step therapy.

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website.
<http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 7, 2018

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.