

Federal Employee Program.

Proton Pump Inhibitors

Aciphex*, Aciphex Sprinkle* (rabeprazole*), Dexilant, Dexilant Solutabs (dexlansoprazole), Esomeprazole Strontium, First-Lansoprazole suspension*, Nexium* (esomeprazole magnesium), Prevacid*, Prevacid Solutab* (lansoprazole), Protonix* (pantoprazole), Zegerid* (omeprazole / sodium bicarbonate)

*Prior authorization for certain formulations applies only to formulary exceptions due to being a non-covered medication. Please review plan formulary options.

Pre - PA Allowance

Quantity 90 dosage units

900 ml of First-lansoprazole (3 mg/ml) suspension

Duration 365 days

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

- 1. Esophagitis
 - a. Barrett's *
 - b. Erosive *
 - c. GERD (includes laryngeal and pharyngeal)
 - d. Sclerodermal (part of CREST syndrome) *
- 2. Gastropathy
 - a. Medication related
 - b. NSAID related *
- 3. GI Bleed
- H. Pylori currently undergoing treatment and in combination with antibiotic therapy
- 5. Hypersecretory disease such as Zollinger-Ellison Syndrome *
- 6. Ulcer duodenal, gastric or peptic

OR

1. ANY GI related diagnosis

AND ONE of the following:

- a. Failure of therapy with one H2 blocker
- b. Failure of therapy with one of the other PPI
- c. Prescriber is **ONE** of the following
 - i. Gastroenterologist



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- ii. Ear, Nose and Throat Specialist
- iii. Pulmonologist

Prior - Approval Limits

Quantity up to 3 dosage units per day

2,700 ml of First-Lansoprazole (3 mg/ml) suspension every 90 days

Duration 1 year

* These diagnoses may be approved for 2 years

Prior – Approval Renewal Requirements

Same as above

Prior – Approval Renewal Limits

Same as above