

ALASKA MEDICAID

PROTON PUMP INHIBITORS (PPI) REVISED EDIT

NO PRIOR AUTHORIZATION REQUIRED

The following medications do not require a Prior Authorization:

- Omeprazole 10mg DR capsule
- Omeprazole 20mg DR capsule
- Omeprazole 40mg DR capsule
- Omeprazole 20mg DR tablet
- Pantoprazole 20mg tablet
- Pantoprazole 40mg tablet
- Prilosec OTC 20mg tablet

PRIOR AUTHORIZATION REQUIRED

Quantity Limits of 1 dose per day and therapeutic duplication edits will apply. All PPI's not listed above (including suspension, granule packets, or oral dissolvable formulations) will require prior authorization. Request for the use of multiple strengths, duplicate PPI's, or dosing regimens that exceed 1 dose per day will require a prior authorization.

All claims for the following medications will require prior authorization: Dexilant (dexlansoprazole), Nexium (esomeprazole), Prevacid (lansoprazole) – brand and generic, Prilosec (RX-brand), Aciphex (rabeprazole), and Zegerid (RX - capsule and packet).

CRITERIA FOR APPROVAL:

1. Point of sale records **OR** copy of chart notes with treatment dates that describe adverse drug reactions or complications **OR** treatment failure, and must show a trial of one of the non prior authorized products listed above for at least 30 days in the last 12 months; **AND #2 if applicable.**
2. Dosage forms for suspension, granule packets, or oral dissolvable formulations will require an equivalent tablet/capsule dosage trial before approval **OR** medical rationale with letter of explanation for non-trial of tablet/capsule formulation.

LENGTH OF AUTHORIZATION:

Coverage may be approved for up to 12 months; unless otherwise noted in criteria.

DISPENSING LIMIT:

The dispensing limit is up to a 34 day supply of medication with applicable **QUANTITY LIMITS.**