

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Proton Pump Inhibitors

This criteria was recommended for review by an MCO to ensure appropriate and safe utilization.

Clinical Information Included in this Document

Proton Pump Inhibitors

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section

Revision Notes

Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table



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Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	GCN
ACIPHEX DR 20 MG TABLET	94639
ACIPHEX SPRINKLE DR 10 MG CAP	34468
ACIPHEX SPRINKLE DR 5 MG CAP	34467
DEXILANT DR 30 MG CAPSULE	16305
DEXILANT DR 60 MG CAPSULE	16306
ESOMEPRAZOLE MAG DR 20 MG CAP	12867
ESOMEPRAZOLE MAG DR 40 MG CAP	12868
ESOMEPRAZOLE SODIUM 20 MG VIAL	24483
LANSOPRAZOLE DR 15 MG CAPSULE	01697
LANSOPRAZOLE DR 30 MG CAPSULE	01698
NEXIUM DR 10 MG PACKET	99389
NEXIUM DR 2.5 MG PACKET	33128
NEXIUM DR 20 MG CAPSULE	12867
NEXIUM DR 20 MG CAPSULE	12868
NEXIUM DR 20 MG PACKET	98030
NEXIUM DR 40 MG PACKET	98031
NEXIUM DR 5 MG PACKET	33135
OMEPRAZOLE DR 10 MG CAPSULE	92989
OMEPRAZOLE DR 20 MG CAPSULE	04348
OMEPRAZOLE DR 20 MG TABLET	22228
OMEPRAZOLE DR 40 MG CAPSULE	92999
OMEPRAZOLE MAG DR 20.6 MG CAP	28664
OMEPRAZOLE-BICARB 20-1100 CAP	26632
OMEPRAZOLE-BICARB 20-1680 PKT	26634
OMEPRAZOLE-BICARB 40-1100 CAP	26633
OMEPRAZOLE-BICARB 40-1680 PKT	26635
PANTOPRAZOLE SOD DR 20 MG TAB	95976
PANTOPRAZOLE SOD DR 40 MG TAB	40120
PREVACID 15 MG SOLUTAB	18992
PREVACID 30 MG SOLUTAB	18993

Drugs Requiring Prior Authorization	
Label Name	GCN
PREVACID DR 15 MG CAPSULE	01697
PREVACID DR 30 MG CAPSULE	01698
PROTONIX 40 MG SUSPENSION	99418
PROTONIX DR 20 MG TABLET	95976
PROTONIX DR 40 MG TABLET	40120
PROTONIX IV 40 MG VIAL	13025
RABEPRAZOLE SOD DR 20 MG TAB	94639
ZEGERID 20 MG CAPSULE	26632
ZEGERID 20 MG PACKET	26634
ZEGERID 40 MG CAPSULE	26633
ZEGERID 40 MG PACKET	26635



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Clinical Criteria Logic

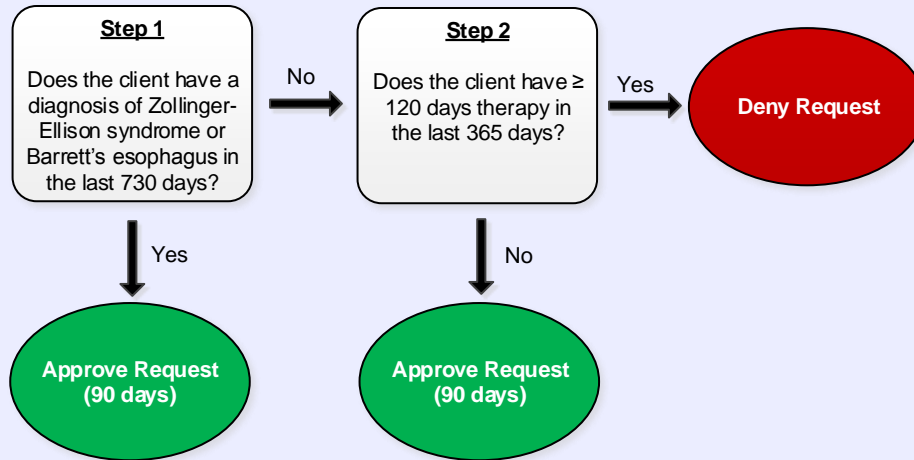
1. Does the client have a diagnosis of Zollinger-Ellison syndrome or Barrett's esophagus in the last 730 days?
 Yes (Approve – 90 days)
 No (Go to #2)

2. Does the client have greater than or equal to (\geq) 120 days therapy in the last 365 days?
 Yes (Deny)
 No (Approve – 90 days)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 1 (diagnosis of Zollinger-Ellison syndrome or Barrett's esophagus) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
E164	ZOLLINGER-ELLISON SYNDROME
K2270	BARRETT'S ESOPHAGUS WITHOUT DYSPLASIA
K22710	BARRETT'S ESOPHAGUS WITH LOW GRADE DYSPLASIA
K22711	BARRETT'S ESOPHAGUS WITH HIGH GRADE DYSPLASIA
K22719	BARRETT'S ESOPHAGUS WITH DYSPLASIA UNSPECIFIED



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Clinical Criteria References

1. 2017 ICD-10-CM Diagnosis Codes. 2017. Available at www.icd10data.com. Accessed on December 5, 2017.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2017. Available at www.clinicalpharmacology.com. Accessed on December 5, 2017.
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8. Katz PO, Gerson LB, Vela MF. Guidelines for the Diagnosis and Management of Gastroesophageal Reflux Disease. *Am J Gastroenterol* 2013; 108:308-328.
9. Chey WD, Leontiadis GI, Howden CW, et al. ACG Clinical Guideline: Treatment of *Helicobacter pylori* Infection. *Am J Gastroenterol* 2017; 112:212-238.
10. Spechler SJ, Sharma P, Souza RF, et al. American Gastroenterological Association Medical Position Statement on the Management of Barrett's Esophagus. *Gastroenterology* 2011;140:1084-1091.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/26/2018	Initial publication and presentation to the DUR Board
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table