# PRIOR AUTHORIZATION CRITERIA

DRUG CLASS PROTON PUMP INHIBITORS

BRAND NAME (generic)

ACIPHEX (rabeprazole)

**ACIPHEX SPRINKLES** 

(rabeprazole)

**DEXILANT** 

(dexlansoprazole)

(esomeprazole strontium)

**KONVOMEP** 

(omeprazole/sodium bicarbonate)

**NEXIUM** 

(esomeprazole)

PREVACID (lansoprazole)

PRILOSEC (omeprazole)

PROTONIX (pantoprazole)

**ZEGERID** 

(omeprazole/sodium bicarbonate)

Status: CVS Caremark® Criteria Type: Post Limit Prior Authorization

#### **POLICY**

## FDA-APPROVED INDICATIONS

Indication	AcipHex (rabeprazole)	AcipHex Sprinkles (rabeprazole)	(dexlansoprazole)	sodium	 ,	Prilosec (omeprazole)	Protonix (pantoprazole)	Zegerid (omeprazole/ sodium bicarbonate)
Short-term treatment of active duodenal ulcer	<b>~</b>				~	<b>√</b>		<b>✓</b>

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П				•				•	
Helicobacter	✓				✓	✓	✓		
pylori eradication									
to reduce the risk									
of ulcer									
recurrence*									
Maintenance of						✓			
healing of									
duodenal ulcers									
Short-term				<b>√</b>		✓	<b>√</b>		✓
treatment of									
gastric ulcer									
Short-term	<b>√</b>	<b>✓</b>	<b>√</b>		<b>√</b>	<b>√</b>	<b>/</b>	<b>✓</b>	<b>√</b>
treatment of	·	,	·		,	,	,	_	·
symptoms									
associated with									
GERD									
Short-term	<b>√</b>		<b>√</b>		<b>/</b>	<b>✓</b>	<b>√</b>	<b>√</b>	/
treatment of	v		V		•	•	•	<b>,</b>	•
erosive									
esophagitis /									
GERD					,				
Maintenance	✓		✓		✓	✓	✓	✓	✓
healing of									
erosive									
esophagitis									
Pathological	✓				✓	✓	✓	✓	
hypersecretory									
conditions									
Short-term						✓			
treatment of									
NSAID-									
associated									
gastric ulcer									
Risk reduction of					<b>√</b>	<b>√</b>			
NSAID-									
associated									
gastric ulcer									
Risk reduction of				<b>√</b>					<b>√</b>
upper GI									Suspension
bleeding in									Caspension
critically ill									
patients									
<u> </u>	ooniumation wi			1					<u> </u>

<sup>\*</sup>The PPI is used in conjunction with antibiotics.

#### **COVERAGE CRITERIA**

The requested drug will be covered with prior authorization when the following criteria are met:

• The requested drug is being prescribed for any of the following: A) Barrett's esophagus as confirmed by biopsy, B) Hypersecretory syndrome, such as Zollinger-Ellison, confirmed with a diagnostic test

#### OR

The requested drug is being prescribed for any of the following: A) Endoscopically verified peptic ulcer disease, B)
Frequent and severe symptoms of chronic gastroesophageal reflux disease (GERD), C) Atypical symptoms or complications of GERD

### OR

• The patient is at high risk for gastrointestinal (GI) adverse events [Note: Risk factors for serious GI adverse events include, but are not limited to, the following: chronic nonsteroidal anti-inflammatory drug (NSAID) therapy, history of peptic ulcer disease and/or GI bleeding, treatment with oral corticosteroids, treatment with anticoagulants, poor general health status, or advanced age.]

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